

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	18/02/2019 16:09
Date Of Accident	18/02/2019 13:00
Exact Location Of Accident	SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF1246X
Insured/Policyholder	
Name Of Registered Owner	KUNSING (PTE) LTD
Co Reg No	197502078Z
Email Address	KUNSING@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62827335

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2112279
Cover Note Number	

Driver

Name of Driver	CHENG XIANGJUN
NRIC No	G5447815T
Date Of Birth	26/03/1981
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86576345
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	C/O 52 UBI AVENUE 3 #01-39 SINGAPORE
Postcode	408867
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	CHAIN COLLISION
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	3
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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLR1566R
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GZ4411B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

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 purposes 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/inail 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, regulator, 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.

CHENG
Policyholder's Signature
Date & Time:

冠新私人有限公司
KUN SING (PTE.) LIMITED

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


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

PTWEN

Sketch Plan #2

SKETCH PLAN

	<p>Vehicle</p> <p>A - GBF 1246X</p> <p>B - SLR 1566R</p> <p>C - QZ 4411B</p> <p>Legend</p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> Vehicle </div> <div style="text-align: center;"> Motorcycle </div> </div>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/2/2019, Around 1pm. I was driving along SLE. That was a car B (SLR 1566R) suddenly brake and I follow to brake but not in time cause the accident. After come out from my lorry, I then realise is 3 cars collision. The car C (QZ 4411B) driver said that he brake is because ~~he~~ he saw a monkey, so he brake to ~~avoid~~ avoid

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.

<p>CHENG</p> <p>Policyholder's Signature</p> <p>Date & Time: 18/2/2019 1:00 PM</p> <p>KUNING (PTE.) LIMITED</p>	<p>CHENG</p> <p>Driver's Signature</p> <p>(If driver is not the policyholder)</p> <p>Date & Time:</p>
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Reporting Centre Personnel's Signature
 Name: perman
 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

© G24411B

1. Date of accident 18/2/19 1300		2. Exact location of accident SLE		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 type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input 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) GIRF 1246X

6. Insured / policyholder (see insurance card)
Name Kunsing (Pte) Ltd
(capital letters)
Address 52 Wb Ave 3
#01-39 S 408 867
NRIC / Passport no. 1975070782
Tel no. (from Sgn till Sgn) 0282-7335
HP 90303255

7. Vehicle
Make, type Toyota Dyna
150M

8. Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. P2112279

9. Driver ☐ State as Owner
Name Chong Xiang Jun
(capital letters)
NRIC / Passport no. G5447815T
Class of licence 8657 6345
HP 8657 6345
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 Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Gross 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 - Reversal
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Hit and Run / Wanders / Damaged whilst parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Touch

Registration No. (VEHICLE B) SLR1566R

6. Insured / policyholder (see insurance card)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from Sgn till Sgn) _____
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 (→)



13. Sketch of accident when impact occurred
Please refer to: 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

14. State TOTAL number of boxes marked with a cross

15. Signature of driver A
A CHENG

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



11. Visible damage to vehicle A

12. My remarks

11. Visible damage to vehicle B

12. 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>kunsing@stgnet.com</u>
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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		
	<input type="checkbox"/> Others - please specify		
Of which vehicle are you the owner?	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present To no.		
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input 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?	Was driver an employee of the insured's company?	
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability		
Driver or person in charge of vehicle at the time of accident (including insured)	9. Full details of all driving convictions including pending prosecutions in the last 36 months		
	Date	Offence	Penalty
Injured person	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle
			Were seat belts being worn?
			Yes No
			Yes No
			Yes No
Injured property (other than vehicle A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station		
	13. Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input 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 <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr	
	17. What warnings were given by driver or other party?		
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	19. What lights were displayed on your vehicle/s/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	1/We declare the foregoing particulars are true		
	Policyholder's signature <u>CHENG</u> Date <u>18/2/19 3:50pm</u>		
	Driver's signature (if driver is not the policyholder) <u>CHENG</u>		

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■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)

CERTIFICATE NO. : VCA/P2112279 Account No. : 14888
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : KUNSING (PTE) LTD
 Vehicle Registration No. : GBF1246X
 Period of Insurance : From 29/06/2018 To 28/06/2019 (Both Dates Inclusive)

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
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

Own Damage Excess : SGD 900.00

An Additional Excess is applicable as follows:


S\$2,500.00 for Young or Inexperienced Driver.

Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

* 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.

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


 Authorized Signatory

Issued by - SGOAGPH on 05/02/2018


IMPORTANT :

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, covernote and endorsement etc.

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE




Licence Number: **G5447815T**
Name: **CHENG XIANGJUN**
Birth Date: **26 Mar 1981**
Issue Date: **28 Aug 2019**
Valid Till: **09/09/2023**




002839301D

S PASS
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore



Employer: **KUNSHING (PTE.) LTD.**
Sector: **SERVICE**
Name: **CHENG XIANGJUN**
Occupation: **OPERATIONS SUPERVISOR**
S Pass No.: **0 75737327**
Date of Application: **30-05-2017**
Date of Issue: **21-06-2017**
Date of Expiry: **02-07-2019**



L8051072

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES


Class	Vehicle Description	Effective Date
Class 2B	Motorcycles =< 200 cc	10 Sep 2013
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	10 Sep 2013

Licence No: G5447815T

NP 428A

VISIT PASS
Immigration Regulations

Name: **CHENG XIANGJUN**




Date of Birth	Sex	Nationality
26-03-1981	M	CHINESE

FIN	Date of Issue	Date of Expiry
G5447815T	21-06-2017	02-07-2019

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



AUTHORIZATION LETTER



冠新(私人)有限公司

~~10 TALHONG CRESCENT SINGAPORE 347844~~
TEL: 6282 7335, 6282 7542 FAX: 6284 4937
GST NO: M2-0022878-2 Co. Reg. No: 197502078Z

冠新(私人)有限公司
KUNSING PTE LTD

GST NO: M2-0022878-2
52, UBI AVE 3, #01-39 (FRONTIER,
SINGAPORE 408867
TEL: 6742 7532 FAX: 6742 8901

62827335

AXA INSURANCE PTE LTD
8, Shenton Way
#24-01
AXA Tower
Singapore 068811

18th February 2019

Re:Accident Report-GBF1246X

Dear Sir,

Please be inform you that, we wish toauthorised Cheng Xiang Jun
S Pass No: 0 75737327 to Report

Thank You

冠新私人有限公司

KUNSING (PTE.) LIMITED


Ong Cheng Feng

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



