

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	03/12/2018 16:05
Date Of Accident	02/12/2018 16:15
Exact Location Of Accident	CTE (PIE) AFTER MOULMEIN ROAD FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5284P
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Insured/Policyholder

Name Of Registered Owner	TAU DISTRIBUTION SERVICES PTE. LTD.
Co Reg No	201320297K
Email Address	ADMIN@TAU.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-91005873

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	CITAN 109 CDI VAN-1.5 EXTRA LONG 2 SEATERS (A)
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	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	GA309311/1
Cover Note Number	

Driver

Name of Driver	ONG KIAN WEE
NRIC No	S7723014I
Date Of Birth	18/08/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/04/1996
Driving Experience	22 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91005873
Fax Number	
Contact Number	
Email Address	ADMIN@TAU.COM.SG

Address	BLK 80 CHAY YAN STREET #01-16
Postcode	160080
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 - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : DAMIEN CHUA GENDER: : MALE

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMF1949X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG LI PING
NRIC/Passport Number	S7636548B
Contact Number	97379390
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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.



**TAU DISTRIBUTION
SERVICES PTE LTD**

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **374 2301932**
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

	<p>Vehicle A - GBE5284P B - SMF1949X</p> <p>Legend Vehicle Motorcycle</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS FOLLOWING BEHIND VEHICLE B IN LANE 2. SUDDENLY THE OTHER DRIVER ATTEMPTED A HARD EMERGENCY BRAKING MANEUVER. I ATTEMPTED TO COME TO A STOP WITH HARD BREAKING ALSO, BUT THE BRAKES LOCKED UP AND THE WHEELS SLID AND ALOAN THE HIGHWAY DUE TO THE WET CONDITIONS.

LUCKILY, THE OTHER DRIVER HAD STARTED TO DRIVE FORWARD WHEN CONTACT OCCURRED.

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 time frame from the day of occurrence. Kindly check your policy for more details.



TAU DISTRIBUTION

Driver's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AUTHORIZE LETTER


Date: 3/12/2018
Attention: AXA Insurance P/L

LETTER OF AUTHORIZATION

I, TAU DISTRIBUTION SERVICES P/L NRIC No. _____, owner of
vehicle no. G1BE 5284P, authorize ONG KIAN WEE NRIC No.
S 7723014J, to file an accident report.



**TAU DISTRIBUTION
SERVICES PTE LTD**


SIGNATURE


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
CV1 / GA309311

Certificate of Insurance

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

Policy details

Policyholder name	TAU DISTRIBUTION SERVICES PTE LTD	Certificate number	GA309311 / 1
Cover	Comprehensive	NCD	0%
Engine number	K9KB608D584046	Chassis number	WDF4156052U170666
Vehicle Registration number	GBE3284P		
Period of Insurance	from 08/01/2018 to 07/01/2019 (both dates inclusive)		
Sum Insured	Market Value at Time of Loss		
Finance Loan Company	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD		

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.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone 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 1	SGD500.00
Windscreen	SGD100.00

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 and/or
 - b) 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

Nil

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #81-01

1 of 3

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77230141



Name

ONG KIAN WEE

翁建威

Race

CHINESE

Date of birth

18-08-1977

Country/Place of birth

SINGAPORE

Sex

M

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: S77230141

Name

ONG KIAN WEE

Birth Date 18 Aug 1977

Issue Date 17 Jun 2014



002313848F

5324638



NRIC No S77230141



Date of issue

18-06-2014

Address

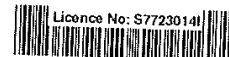
APT BLK 80 CHAY YAN STREET
#01-16
SINGAPORE 160080

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 12 Apr 1996

NP 428A



Licence No: S77230141

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 2/12/18 1615		2 Exact location of accident CTE (PIE) after Moulmein Rd Ayerav		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 underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **GRE5284P**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **TAU DISTRIBUTION**
(capital letters) **SERVICES PTE LTD**
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) **91005873**
HP _____

7 Vehicle
Make, type _____

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

9 Driver ☐ Same as Owner
Name **ONG KIAN WEE**
(capital letters)
NRIC / Passport no. **S2723041**
Class of licence **91005873**
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 Bicycle |
| <input type="checkbox"/> | Collided into Motorcycle |
| <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 - Queuing Door of Vehicle |
| <input type="checkbox"/> | Collision - Roundabout |
| <input type="checkbox"/> | Collision - U-turn |
| <input type="checkbox"/> | Drunk Driving / Drug Influence |
| <input type="checkbox"/> | Fire, Explosion or Igniting |
| <input type="checkbox"/> | Theft |
| <input type="checkbox"/> | Hit and Run / Struck from / Damaged whilst Parked |
| <input type="checkbox"/> | Hit by Falling Tree / Other Objects |
| <input type="checkbox"/> | No Collision |
| <input type="checkbox"/> | Side Swipe |
| <input type="checkbox"/> | Wreck |

State TOTAL number of boxes marked with a cross

Registration No. **SMF1949X**
(VEHICLE B)

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 ☐ TPO
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 **ONG LI PING**
(capital letters)
NRIC / Passport no. **S7636548B**
Class of licence **97379390**
HP _____
Gender Male ☐ Female ☒

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

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

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

11 Visible damage to vehicle B

14 My remarks

TAU DISTRIBUTION SERVICES PTE LTD

* 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)		Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Insured	1 Occupation (if more than one, state all)		Email: <u>admin@tau.com.sg</u>
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3 Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, State Relationship of Driver with owner <u>employee</u> State the vehicle number and name of owner 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, state where it is at present Tel no.	
Of which vehicle are you the owner?	<input type="checkbox"/> A		
	<input type="checkbox"/> B		
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	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)		
	7 Date of birth		
	Occupation	Date of license pass	Was vehicle driven with the insured's permission?
Driver or person in charge of vehicle at the time of accident (including insured)	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input 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		
	Date	Offence	Penalty
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 type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input 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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, please state which Police station		
Accident details	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	If yes, against whom?		
	14 Weather conditions	Clear <input type="checkbox"/> Raining <input checked="" type="checkbox"/> Others <input type="checkbox"/>	
	15 Road surface	Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/>	
	16 Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr	
	17 What warnings were given by driver or other party?		
Declaration	18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	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) <u>2</u>		
	1' <u>Damian Chua (M)</u>		
I/We declare the foregoing particulars are true in every particular.			
Policyholder's signature _____ Date _____			
Driver's signature (if driver is not the policyholder) _____ Date _____			

Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO : WDF4156052U170666
U.W. : 1420 KG
M.L.W. : 2200 KG
PASS CAP : 01
TYRE SIZE : F – 195/65/R15C
: R – 195/65/R15C(S)

Accident Photo

