

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 liability.
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	16/10/2018 17:07
Date Of Accident	27/09/2018 14:15
Exact Location Of Accident	AT RIVERVALE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8663P
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Insured/Policyholder

Name Of Registered Owner	FORWARDERS&DELIVERY AGENCY SINGAPORE (PTE) LTD
Co Reg No	200708297N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-80692415
Alternative Phone No	OFFICE-80692415

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEA01
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2129073
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASHRAF BIN ABDUL RASHEED
NRIC No	S9030911J
Date Of Birth	25/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2010
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90692415
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 854 WOOD LANDS STREET 83 #02-86 SINGAPORE
Postcode	730854
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	NO COLLISION
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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

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

REFER TO ATTACHED SKETCH PLAN

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	GBB2494K
Vehicle Make/Model/Colour	NIL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NIL
NRIC/Passport Number	
Contact Number	NIL
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.
- (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.

FORWARDERS
 POLICE RECORDS AGENCY
 110, ROBINSON ROAD, #04-01, SINGAPORE 068916
 TEL: 6733 3333 FAX: 6733 3334
 EMAIL: info@police.gov.sg

Policyholder's Signature
 Date & Time

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

COMMONWEALTH INSURANCE PTE LTD
 EXTERNAL BUSINESS DIV. PAROAH BRANCH
 NAME & SIGNATURE: WONG CHEE WEI
 DESIGNATION: AGENT DATE: 16/10/2018
 Reporting Centre Personnel's Signature
 Name: WONG CHEE WEI
 NRIC / Fin No.: G72/80994

SKETCH PLAN

No collision

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON The 12 October 2018, I receive a letter from my company that stated I was involved in a Hit and run accident on 27th September 2018, 2.15pm at Rivervale. I was the driver on the 27th September 2018, But I did not recall hitting any vehicles or anyone. As on that day I have about 10-15 locations to deliver within a short period of time. To my understanding if there are such incidents happened there will be damages of a bump but there isn't

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

FORWARDERS
AGENCY

WONG CHEE WEI AGENCY (S) PTE. LTD.
1010000, PERSHORE ROAD, SINGAPORE 101000

Policyholder's Signature
Date & Time

[Signature]
16/10/2018

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

EXTERNAL BUSINESS DIV. PANDAN BRANCH
NAME & SIGNATURE: *[Signature]*
DESIGNATION: *[Signature]* DATE: 16/10/2018

Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC / Fin No.: A7218099A

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VFX/P2129073	Account No. :	04437
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: FORWARDERS & DELIVERY AGENCY SINGAPORE (PTE) LTD		
Vehicle Registration No.	: GBD8663P		
Period of Insurance	: From 16/03/2018 To 24/02/2019 (Both Dates Inclusive)		

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 disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

- (a) Use in connection with the Policyholder's business
 - (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
 - (c) Use for social, domestic and pleasure purposes
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)


EXCESS :

Sect I - Used In S'pore Only	: SGD 700.00
Windscreen Excess	: SGD 100.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

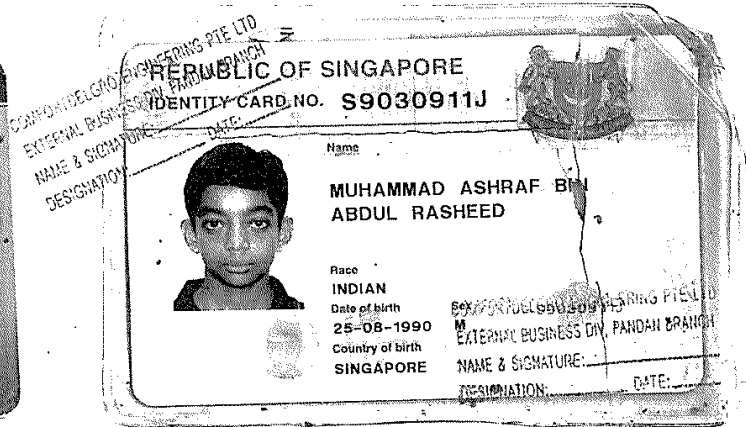
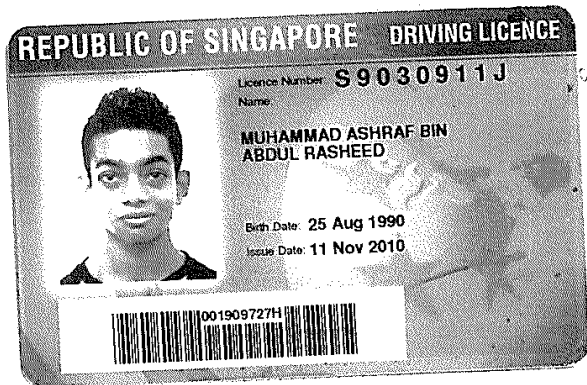

 Authorized Signature

Issued by - MVUELSIE on 19/06/2018

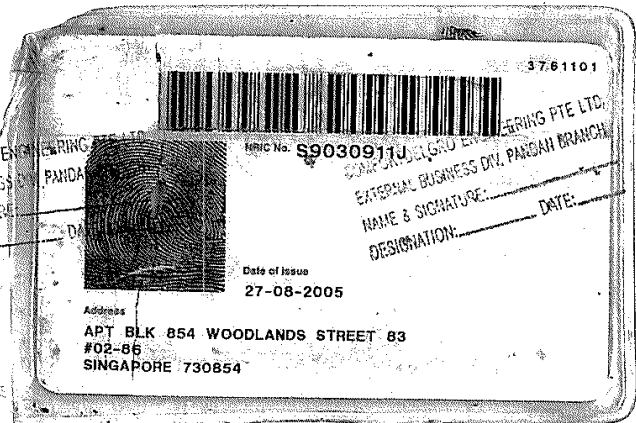
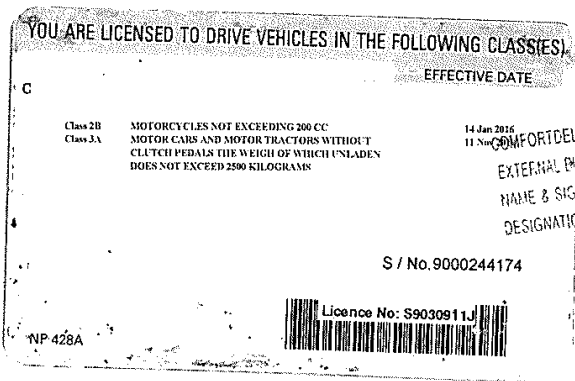
IMPORTANT :
 Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy



COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE: _____ DATE: _____
DESIGNATION: _____



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

