

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	27/06/2019 16:51
Date Of Accident	27/06/2019 12:00
Exact Location Of Accident	TRAFFIC LIGHT JUNCTION ALONG QUTRAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE5942Z
Insured/Policyholder	
Name Of Registered Owner	CHYE PAINTS AND HARDWARE CO
Co Reg No	25180600J
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64548424

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.0 (M)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	P2029201
Cover Note Number	

Driver

Name of Driver	SAI MINN MINN PHAY THU
Passport No/FIN	G5368412U
Date Of Birth	04/12/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/05/2018
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(FOREIGN) +65-64548424
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	452 ANG MO KIO AVE 10 #01-1767
Postcode	560452
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?	NO
Was any other material or property damaged?	NO
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

PLEASE REFER TO ATTACHED SKETCH PLAN AND STATEMENT.

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	SKZ3545H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA KIEN SOON
NRIC/Passport Number	S1479139F
Contact Number	94516611
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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.
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.

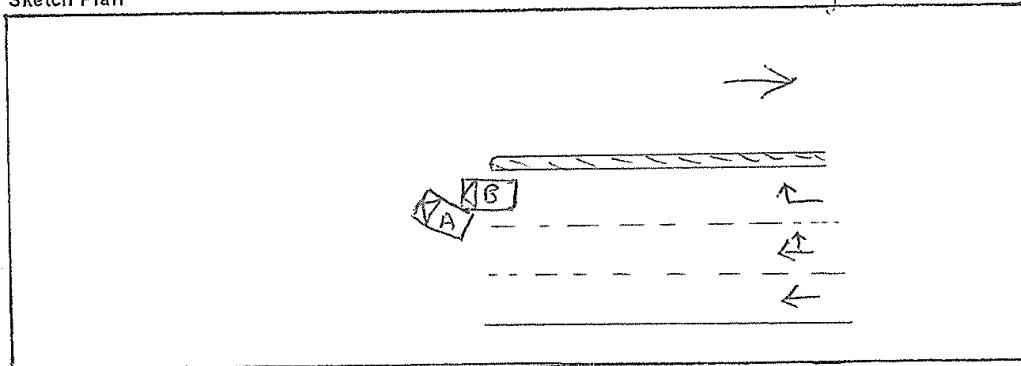
128°

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Sketch Plan #2 Pg. 1

Describe Circumstances of the Accident

While making a right turn along traffic light junction of Outram Rd, vehicle B making a U-turn on my right side suddenly hit onto my vehicle RH rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

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Policyholder's Signature / Date &
Time

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

used by Reporting C
nel

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/P2029201	
Source	: 14888 INCHCAPE AUTOMOTIVE SERVICES PTE. LTD.		
Insured	: CHYE SENG PAINTS AND HARDWARE CO		
Address	: BLK 452 ANG MO KIO AVENUE 10 #01-1767 SINGAPORE 560452		
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 27/01/2019 To 26/01/2020 (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 1,277.75		
GST 7.00%	: SGD 89.45		
Annual Premium	: SGD 1,367.20		
Total Payable	: SGD 1,367.20		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: GBE5942Z		
Type Of Use	: Commercial Vehicle		
Make/Model	: TOYOTA HIACE VAN TURBO 5 DR		
Year of Manufacture	: 2015		
Seating Cap. (Excl.) Driver	: 2	Carrying Cap. (Tons)	: 1.04
Body Type	: VAN		
Engine No.	: 1KD2573464		
Chassis No.	: JTFHT02PX00184861		
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		
Excess Applicable			
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

Identification Card Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G5368412U**


Name: **SAI MINN MINN PHAY THU**

Birth Date: **04 Dec 1975**

Issue Date: **02 Apr 2018**

Valid Till: **12/05/2023**

002788657E



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


Employer:
CHYE SENG PAINTS & HARDWARE CO

Name:
SAI MINN MINN PHAY THU

S Pass No:
0 93030993

Sector:
SERVICE

K1465391



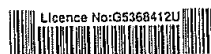
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE		
C	Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 3200 kg
		IN May 2018

G5368412U

NP 428A

S / No.9000314513



VISIT PASS
Immigration Regulations

20-05-2019

Name:
SAI MINN MINN PHAY THU

FIN:
G5368412U

Date of Birth:
04-12-1975

Nationality:
MYANMAR

Sex:
M

Download SGWorkPass
App to check status



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.



Accident Photo



Accident Photo



Accident Photo



Accident Photo

