

## 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	10/12/2019 12:31
Date Of Accident	02/12/2019 11:45
Exact Location Of Accident	AT JUNCTION OF TAMPINES AVE 05/AVENUE 04
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PA6835Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CREWS TRANSPORT SERVICES
Co Reg No	43408400W
Email Address	CREWSTPT@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-94507459

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE 2.5 A
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	BUS

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA226064/01
Cover Note Number	30/06/2019-29/06/2020

### Driver

Name of Driver	RAHMAT BIN DAROOS
NRIC No	S1505625H
Date Of Birth	05/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	24/02/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94507459
Fax Number	
Contact Number	
Email Address	CREWSTPT@GMAIL.COM

Address	BLK 859A TAMPINES AVENUE 5 #03-601
Postcode	521859
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	NO 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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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

REFER TO ATTACHMENT

#### 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	SKZ3039C
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 Pg. 1

### 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: 10/12/19

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

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

SKETCH PLAN

NA.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am also owner of the this company Crows Transport Services and using this vehicle to transport passengers. I was unaware of any accident happen has mentioned by AXA Insurance Pte Ltd.

On the mentioned timing the vehicle is at Pasir Panjang Inn towards Airport. Attached is my schedule.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD / TP at other workshop

DECLARATION

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

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 Pg. 3

DEC 2017 (SUN) NAVIGATOR VIRGO (A4413) 8512.

- MR LUKASZ KASZTELAN / NITHIN XAVIER x 2

00730 - MIRAMAR TO KEPPEL TUNAS

01715 TO 01845 - KEPPEL TUNAS TO MIRAMAR (57BY / LAST MINUTE  
APPROX APPROVE TOPWA)

T 4

MV TAN BINH 59 (A4411) 8512

DEP VJ 191601455 - NGUYEN VAN CHONG (TECH)

00530 - MSA TO APART

T 1 B20 01330  
ARR PA 50701350 - MV BASTIONS (K. LIAM) 8512  
BRANDO AMIGOS ZAMORA x 5

- APART TO MSA (XARK)  
(GIVE \$10X5 = \$50 - MSA 15)

DO GRAB

2nd DEC 2019 (MON) MV BASTIONS (K. LIAM) 6035

00330 - BURGOS ADEL BAYBAY (BSN) x 5

00200 / 0230 MSA TO APART (GIVE \$10X5 = \$50 LUNCH) x 5

ARR PA 50701450 - BURGOS ADEL BAYBAY (BSN)

01100 - APART TO APART (OSTT)

T 3 BS  
DEP PA 02501000 - MT NAVIGATOR VIRGO (A4413) (6035 - RT)

00730 - ORCHARD RENDEZVOUS TO APART

2WAY - LUKASZ KASZTELAN / MR NITHIN XAVIER x 2

00730 - MIRAMAR TO KEPPEL TUNAS - HAZRIBO.

01845 - KEPPEL TUNAS TO MIRAMAR (NITHIN X.)

ARR TK 54 01735 - 310 UZER TURKBA (TURKEY COW)

2140 TO 2340 - APART 157BY / KEPPEL TUNAS

T 1 B 16 02101 - MT NAVIGATOR VENUS (A4413) FIDANS - USE UNICAR

ARR QR 944 2115 - CAPT ZELENSKIY ANAREY

STR 00930 - APART TO MIRAMAR

T 2  
IX 6070010 - MT NAVIGATOR VIRGO (A4413) 6035

02000 - MIRAMAR TO APART

68804888

10/12/19



Rahmat Daroos <crewstpt@gmail.com>

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**ACCIDENT INVOLVING PA 6835Z & SKZ 3039C ALONG/AT JUNCTION OF  
TAMPINES AVE 05 / AVENUE 04 ON 02/12/2019**

1 message

**Su Li (LKK Auto)** <suli@lkkauto.com>

Tue, Dec 10, 2019 at 10:28 AM

To: "CREWSTPT@GMAIL.COM" <CREWSTPT@gmail.com>

Cc: "Cecilia Chong (LKK Auto)" <CeciliaChong@lkkauto.com>, Admin A <admin-a@lkkauto.com>

Dear Sirs,

**OUR REF : S9M029DL // CC4/ASM19021643/gb3**

**YOUR REF : PA 6835Z**

**ACCIDENT INVOLVING PA 6835Z & SKZ 3039C ALONG/AT JUNCTION OF  
TAMPINES AVE 05 / AVENUE 04 ON 02/12/2019**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Singapore Pte Ltd to deal with the third party claim against your motor policy.

We have received a third party claim(s) from **MG SOLUTION PTE LTD** acting on behalf of the owner of **SKZ 3039C** against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located

throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit [www.axa.com.sg](http://www.axa.com.sg) and [www.axa.com.sg](http://www.axa.com.sg)

Your full co-operation in the handling of the claim is required and kindly submit the following to [CeciliaChong@lkkauto.com](mailto:CeciliaChong@lkkauto.com) within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Copy of the letter of authorization
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [ast@axa.com.sg](mailto:ast@axa.com.sg) or deliver it by hand to AXA Insurance Pte Ltd Customer Care Centre.

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

To enable us to look into the matter immediately, please let us hear from you within seven **(7) days** from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

If you need any clarification, please do not hesitate to contact as at 6749 4274 or [CeciliaChong@lkkauto.com](mailto:CeciliaChong@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.



## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 10/12/19 To: Owner of Vehicle Number: PA-6835Z

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



Please tick the applicable box if you had been advised on any of the following:

( ) You had been advised by the workshop that in the case 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.

- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
- if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.

( ) 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.

( ) There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

( ) The estimated 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ ( ) Others REPORTING ONLY

Signed and acknowledged by: \_\_\_\_\_

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

