SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

	ACCIDENT STATEMENT
Date Of Report	12/07/2018 16:53
Date Of Accident	11/07/2018 13:00
Exact Location Of Accident	WOODSVILLE CL
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN5146K
Insured/Policyholder	
Name Of Registered Owner	HOCK SOON HUAT HARDWARE AND MACHINERY CO
Co Reg No	25238700K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62950184
Vehicle Particulars	
Manufacturer	HINO
Model	XZU710R
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA178541
Cover Note Number	
Driver	

Name of Driver LEONG KAM KAI NRIC No S1225040A Date Of Birth 19/02/1957 Occupation **OUTDOOR** Date Of Driving Pass 13/01/1979

Driving Experience 39 YEARS AND 5 MONTHS

MALE Gender

Mobile Number (LOCAL) +65-96531208

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 272B SENGKANG CENTRAL #10-323

Postcode 542272

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

MY VEHICLE WAS STATIONARY. VEHICLE B CUT INTO MY LANE AND HIT ONTO MY VEHICLE.

NO

NO

1

NO

NO

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLH440D

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- S. Any false reporting may be referred to the Police for Investigation.
- 6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Sighaturi

Date & Time:

Oriver's Signaruf (If driver is not the policyholder)
Date & Time:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

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Sketch Plan #2 Pg. 1

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icyholoer's Signature	Driver's Signature	'/ <i>/</i>	Rep	orting Centr	e Personnel	's Signature
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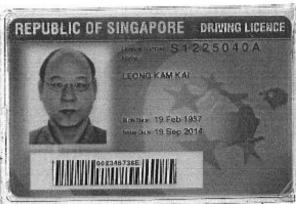
Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

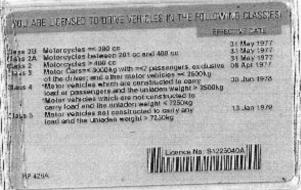
L MACHINERY . I/We, HOLE SOON HUAT HARDWARE	, the owner of vehicle	no. YN 5146E
My/Our Insurance is under M/s AXA Insu to claim under my/our Policy or against th claim to M/s AXA Insurance Singapore Pto 14(fourteen) days of occurrence or d	e Third Party and if the for e Ltd with all relevant facts	mer shall submit such a
My/Our Third Party claim is handle by my/ou	ur preferred workshop,	
Signed and Acknowledge by:	HAROWARE OF	
Nric no. and signature of policyholder	Company Stamp	12 (07 (27 (d) Date

Driving License









INSURANCE





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ customer.care@axa.com.sg

Www.axa.com.sg

date 02/03/2018

policy number

CV1 / GA178541

Certificate of Insurance

Commercial Volicies (Third-Party Risks and Companisation) Act. (Chapter 185) - Commercial Vehicles (Third-Party Risks and Companisation) Bules, 1860 - Road Tierreport Act. 1987 (Malaysia) -Commardial Various (Third-Party Risks.) Rules, 1953 (Malaysia).

Policy details

Policyholder name

Engine number

HOCK SOON HEAT HARDWARE AND MACHINERY Certificate number

GA178541 / 1

Cover

CO

Comprehensive N04CHT14162

MCD Chassis number 10% JHHUCT2HX08008704

Vehicle Registration number

YN 5146K

from 20/03/2018 to 19/03/2019 (both dates inclusive)

Period of Insurance Sum Insured

Market Value at The Time of Loss

Finance Loan Company

Persons or classes of persons entitled to drive Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not discualified by order of a Court of Law or by reason of any enactment of regulation in that behalf from driving the Motor Vohicle.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (lother than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not pover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing,
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

/ Limitations rendered inoperative by Section 6 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 96 of the Road Transport Act, 1887 (Malaysia), are not to be included under these headings.

Excess

Section4 Windscreen SGD1,000.00 SGD200.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who;

a) is 22 years old to 24 years old sho/or

5) is 66 years old to 70 years old and/or

c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license.

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

a) is 18 years old to 21 years old and/or

b) is 71 years old and above and/or

c) with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

Nill

AXA Insurance Positid (199903512M) 8 Shenton Way, #24-C1, AXA Toyon, Singapore 068811 Customer Centre, #81-01

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