

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	16/11/2018 17:30
Date Of Accident	16/11/2018 13:10
Exact Location Of Accident	PASIR LABA CAMP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6747J
Insured/Policyholder	
Name Of Registered Owner	TRI-WINS TRANSPORT SERVICES PTE LTD
Co Reg No	200616034W
Email Address	TRIWINS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96857014
Alternative Phone No	OFFICE-62972622

Vehicle Particulars

Manufacturer	VOLVO
Model	B7R AUTO
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	BUS

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA309461/1
Cover Note Number	

Driver

Name of Driver	SELVAM S/O GOVINDASWAMY
NRIC No	S7236606I
Date Of Birth	12/10/1972
Occupation	OUTDOOR
Date Of Driving Pass	16/01/2003
Driving Experience	15 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87551249
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 645 ANG MO KIO AVENUE 6 #11-4987
Postcode	560645
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 - MAJOR/MINOR RD
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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TAKE FROM DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD9288P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG TIONG KUN
NRIC/Passport Number	S8414299I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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)**

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.



Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

Vehicle
A - PC 6747J
B - SLD 9288P

Legend

Vehicle

Motorcycle

4

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After alighting passengers, I move to exit from Pasir Laba Camp. Suddenly a vehicle B came out from stop line and hit only my right portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



redefining 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
 27/12/2017

policy number
 CB1 / QA309481

Certificate of Insurance

Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third Party Risks and Compensation) Rules, 1987 (Road Transport Act 1987 (Malaysia) - Commercial Vehicles (Third Party Risks and Compensation) Rules, 1999 (Malaysia)

Policy details

Policyholder name	TRI-WINS TRANSPORT SERVICES PTE. LTD.	Certificate number	QA309481 / 1
Cover	Comprehensive	RCD	0%
Engine number	D7E12040047	Chassis number	VV3R6RG26HA186878
Vehicle Registration number	PC67471		
Period of Insurance	from 26/12/2017 to 25/12/2018 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Finance Loan Company	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD		

Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ and/or is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
- (b) Use only in the Republic of Singapore.

The Policy does not cover:

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

* Limitations rendered inoperative by Section 8 of the Commercial 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.

Excess

Section	S\$02,000.00
Section B	S\$01,500.00
Uninsured	S\$0500.00

An additional excess is applicable as follows:

Additional All Claims Excess of S\$2,000 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 26 years old and/or
- b) is 66 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

Additional classes & endorsements to your policy

Nil

VIRTUAL INSURANCE AGENCIES PTE LTD
 192 Waterloo Street #02-02
 Skyline Building, Singapore 187966
 Tel: (65) 63380083 Fax: (65) 63380048

AXA Insurance Pte Ltd (1999015120)
 8 Marina View, #54-01 AXA Tower
 Singapore 066211
 Company Centre, #B1-01

1 of 3

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S72366061**
 Name: **SELVAM S/O GOVINDASWAMY**

Birth Date: **12 Oct 1972**
 Issue Date: **16 Dec 2002**

000028772K

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S72366061

Name: **SELVAM S/O GOVINDASWAMY**

Race: **INDIAN**
 Date of birth: **12-10-1972** Sex: **M**
 Country of birth: **SINGAPORE**

Land Transport Authority

VOCATIONAL LICENCE

Licence No: **S72366061**
 Name: **SELVAM S/O GOVINDASWAMY**
 Issue Date: **25/4/2008**

Please visit www.lta.gov.sg to check the status of this vocational licence

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

Class	Description	PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Dec 1993
Class 2A	Motorcycles between 201 cc and 400 cc	23 Jan 1995
Class 3	Motor cars and Motor Tractors the weight unladen does not exceed 2500 kg	23 Sep 2002
Class 4	Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg	16 Jan 2003

S72366061 S / No. 9000000040

Licence No: S72366061

NP 428A

3744755

NTIC No S72366061

Date of issue: **05-07-2005**

APT BLK 645 ANG MO KIO AVENUE 6 #11-4987
SINGAPORE 560645
S72366061 21/09/2013 (R)

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	19/04/2005
04	BUS ATTENDANT	19/04/2005



Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 16/11/18	Time 13:00	2 Exact location of accident Pasir Laban Camp.	To be signed by BOTH drivers	
			3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	5 Witness' name, address and tel no. (to be undersigned if he/she is passenger in vehicle A or vehicle B) TAKS from DRIVER.	
			Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	

Registration No. (VEHICLE A) **PC 6747J**

6 Insured / policyholder (see insurance cert.)
Name **Tri-Wins Transport Services P/L.**
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) **62972622**
HP **96858014** → Mr. Bah

7 Vehicle
Make, type _____

8 Insurance company
AXA ☒ C ☐ TPFT ☐ IPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. _____

9 Driver ☐ Same as Owner
Name **SELVAM S/O**
(capital letters) **GROVINDASWAMY**
NRIC / Passport no. **S7236667**
Class of licence **87551249**
HP _____
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/> Chain Collision
<input type="checkbox"/> Collided into Bicyclist
<input type="checkbox"/> Collided into Motorcyclist
<input type="checkbox"/> Collided into Parked Vehicle
<input type="checkbox"/> Collided into Pedestrian
<input type="checkbox"/> Collided into Property
<input type="checkbox"/> Collision - Change/Cross Lane
<input type="checkbox"/> Collision - Cross Junction
<input type="checkbox"/> Collision - Head on Collision
<input type="checkbox"/> Collision - Head to Rear
<input type="checkbox"/> Collision - Major/Minor Rd
<input type="checkbox"/> Collision - Opening Door of Vehicle
<input type="checkbox"/> Collision - Roundabout
<input type="checkbox"/> Collision - U-Turn
<input type="checkbox"/> Drink Driving / Drug Influence
<input type="checkbox"/> Fire, Explosion or Lightning
<input type="checkbox"/> Flood
<input type="checkbox"/> Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/> Hit by Fallen Tree / Other Objects
<input type="checkbox"/> No Collision
<input type="checkbox"/> Side Swipe
<input type="checkbox"/> Theft

Registration No. (VEHICLE B) **SLD 9288P**

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters) _____
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ IPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)
Name **Ng Tiong Kun**
(capital letters) _____
NRIC / Passport no. **S8414299I**
Class of licence _____
HP _____
Gender Male ☒ Female ☐

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 2

15 Signatures of drivers

A

B

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (if any)</small>																					
Insured	1. Occupation (if more than one, state all) _____ Email: _____ 2. Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____																						
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Employee</u> State the vehicle number and name of insurer of driver's own vehicle (where applicable) _____ 4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____ 5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____ 6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																						
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____ 9. Full details of all driving convictions including pending prosecutions in the last 36 months <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty																	
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Injured persons	10. Name(s), address(es) and approximate age(s) _____ Injuries sustained _____ If vehicle occupants, state in which vehicle _____ Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 40%;">Name(s), address(es) and approximate age(s)</th> <th style="width: 20%;">Injuries sustained</th> <th style="width: 20%;">If vehicle occupants, state in which vehicle</th> <th style="width: 10%;">Were seat belts being worn?</th> <th style="width: 10%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></td> </tr> </tbody> </table>			Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
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			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>																			
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s) _____ Vehicle registration no. or details of property _____ Nature of damage _____ Insurer's name and address (if known) _____																						
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____ 13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																						
Accident details	14. Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15. Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____ 16. Speed of vehicles A _____ km/hr B _____ km/hr 17. What warnings were given by driver or other party? _____ 18. Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 19. What lights were displayed on your vehicle/the other vehicle(s)? _____ 20. If your vehicle is commercial, state weight of load carried at time of accident _____ 21. State how accident happened, width of roads, speed limits, etc (Refer to attached) _____ 22. State number of Passengers (including Driver) _____																						
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____																						

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

