

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 withholding 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 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	02/09/2014 12:46
Date Of Accident	02/09/2014 07:50
Exact Location Of Accident	ALONG TANJONG PAGAR CONTAINER PORT MAIN RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3809J
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Insured/Policyholder

Name Of Registered Owner	UBTS PTE LTD
Co Reg No	198103195N

Vehicle Particulars

Manufacturer	MAN
Model	TGS 26.400 6X4 BBS
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 Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	CN603819
Cover Note Number	19/03/2014 - 18/03/2015

Driver

Name of Driver	MOHAMED SALLEH BIN YUSOFF
NRIC No	S1197278J
Date Of Birth	11/07/1956
Occupation	Outdoor
Date Of Driving Pass	05/11/1984
Driving Experience	29 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-96730209
Fax Number	
Contact Number	
EEmail Address	NOEMAIL
Address	12 TANJONG PENJURU CRESCENT
Postcode	608975
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 Side Swipe- Same Direction
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

Details of Police Action

Was the accident reported to the police? No
If Yes, Please state which Police Station
Was notice of intended Prosecution given? No
If Yes, against whom?

Circumstances of Accident

I WAS DRIVING MY VEHICLE (XD3809J) ALONG TANJONG PAGAR CONTAINER PORT MAIN RD. IT IS A ONE WAY ROAD. I WAS GOING STRAIGHT WHEN VEHICLE B (XB9368K) SUDDENLY HIT ONTO MY REAR RIGHT PORTION (CORNER CASTING).

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB9368K
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Sketch Plan Pg.1

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

I understand, 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.

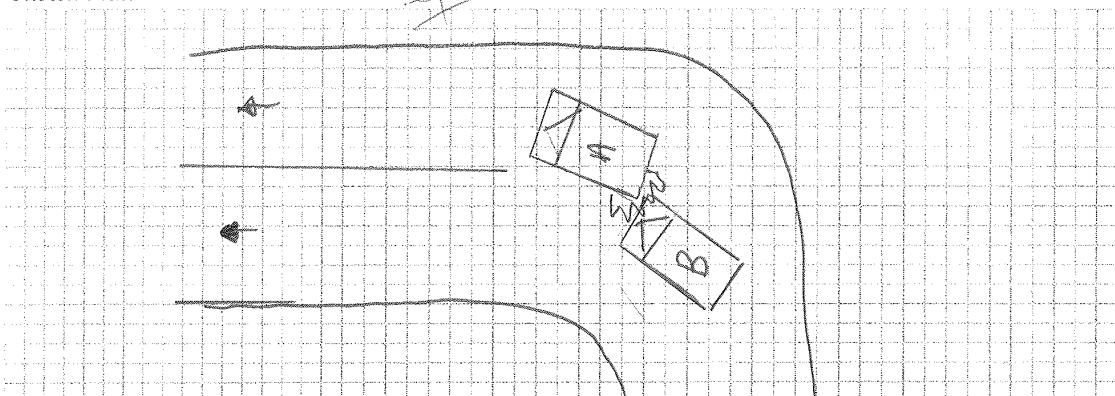
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ANGEL ANG



Sketch Plan Pg.2


Describe Circumstances of the Accident

I WAS DRIVING MY VEHICLE (XD3809J) ALONG TANJONG PAGAR CONTAINER PORT MAIN RD. IT IS A ONE WAY ROAD. I WAS GOING STRAIGHT WHEN VEHICLE B (XB9368K) SUDDENLY HIT ONTO MY REAR RIGHT PORTION (CORNER CASTING).


Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time



Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

ANGEL ANG

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way, #27-01
 AXA Tower, Singapore 069111
 Customer Service Centre #B1-01
 Tel: 6338 7268 Fax: 6338 2522
 Website: www.axa.com.sg
 GST Registration Number: M2-0009922-2



Original

Agent Code: 04437

Policy No. (if any): P1033557 - R6

Extension for RT (for Fleet)

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN603819

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements.

The Insured mentioned in the Schedule, having proposed for Insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE SINGAPORE PTE LTD
INSURED	UBTS PTE LTD
INSURED BUSINESS ADDRESS (TYPE) NO.	
MAKE AND DESCRIPTION OF VEHICLE	TRAILER
VEHICLE REGISTRATION NO.	TRB6856J
YEAR OF MANUFACTURE	2005
ENGINE NO.	
CHASSIS NO.	UTE2105
ENGINE CAPACITY (cc)	
COVER TYPE	THIRD PARTY ONLY
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER INVOICE VALUE
PERIOD OF INSURANCE	FROM: 15/03/2014 TO: 18/03/2015
EXCESS (S\$)	NIL
AXA PREMIUM WAIVER/REBATE	NO

WE HEREBY CERTIFY THAT THE VEHICLE TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD PARTY) INSURANCE ACT (CHAPTER 189) OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE SINGAPORE PTE LTD

Authorised Signature

Issued by ALAN LUI on 02/03/2014 9:38am

Note: This Cover is valid for 60 days from the date of inception unless replaced by a new cover.

- Premium for this cover is subject to minimum of 1 day (inclusive of GST), if the policy is issued on the same day.
- An administrative fee (inclusive of GST) will be charged:
 - Cover is issued on the same day before inception.
 - Retaining the registration number for a new vehicle insuring with AXA.

For Individual Customers

Please note that the premium for full vehicle cover is subject to a minimum of 1 day before the insurance cover to be valid.

For Non-Individual Customers

Please note that the premium for full vehicle cover is subject to a minimum of 60 days before the insurance cover to be valid. For all other cases the premium is full.

ATTENTION:

(R)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

