

## 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	25/09/2019 15:35
Date Of Accident	24/09/2019 01:45
Exact Location Of Accident	SYED ALWI ROAD TOWARDS JALAN BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC6221J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FNA TRANSPORT SERVICES
Co Reg No	53287303C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90619640
Alternative Phone No	OFFICE-90619640

### 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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA424431/1
Cover Note Number	

### Driver

Name of Driver	AWANG BIN MOHD
NRIC No	S1603502E
Date Of Birth	28/02/1963
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1991
Driving Experience	28 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90619640
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	APT BLK 660 CHOA CHU KANG CRESCENT #15-91 SINGAPORE
Postcode	680660
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - STAFF
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)	2
Passenger 1	NAME: : A 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

SEE ATTACH SKETCH PLAN & 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	SKH9196L
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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#### 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.



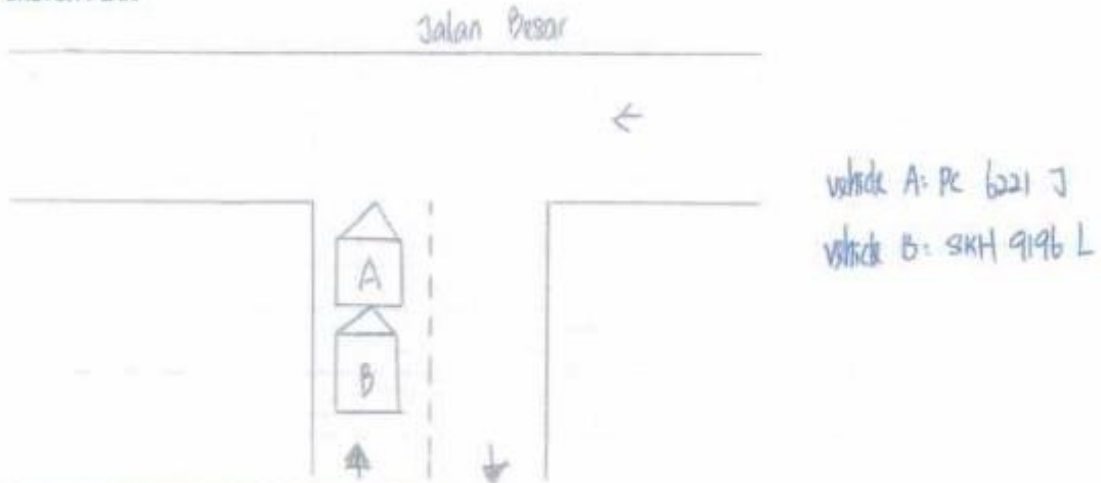
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/9/2019 at 0:45, I was travelling along Syed Alwi Road going towards Jalan Besar on A 1 Lane 2 way road. There was a construction going on the right side and there was a construction guy that instructed me to stop my vehicle to give way, so I stopped my vehicle. All of a sudden, a vehicle B (SKH 9196 L) came from behind and hit onto the rear portion of my vehicle.

### 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.:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



## Driving License

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S1603502E**



Name  
**AWANG BIN MOHD**



Race  
**MALAY**  
Date of Birth  
**28-02-1963**  
Country/Place of Birth  
**SINGAPORE**

Sex  
**M**



REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence No. **S1603502E**

Name **AWANG BIN MOHD**

Date of Issue **28 Feb 1963**

Renew Date **06 Apr 2016**



NAME No. **S1603502E**



DATE OF BIRTH  
**28-02-2017**

ADDRESS  
**APT BLK 860 CHOA CHU KANG CRESCENT  
#15-01  
SINGAPORE 880880**

5784877

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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 250 cc	13 Jun 1990
Class 2A	Motorcycles between 251 cc and 400 cc	07 Aug 1991
Class 3	Motor cars with unladen weight <= 2000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	02 Jan 1991
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	06 Mar 1991
	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 1250kg	



Licence No. **S1603502E**

HP 428A

This card is non-transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VL	19/11/1999
04	BUS ATTENDANT	19/11/1999





redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

date  
 18/06/2019

policy number  
 CB1 / GA424431

## Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	FRA TRANSPORT SERVICES	Certificate number	GA424431 / 1
Cover	Comprehensive	NCD	0%
Engine number	1KD2661294	Chassis number	KDH2118007771
Vehicle Registration number	PC62211		
Period of Insurance	from 05/12/2018 to 29/12/2019 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	TATCO CREDIT PTE LTD		

### Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ and/or is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
- (b) Use only in the Republic of Singapore.

The Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed testing
- (b) Use whilst drawing a trailer except the towing (other than for reward) of anyone disabled mechanically propelled vehicle

\* Limitations rendered inoperative by Section 8 of the Commercial 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.

### Excess

Section I	SGD2,000.00
Section II	SGD1,500.00
Windscreen	SGD200.00

An additional excess is applicable as follows:

- Additional All Claims Excess of \$82,000 is applicable for any named/unnamed drivers who:
  - a) is 18 years old to 26 years old and/or
  - b) is 66 years old and above and/or
  - c) with driving experience of less than 1 year on the relevant classes of driving license

### Additional clauses & endorsements to your policy

Nil

## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MKOM19127073 Vehicle Registration No: PC6221J  
Name (as shown in NRIC) : FNA TRANSPORT SERVICES NRIC/FIN/Passport No : S3217303C  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 906, 9640  
Email Address : \_\_\_\_\_  
Date of Accident : 24-09-2019 Time of Accident : 01:45  
Place of Accident : 840d Alami Rd Towards Jalan Besar.  
Insurance Company : AXA Insurance Pte Ltd.

#### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I wish to amend the time of accident  
Should be 01:45hrs & not 13:45hrs

Policyholder / Driver's Signature

Date: 25-09-2019

Reporting Centre Personnel's Signature

Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_