

## 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             | 21/02/2019 17:09               |
| Date Of Accident           | 21/02/2019 14:15               |
| Exact Location Of Accident | BLK 530 ANG MO KIO AVE 10 OSCP |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | GBB4457E                      |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | PRELIM CONSTRUCTION PTE LTD   |
| Co Reg No                   | 199703691K                    |
| Email Address               | CHERYLL_LIEW@CONTRACTS.COM.SG |
| Mobile Phone No             | (LOCAL) +65-91473633          |
| Alternative Phone No        | OFFICE-64816615               |

### Vehicle Particulars

|  |                    |
|--|--------------------|
| Manufacturer   | TOYOTA             |
| Model  | DYNA 150-3.0 D (M) |
| 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          | THIRD PARTY             |
| Fleet Policy              | NO                      |
| Policy Number             | P2085411                |
| Cover Note Number         | 17/03/2018 - 16/03/2019 |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | WONG CHOY WENG        |
| NRIC No              | S6869847B             |
| Date Of Birth        | 24/10/1968            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 30/05/1995            |
| Driving Experience   | 23 YEARS AND 8 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-91473633  |
| Fax Number           |                       |
| Contact Number       | OFFICE-64816615       |
| EEmail Address       | NOEMAIL               |

|   |                             |
|---|-----------------------------|
| Address   | 10 TAO CHING ROAD<br>#14-19 |
| Postcode  | 618725                      |
| 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)   | 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 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         | SGU9295M    |
| 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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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.:

Date of accident: 21/02/2019 Time: 12:25 Location: Blk 530 Ang Mo Kio Ave 10 OSCF  
My Vehicle A: G884457E Vehicle B: ~~SG3~~ SGU9295M Vehicle C: \_\_\_\_\_  
SKETCH PLAN

Refer to attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached

☐ 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 : Cheryl - liew @ contacts - lrm.sg

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.

X

Policyholder's Signature

Date & Time:



*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time:

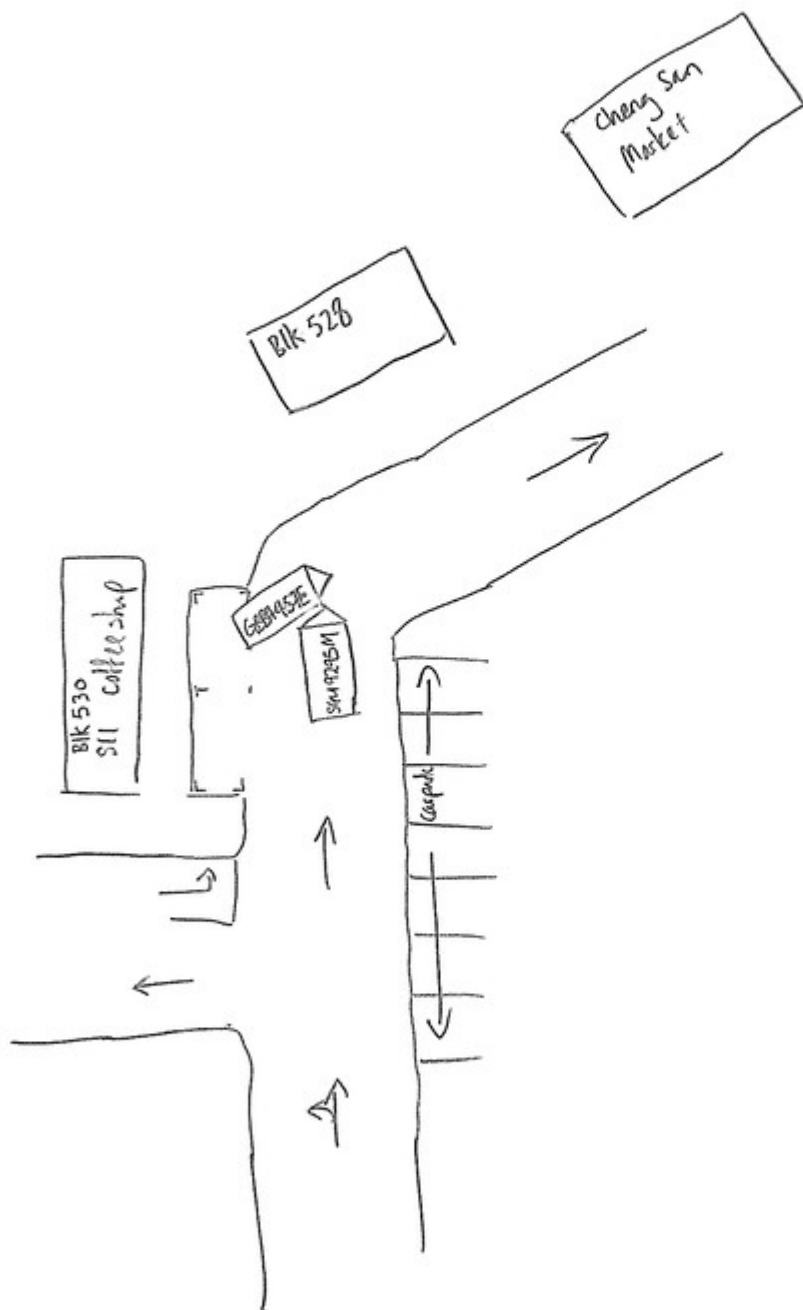


Reporting Centre / Workshop Signature

Name:

NRIC/FIN No.:

[AH LIM MOTOR COMPANY]



## Injured account of accident/incident (Vehicle)

Date & time of statement made: 21 February 2019 at 14:15pm

Name of interviewer : Dixon Lim

Signature of interviewer: \_\_\_\_\_



### **Statement of accident/incident:**

On 21 February 2019 at about 12:25pm, I am going to take my lunch and order paint from Choo Lip Paint Trading at Blk 532. I found a parking lot in front of S11 coffee shop. It was a parallel parking lot on the left side of the road. I turned on the signal, stopped my vehicle and engaged the reverse gear. I've checked the surroundings to ensure that it was clear for me to reverse. Halfway during reversing, I heard a soft thud and stopped to check my surroundings again. I found the vehicle SGU 9295 M on my right. The vehicle wasn't present during the start of my parking. I alighted and found that SGU 9295 M was behind my vehicle.

There was a dent in his left bumper. We exchanged particulars and took photos of the site of the accident.

The particulars of the other party involved

Name: Tan Jee Tee

NRIC: S1549290B

H/P: 91286180

The sketch of the accident is attached.

1. I confirm that the contents are true and correct.

Signature/Thumbprint of Driver: \_\_\_\_\_



NRIC/Work Permit No.: \_\_\_\_\_

S686984AB

for official use only

Prepared By

Date

Vetted By

Date

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. : VCB/P2085411 Account No. : 10837  
Coverage : Third Party Only  
Sum Insured : NIL  
Name of Policy Holder : PRELIM CONSTRUCTION PTE LTD  
Vehicle Registration No. : GBB4457E  
Period of Insurance : From 17/03/2018 To 16/03/2019 (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)

\* 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

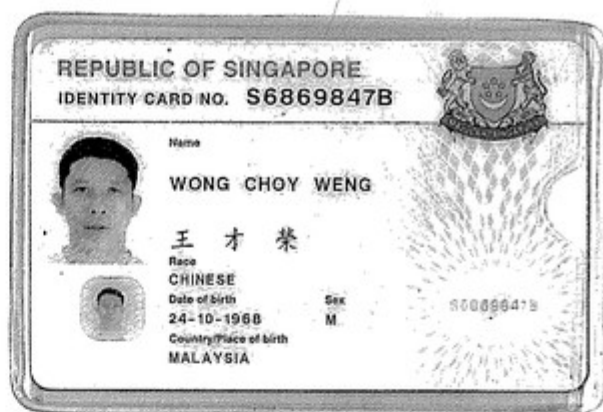
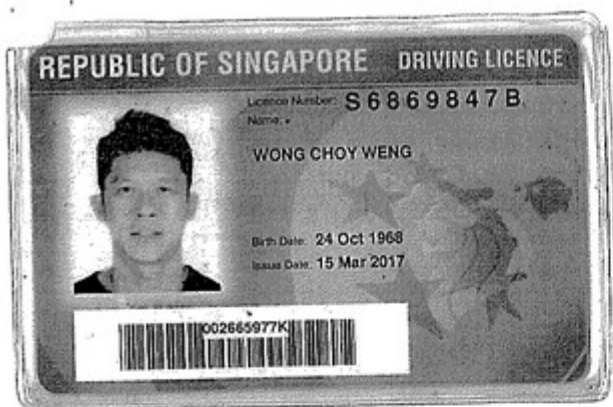
Authorized Signature

Issued by - SGOLTPC on 15/03/2018

### IMPORTANT :

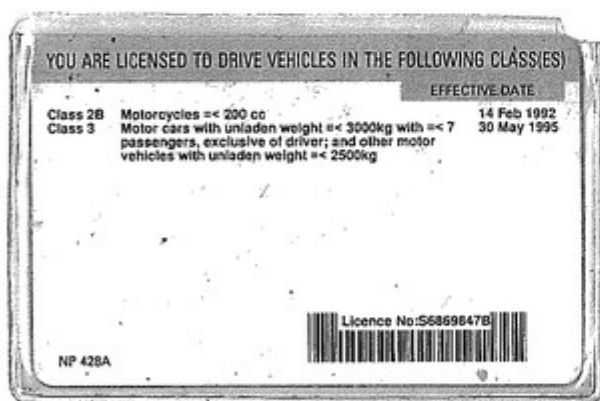
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation 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.



Ipax  
no video  
no injury.  
clear & dry.

91473633







## Prelim Construction Pte Ltd

81 Tagore Lane #01-21 Tag A Singapore 787502  
Tel: 6481 6615 Fax: 6481 1763 Email: [prelimcon@singnet.com.sg](mailto:prelimcon@singnet.com.sg)  
(UEN / GST Reg No: 199703691K)

To Whom It May Concern,

Accident involving my vehicle no. GAB 4457E on 21/2/19 (date) with  
SGA 9295M (other vehicle no) along BLK 530 Ang Mo Kio Ave 10 to open <sup>Carpark</sup>

I, Wong Weng Soon Nric No. S1289056G  
Owner of vehicle no. GAB 4457E am aware of the accident of my vehicle on  
21/2/2019 (Date) while car was driven by Wong Choy Weng  
Nric No. SG669847B. I hereby, authorise him / her to make the report.

X



Name

Date:

.....  
..  
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: An ISO 9001:2008, ISO 14001:2004 & OHSAS 18001:2007 Certified Company









Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

