

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	08/03/2019 17:33
Date Of Accident	08/03/2019 10:45
Exact Location Of Accident	ALONG PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD5298E
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	SL ELECTRICAL & SECURITY ALARM
Co Reg No	53112275A
Email Address	JEFF-8537@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91152972

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-3.0 D DX TURBO MT 2WD 4DR (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?	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	P2029218
Cover Note Number	

Driver

Name of Driver	LOKE KOK LEONG
Passport No/FIN	G7260568W
Date Of Birth	18/05/1985
Occupation	OUTDOOR
Date Of Driving Pass	25/04/2009
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97906959
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK118 LORONG 1 TOA PAYOH #03-433
Postcode	310118
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)	2
Passenger 1	NAME: : PASSENGER 1
	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 REPORT ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

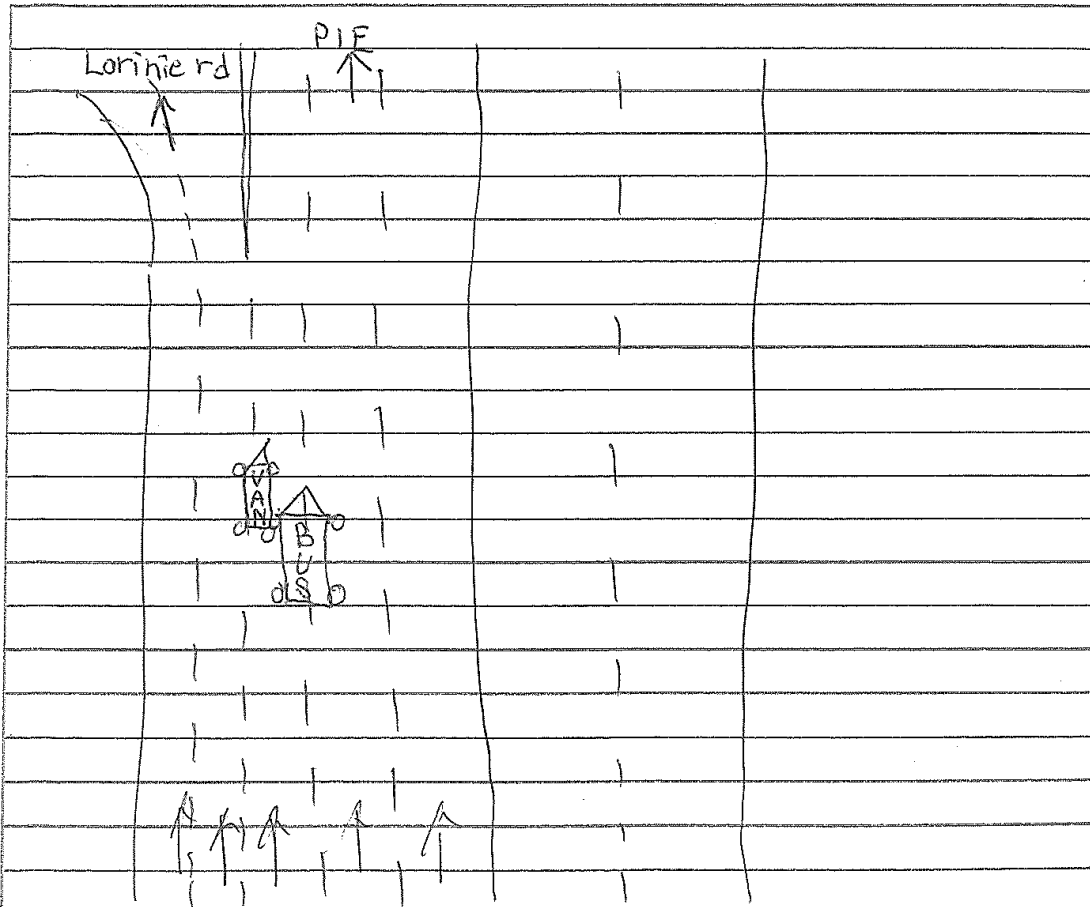
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMB133K
Vehicle Make/Model/Colour	SMRT BUS
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

Van drive on 2 lane, When fitter to 3rd lane
Van Klt near hit the Bus on the left Front area

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



DECLARATION

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



A.

8/3/19.

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

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.:

REPUBLIC OF SINGAPORE DRIVING LICENCE



LOKE KOK LEONG


Birth Date: 18 May 1985
Licence Date: 01 Mar 2018
Valid Till: 24/04/2019

002778052B

67260568W

WORK PERMIT
Employment of Foreign Manpower Act (Chapter 91A)
Republic of Singapore

Employer:
TOP CHANNEL SECURITY SYSTEM



Name:
LOKE KOK LEONG

Work Permit No.: 4 01119841 Sector: **CONSTRUCTION**

K0259526

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight ≤ 3000kg with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight ≤ 2500kg	25 Apr 2009



NP 428A

VISIT PASS
Immigration Regulations

10-04-2019

Name
LOKE KOK LEONG

FIN
G7260568W
Date of Birth Sex
18-05-1985 M
Nationality
MALAYSIAN

Download SGWorkPass App to check status



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



SL Electrical & Security Alarm

118 Toa Payoh Lorong 1



#03-433

Singapore 310118.

Hp: 91152972

Company no. 53112275 A

I Su Kon Sang, NRIC: S2685900Z, Director of Company, SL Electrical & Security Alarm, authorized Mr Loke Kok Leong, Work Permit Number: G7260568W to drive the Company vehicle GBD5298E for work and Business purposes.



Su Kong Sang

Director of SL Electrical & Security Alarm

S2685900Z

Sketch Plan Pg. 5

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 COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VCA/P2029218	
Source	: 14888 INCHCAPE AUTOMOTIVE SERVICES PTE. LTD.		
Insured	: SL ELECTRICAL & SECURITY ALARM		
Address	: BLK 118 LORONG 1 TOA PAYOH #03-433 SINGAPORE 310118		
Business/Profession	: C-OTHER INDUSTRY <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 27/11/2018 To 26/11/2019 (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 20.00% NCD	: SGD 1,179.69		
GST 7.00%	: SGD 82.58		
Annual Premium	: SGD 1,262.27		
Total Payable	: SGD 1,262.27		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: GBD5298E		
Type Of Use	: Commercial Vehicle		
Make/Model	: TOYOTA HIACE VAN TURBO 5 DR		
Year of Manufacture	: 2014		
Seating Cap. (Excl.)	: 2	Carrying	: 1.04
Driver		Cap. (Tons)	
Body Type	: VAN		
Engine No.	: 1KD2461830		
Chassis No.	: JTFHT02P500153971		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
<u>Excess Applicable</u>			
Own Damage Excess	: SGD 900.00		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS			
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto: BCA AAW Sales Agent ID :			

Continuation page 1

Sketch Plan Pg. 6

Date: ~~8-3-19~~ 8-3-19

To: Owner of Vehicle Number: GBD 5298E

The following has been advised to you via your workshop, _____ through their staff, _____.

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 event 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.

☐ The Estimation 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.

☐ Others _____

Signed and acknowledge by:



Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

