

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	02/03/2019 14:47
Date Of Accident	01/03/2019 11:45
Exact Location Of Accident	BEDOK NTH RD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD2098A
Insured/Policyholder	
Name Of Registered Owner	NG BOCK CHAI
Passport No/FIN	NA
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96877446
Alternative Phone No	OFFICE-96877446

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FV51JJ
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	THIRD PARTY
Fleet Policy	NO
Policy Number	P1803842
Cover Note Number	

Driver

Name of Driver	NG AH POH
NRIC No	S1277446Z
Date Of Birth	27/01/1957
Occupation	INDOOR
Date Of Driving Pass	13/12/1984
Driving Experience	34 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96877446
Fax Number	
Contact Number	OFFICE-96877446
Email Address	NOEMAIL

Address	BLK 209 SERANGOON CENTRAL #05-272
Postcode	1955
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	SIDE SWIPE
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?	
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

ON 01/03/2018 TIME ABOUT 11.45AM, I WAS DRIVING MY LORRY (XD2098A) ALONG BEDOK NTH RD AT LANE 2, WHEN I CHANGE TO LANE 3, SUDDENLY I REALISED VEHICLE B AT LANE 3. I ACCIDENTALLY HIT ON VEHICLE B.

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	SHB5646Z
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
Vehicle Category	TAXI
Name of Driver	MR HONG
NRIC/Passport Number	
Contact Number	96803636
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: :
GENDER: :

Accident Sketch Plan Pg. 1

SKETCH PLAN

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. 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)**

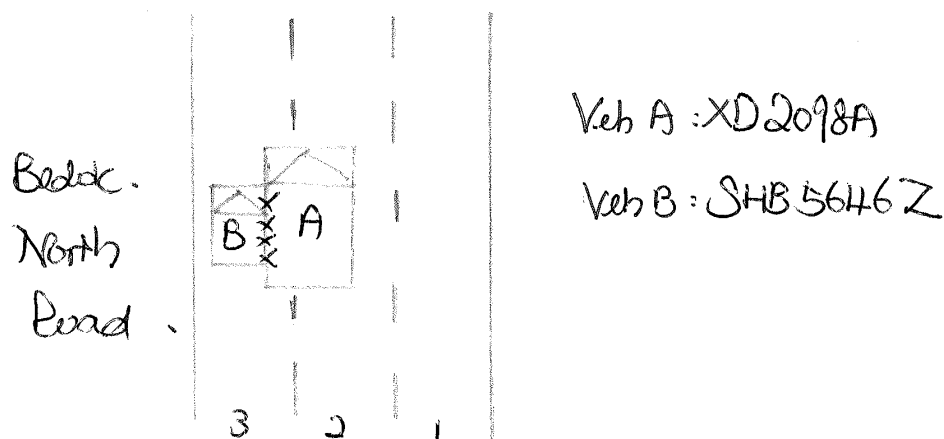
I understand, acknowledge, agree and consent that:

- (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:

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

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



On 01/03/18 time about 11.45am. I was driving my lorry (XD2098A) along Bedok North Road at lane 2, when I change^{to} lane 3, Suddenly I realize Vehicle B at lane 3. I accidentally hit on Vehicle B.

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

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

Accident Sketch Plan Pg. 1

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel:1800 8804888 Fax:-
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg

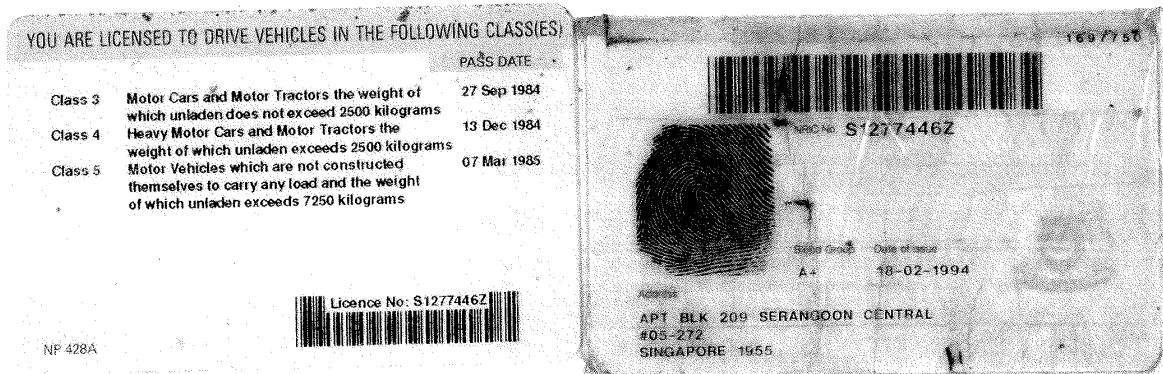


Commercial Vehicles TPO
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VCB/P1803842	
Source	: 03936 VIRTUAL INSURANCE AGENCIES PTE LTD		
Insured	: NG BOCK CHAI		
Address	: BLK 637 HOUGANG AVENUE 8 #08-119 SINGAPORE 530637		
Business/Profession	: LORRY DRIVER <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance	: From 11/09/2018 To 10/09/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 15.00% NCD	: SGD 2,289.72		
GST 7.00%	: SGD 160.28		
Annual Premium	: SGD 2,450.00		
Total Payable	: SGD 2,450.00		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Third Party Only		
Regn. No.	: XD2098A ✓		
Type Of Use	: Commercial Vehicle		
Make/Model	: MITSUBISHI FV51JJD4RDEA		
Year of Manufacture	: 2007		
Seating Cap. (Excl.) Driver	: 1	Carrying Cap. (Tons)	: 16.69
Body Type	: TIPPER		
Engine No.	: 6M70412572		
Chassis No.	: FV51JJA00048		
Insured's Estimated Market Value	: NIL		
Limitations as to Use	: As specified in Certificate of Insurance		
Excess Applicable			
Sect II-Any Authorised Driver	: SGD 500.00		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto: VCB1 VCB1 - THIRD PARTY ONLY			

Continuation page 1

Accident Sketch Plan Pg. 1



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

