

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 | 11/01/2019 12:34 |
| Date Of Accident | 10/01/2019 13:45 |
| Exact Location Of Accident | SERANGOON GARDEN WAY SERVICE ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | SFY829Z |
| Insured/Policyholder | |
| Name Of Registered Owner | J & J INFRASTRUCTURE PTE LTD |
| Co Reg No | 200919705M |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-68445824 |

Vehicle Particulars

| | |
|--|---------------------------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E300 AMG LINE (R19 LED)-2.0 (A) |
| 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 | GA369801/1 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | PAN ZHANKUN |
| NRIC No | S8409578H |
| Date Of Birth | 13/04/1984 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/02/2004 |
| Driving Experience | 14 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96614190 |
| Fax Number | |
| Contact Number | |
| Email Address | JOHNNY@JJIUFRA.COM.SG |

| | |
|---|--|
| Address | BLK 477B UPPER SERANGOON VIEW #13-562 SINGAPORE |
| Postcode | 532477 |
| 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 | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 2 |
| 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

| | |
|---|------------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | VIDEO WITH OWNER |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-------------|
| Vehicle Registration Number | SFS8717S |
| 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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6. The 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 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.

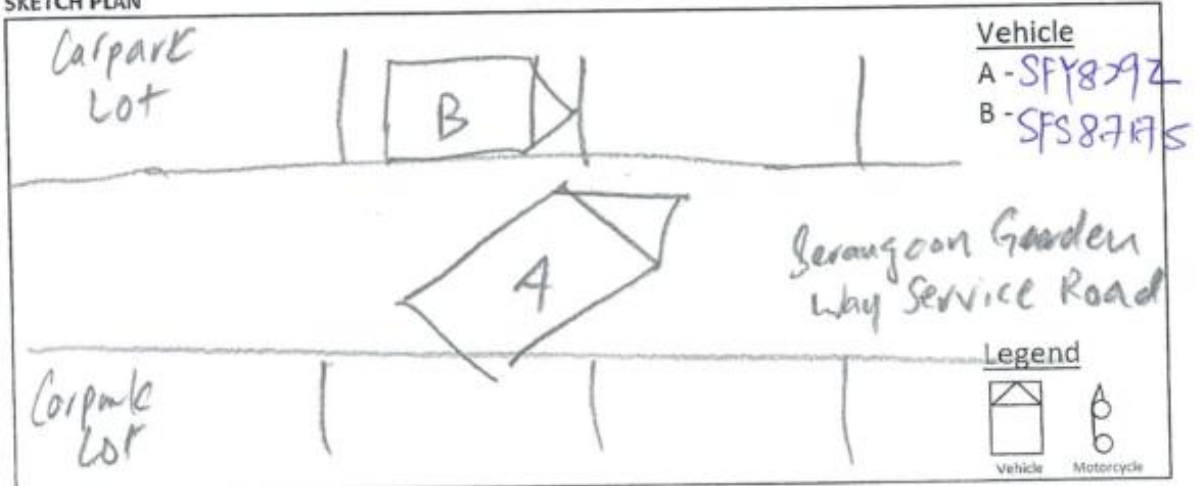

Policyholder's Signature
Date & Time: 11/1/19 12:20 pm


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




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/1/2019, Around 1:45pm. I was driving along serangau garden way service road going to park into parking lot. While turning in, my car accidentally scratched the car B (SFS8717S) ^{which} ~~was~~ was parked in parking lot.

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. Refer to your policy for more details.

Policyholder's Signature: 
Date & Time: 12:20pm 11/1/19

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

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

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 10/1/19 | | 2 Exact location of accident Serangoon Garden Way Service Road | | 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"/> | | 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 checked="" type="checkbox"/> | |

Registration No. (VEHICLE A) SFY8272

6 Insured / policyholder (see insurance cert.)
Name J & J Infrastructure
(capital letters) PL
Address
NRIC / Passport no. 200919705M
Tel no. (from 9am till 5pm)
HP 68495824

7 Vehicle
Make, type Merc E300 AMG
Line Coup

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA369801/1

9 Driver (Same as Owner)
Name Pan Zhankun
(capital letters)
NRIC / Passport no. 58409578H
Class of licence
HP 96614790
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

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

- ☐ Chain Collision
- ☐ Collided into Bicycle
- ☐ Collided into Motorcycle
- ☐ 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 - Motor/Motor Btl
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Off Road Driving / Drift Influence
- ☐ Fire, Explosion or Ignition
- ☐ Road
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SF88717S

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

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

11 Visible damage to vehicle A

13 My remarks

12 Sketch of accident when impact occurred

Please use scale: 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

15 Signatures of drivers

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

11 Visible damage to vehicle B

13 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) | | 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>johnny@jjinfra.com.sg</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 | | 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 type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire | | |
| | 5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____ | | |
| Of which vehicle are you the owner? | 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 |
| | 13/2/84 | Indoor | 19/2/04 |
| | 8 Give details of any pre-existing impairment of sight or hearing and of any other disability | | Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| | 9 Full details of all driving convictions including pending prosecutions in the last 36 months | | Was driver an employee of the insured's company? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| Injured persons | 10 Name(s), address(es) and approximate age(s) | Injuries sustained | If vehicle occupants, date 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"/> |
| | | | |
| Damage to property & vehicle (other than vehicle 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)? _____ | | |
| Declaration | 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>0</u> | | |
| | I/We declare the foregoing particulars are true and correct. | | |
| Policyholder's signature _____ | | Date <u>11/1/19 12:20pm</u> | |
| Driver's signature (if driver is not the policyholder) _____ | | Date _____ | |



Certificate of Insurance

account number
03288

-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 | J & J INFRASTRUCTURE PTE. LTD. | Certificate number | GA369801 / 1 |
| Cover | Comprehensive | Chassis number | WDD2383482F058803 |
| Plan name | Peace | Engine number | 27492031456775 |
| NCD applicable | 40% | | |
| Vehicle registration number | SFY829Z | | |
| Period of Insurance | from 27/06/2018 to 26/06/2019 (both dates inclusive) | | |
| Finance loan company | OCBC BANK LIMITED | | |

Persons or classes of persons entitled to drive*

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

1. PAN ZHAN KUN

(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 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 700.00 |
| | 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 NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8409578H




Name
PAN ZHANKUN
潘展坤
Race
CHINESE
Date of birth
13-04-1984 Sex
M
Country of birth
SINGAPORE




S8409578H

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: S8409578H
Name
PAN ZHANKUN
Birth Date: 13 Apr 1984
Issue Date: 16 Apr 2012




002060129E

4861170



NRIC No S8409578H



Date of Issue
16-04-2012

APT BLK 477B UPPER SERANGOON VIEW #13-562
SINGAPORE 532477
NRIC No: S8409578H Date: 23/08/2015

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

EFFECTIVE DATE
19 Feb 2004

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

Licence No: S8409578H

NP 428A

Accident Photo



Accident Photo



Accident Photo





Accident Photo



SCENE PHOTO

