

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	10/12/2018 15:33
Date Of Accident	09/12/2018 09:40
Exact Location Of Accident	CARPARK OF NORTH BRIDGE ROAD MARKET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA4885B
Insured/Policyholder	
Name Of Registered Owner	HOCK HUAT ENGINEERING
Co Reg No	10299700D
Email Address	KIMSENG@HOCKHUAT.COM
Mobile Phone No	
Alternative Phone No	OFFICE-67481795

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.8 (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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA049175/1
Cover Note Number	

Driver

Name of Driver	TAN POH KHENG
NRIC No	S1398513H
Date Of Birth	28/09/1959
Occupation	INDOOR
Date Of Driving Pass	18/04/1980
Driving Experience	38 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98869460
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 174 ANG MO KIO AVENUE 4 #10-677
Postcode	560174
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGV6295H
Vehicle Make/Model/Colour	
Details Of Properties	
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

SKETCH PLAN

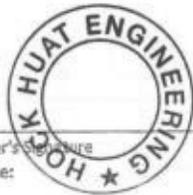
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.

Policyholder's Signature
Date & Time:



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

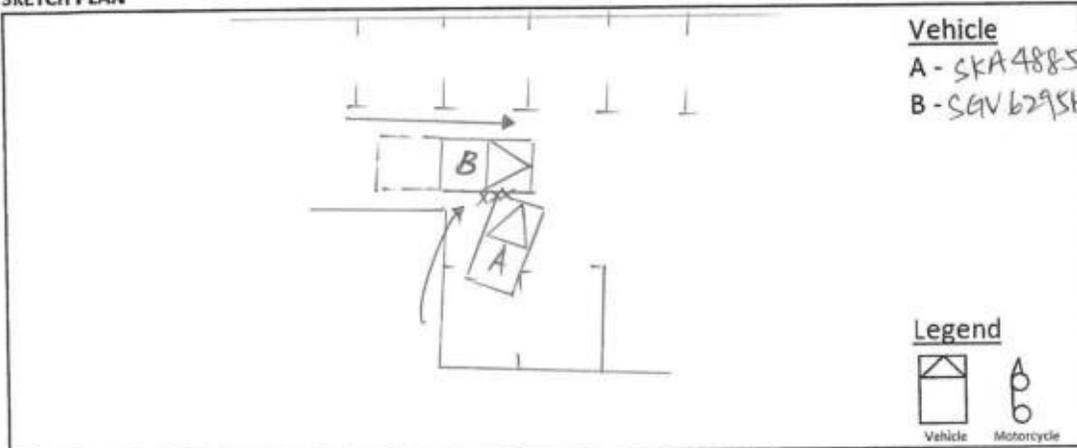
[Handwritten Signature]

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



Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was coming out from carpark of North Bridge Rd Market slowly. Suddenly a vehicle B came thru me and it was in my blind spot and slightly side swipe the right portion of vehicle

DECLARATION

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

Policyholder's Signature
Date & Time:



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

[Handwritten signature]

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

[Handwritten signature]



Certificate of Insurance

account number
00031

-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)

Policy details

Policyholder name	HOCK HUAT ENGINEERING	Certificate number	GA049175 / 1
Cover	Comprehensive	Chassis number	MR053ZEC207029326
Plan name	Essential	Engine number	1ZZ4552029
NCD applicable	50%		
Vehicle registration number	SKA4885B		
Period of Insurance	from 17/07/2018 to 16/07/2019 (both dates inclusive)		
Finance loan company	STANDARD CHARTERED BANK		

Persons or classes of persons entitled to drive*

(a) Any Named Driver as stated in the Policy:

1. TAN POH KHENG

(b) 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS	Basic Own Damage Excess	SGD 600.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature

Important note

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). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 3

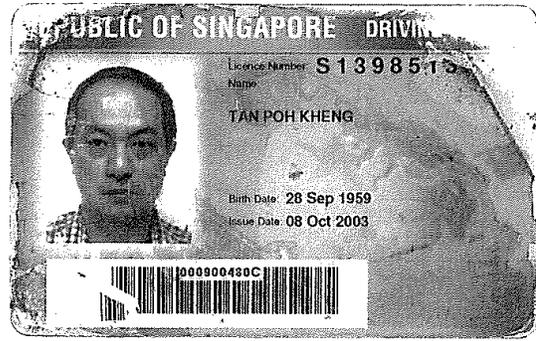
DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1398513H



Name
TAN POH KHENG
陳 寶 敬
Race
CHINESE
Date of birth Sex
28-09-1959 M
Country of birth
SINGAPORE

S1398513H



4 2 8 2 6 6 4



NRIC No S1398513H

Date of issue
22-09-2008

Address
APT BLK 174 ANG MO KIO AVENUE 4
#10-577
SINGAPORE 560174

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	18 Apr 1980



NP 428A

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 9/12/18	Time 0946	2 Exact location of accident Carpark of North Bridge Rd Market	To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>			3 Injuries even if slight 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. (VEHICLE A) SKA4885B

6 Insured / policyholder (see insurance card)
Name: Hock Huat Engineering
(capital letters)
Address: _____
NRIC / Passport no. _____
Tel no. (from Sun till 5pm) 6481795
HP: _____

7 Vehicle
Make, type _____

8 Insurance company
AXA C TPFT TPO
Does the policy cover damage to vehicle A?
No Yes
Policy No. GA 04912511

9 Driver Same as Owner
Name: Tan Poh Kheng
(capital letters)
NRIC / Passport no. S1398513H
Class of licence 9886 9460
HP: _____
Gender Male Female

- 12 CIRCUMSTANCES**
Put a cross (X) in each of the relevant boxes applicable to your vehicle
- Chain Collision
 - Collided into Skyflet
 - Collided into Motorcyclist
 - Collided into Parked Vehicle
 - Collided into Pedestrian
 - Collided into Property
 - Collision - Change/Cross Lane
 - Collision - Cross Junction
 - Collision - Head on Collision
 - Collision - Head to Rear
 - Collision - Major/Minor Rd
 - Collision - Opening Door of Vehicle
 - Collision - Roundabout
 - Collision - U-Turn
 - Drink Driving / Drug Influence
 - The Defendant is Operating
 - Food
 - Hit and Run / Violation / Damaged whilst Parked
 - Hit by Falls Tree / Other Objects
 - No Collision
 - Side Swipe
 - Theft

Registration No. (VEHICLE B) 89V 6295H

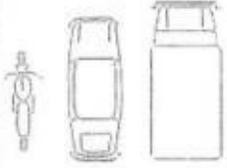
6 Insured / policyholder (see insurance card)
Name: _____
(capital letters)
Address: _____
NRIC / Passport no. _____
Tel no. (from Sun till 5pm) _____
HP: _____

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: _____
(capital letters)
NRIC / Passport no. _____
Class of licence _____
HP: _____
Gender Male Female

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

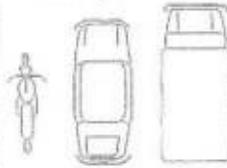


11 Visible damage to vehicle A

14 My remarks



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



11 Visible damage to vehicle B

14 My remarks

12 Signatures of drivers

HOCK HUAT ENGINEERING



* 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. Subsequent to signing, 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>Emseng@hockhuat.com</u>
	2 Vehicle registration no. _____	C.C. _____	If commercial vehicle, state permissible carrying capacity _____
	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 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? Yes <input type="checkbox"/> No <input checked="" 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 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 _____
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		Was vehicle driven with the insured's permission? 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"/>
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Damages 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 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 (if relevant) _____			
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

