

## 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	10/01/2019 16:59
Date Of Accident	09/01/2019 16:05
Exact Location Of Accident	UPPER SERANGOON ROAD SLIP RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF7625X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AMCOWELD INC. PTE LTD
Co Reg No	200407547G
Email Address	CS2@AMCOWELD.COM.SG
Mobile Phone No	(LOCAL) +65-83339595
Alternative Phone No	OFFICE-67429595

### Vehicle Particulars

Manufacturer	PEUGEOT
Model	PARTNER-1.6 D L2 (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	GA316635/1
Cover Note Number	01/03/2018 - 28/02/2019

### Driver

Name of Driver	THU WEE MING
NRIC No	S7669935F
Date Of Birth	25/06/1976
Occupation	INDOOR
Date Of Driving Pass	15/11/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83339595
Fax Number	
Contact Number	OFFICE-67429595
EEmail Address	NOEMAIL

Address	BLK 543 JURONG WEST ST 42 #10-67
Postcode	640543
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	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)	2
Passenger 1	NAME: : MR SOH 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

REFER TO THE SKETCH PLAN BY DRIVER

#### 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	SHA8680J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.

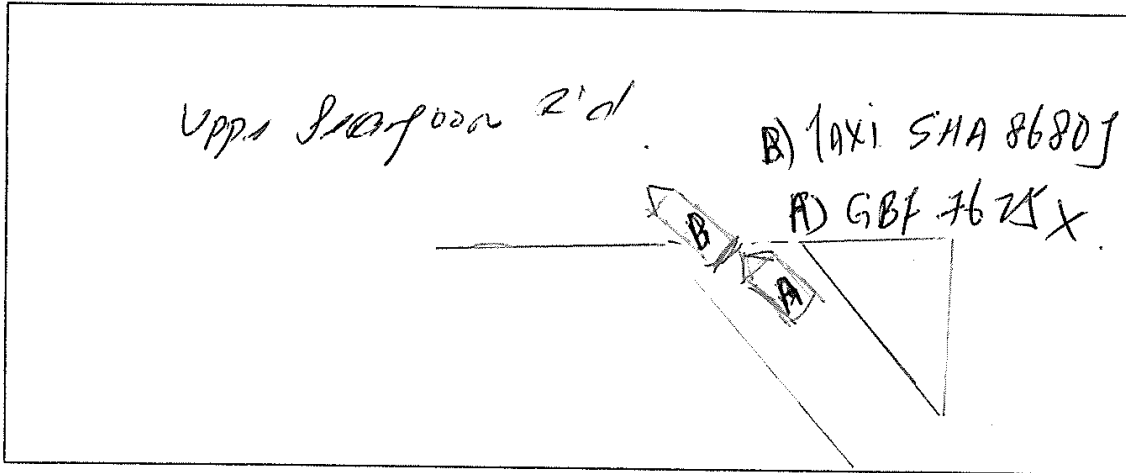
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan Pg. 2

Date of accident: 9/1/19 Time: 1605 Location: Upper Serangoon road  
 My Vehicle A: GBF 7625X Vehicle B: SHA 8680J Vehicle C: —  
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to my statement.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature  
 Date & Time:

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

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

Accident involved: vehicle A) GBF 7625 X /

Vehicle B) SHA 8680 J (taxi)

Accident date: 09.01.19, time 1605

On above date and time, I'm driving my vehicle A, GBF 7625 X at along Upper Serangoon road slip road. At that time, I'm on the slip road behind a taxi, note that the main road is traffic clear. A taxi is already proceed moving on the halfway and suddenly stop without nothing in front caused to me moving too near and contact on its rear portion.

After the accident, we exchange particulars, the taxi driver mentioned he got a passenger on board.

We ask on the spot the passenger if there is anything happened to her, but she mentioned nothing at all.

I offer SGD\$50.00 to the taxi driver to private settle as the damages are minor and can't see on the rear portion of the taxi but the driver (Mr Tay Chan Tian) mentioned at least must more than SGD\$100.00 but I don't have so much money with me so I can't settle and he proceed to ask me to file a report to inform the insurance company.

Nobody was injured and I'm filing this report to inform my insurance.



---

Thu Wee Ming

S7669935F

09.01.19



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  
 25/01/2018

policy number  
 CV1 / GA316635

## 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	AMCOWELD INC. PTE. LTD.	Certificate number	GA316635 / 1
Cover	Comprehensive	NCD	0%
Engine number	1QJBHW3008110	Chassis number	VF37FBHYMGJ862372
Vehicle Registration number	GBF7625X		
Period of Insurance	from 01/03/2018 to 28/02/2019 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

**EXCLUSIVE AUTHORIZED WORKSHOP\***  
**CHENG AUTO**  
 15 SOON LEE STREET  
 #01-59/60, PIONEER POINT  
 SINGAPORE 627607 (REPORTING CENTRE)  
 24 Hours Towing: 8666 7775

### 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 trail 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 I	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

1 of 3

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

Sketch Plan Pg. 5



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **S7669935F**

Name: **THU WEE MING**

Birth Date: **25 Jun 1976**  
Issue Date: **15 Nov 2016**

002629434C






**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S7669935F**

Name: **THU WEE MING**

杜伟明

Race: **CHINESE**  
Date of birth: **25-06-1976** Sex: **M**  
Country of birth: **MALAYSIA**


*Ray*  
83339595  
raythu88@gmail.com  
cs2@amcowlid.com.sg

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

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 cc	15 Nov 2016
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	15 Nov 2016

NP 429A

Licence No: S7669935F



8994606

Barcode

NRIC No: **S7669935F**

Nationality: **MALAYSIAN**  
Date of issue: **26-12-2008**

Address: **APT BLK 543 JURONG WEST STREET 42 #10-67 SINGAPORE 640543**





To Whom It May Concern,

Accident involving my vehicle no. G9BF 7625X on 02/11/19 (date) with  
8HA 86805 (other vehicle no) along Upper Selegie Rd

I, Amoswald Inc Pte Ltd Nric No. 2004075486

Owner of vehicle no. G9BF 7625X am aware of the accident of my vehicle on  
02/11/19 (Date) while car was driven by THAN WEE MING

Nric No. 87666935F. I hereby, authorise him / her to make the report.

X

Name Kelvin Koh

Date: 10/11/19

.....  
..  
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

Name

Date:

Sketch Plan Pg. 7



redefining / insurance

Date: 10/1/19

To: Owner of Vehicle Number: GBF 7625X

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others Reporting only.

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



DATE & TIME OF ACCIDENT: 09.01.19 16.05  
 LOCATION: Upper Serangoon road slip road

**INFORMANT'S PARTICULARS**

- 1) VEHICLE NO.: GBF7625X MODEL: Peugeot Partner L2
- 2) INSURANCE CO.: AXA ins POLICY NO.: GA316635/1
- 3) CLAIM TYPE: OWN DAMAGE / THIRD PARTY / (REPORTING ONLY) (PLS CIRCLE)
- 4) OWNER & IC: AmCoweld Inc. Pte Ltd 2004075476 TEL: 67429595
- 5) DRIVER & IC: Thu Wee Ming S7669935F TEL: 83339595
- 6) DRIVER OCCUPATION: Salesman EMAIL: CS2@amcoweld.com.sg
- 7) RELATIONSHIP WITH OWNER: Employee
- 8) DOES DRIVER OWN ANY CAR? YES / (NO)
- 9) DRIVER'S OWN VEHICLE REG NO.: \_\_\_\_\_ INS CO.: \_\_\_\_\_
- 10) WEATHER CONDITION: CLEAR / RAINING / OTHERS \_\_\_\_\_
- 11) ROAD SURFACE: DRY / WET / OTHERS \_\_\_\_\_
- 12) ANY SCENE PHOTOS: YES / (NO)

**THIRD PARTY PARTICULARS**

- 1) VEHICLE NO.: SHA 8680J MODEL: \_\_\_\_\_
- 2) DRIVER NAME & IC: Tay Chun Tian
- 3) ADDRESS: \_\_\_\_\_
- 4) CONTACT NO.: \_\_\_\_\_ INS CO: \_\_\_\_\_
- 1) VEHICLE NO.: \_\_\_\_\_ MODEL: \_\_\_\_\_
- 2) DRIVER NAME & IC: \_\_\_\_\_
- 3) ADDRESS: \_\_\_\_\_
- 4) CONTACT NO.: \_\_\_\_\_ INS CO: \_\_\_\_\_

Passenger  
name: Mr Soh (M)


\* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT: (YES / (NO))

**WITNESS PARTICULARS**

- 1) ANY WITNESS (YES / (NO)) - IF YES, PLS PROVIDE AS BELOW :-
- 2) NAME & NRIC: \_\_\_\_\_ TEL: \_\_\_\_\_
- 3) RELATIONSHIP WITH INVOLVED PARTIES: \_\_\_\_\_

**OTHERS**

- 1) ANY INJURIES (YES / (NO))
- 2) WAS ACCIDENT REPORTED TO POLICE (YES / (NO)) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES / (NO)) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES / (NO)).

  
 DRIVER'S SIGNATURE & DATE

## Sketch Plan Pg. 9

1/10/2019

PARF/COE Rebate Enquiry

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

#### Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

7547G

#### Vehicle Details

Vehicle No.:

GBF7625X

Vehicle to be Exported:

No

Intended Deregistration Date:

31 Jan 2019

Vehicle Make:

PEUGEOT

Vehicle Model:

PARTNER L2 1.6 AT

Primary Colour:

White

Manufacturing Year:

2016

Engine No.:

10JBHW3008110

Chassis No.:

VF37FBHYMGJ862372

Maximum Power Output:

-

Open Market Value:

\$19,160.00

Original Registration Date:

01 Mar 2017

First Registration Date:

01 Mar 2017

Transfer Count:

0

Actual ARF Paid:

\$958.00

#### Intended PARF Rebate Details

PARF Eligibility:

No

PARF Eligibility Expiry Date:

-

PARF Rebate Amount:

\$0.00

#### Intended COE Rebate Details

COE Expiry Date:

28 Feb 2027

COE Category:

C - Goods Vehicle & Bus

COE Period(Years):

10

PQP Paid:

\$46,322.00

COE Rebate Amount:

\$37,443.00

Total Rebate Amount:

\$37,443.00

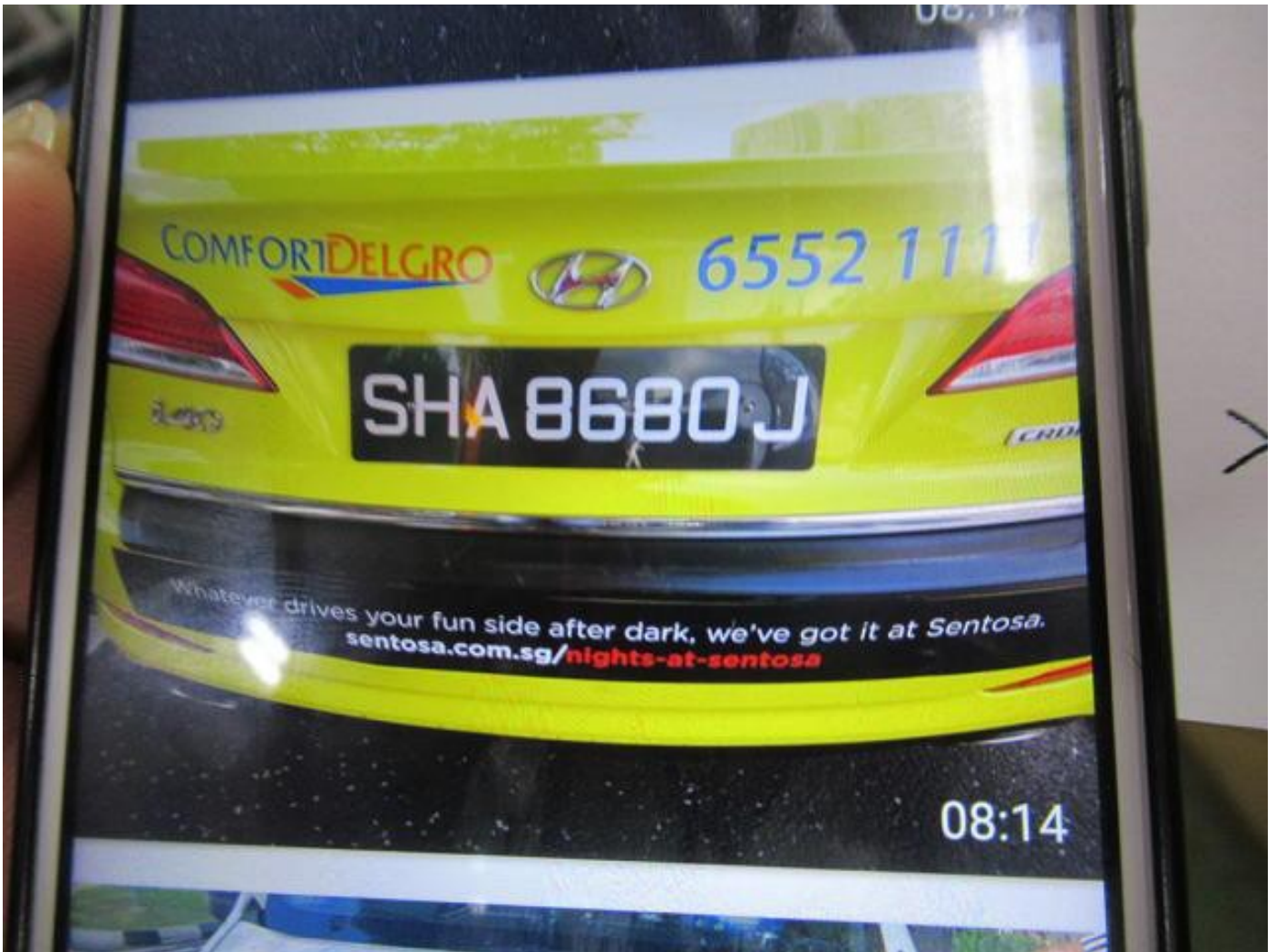
The information contained herein is correct as at 10 Jan 2019

OK

Accident Photo



Accident Photo





Accident Photo



Accident Photo



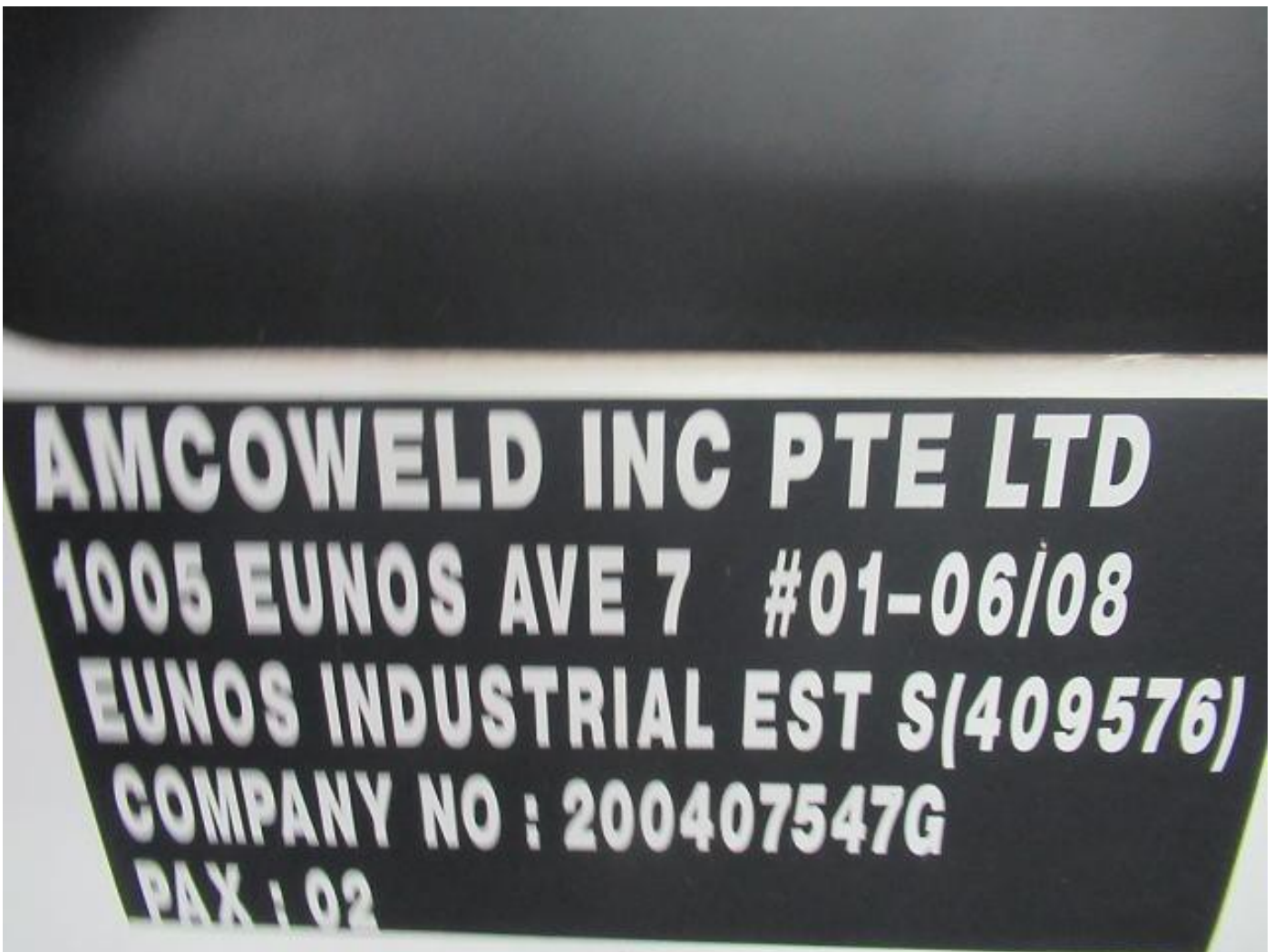


Accident Photo



Accident Photo







Accident Photo



Accident Photo



Accident Photo

