

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	04/03/2020 16:47
Date Of Accident	17/02/2020 10:15
Exact Location Of Accident	SIN MING DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ2420B
Insured/Policyholder	
Name Of Registered Owner	CAR WISH PTE LTD
Co Reg No	2XXXXX212M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-85254774

Vehicle Particulars

Manufacturer	HONDA
Model	CITY 1.5L 1-VTEC AUTO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VFX//P2364588
Cover Note Number	

Driver

Name of Driver	PETER TAN AH BAH
NRIC No	SXXXX993E
Date Of Birth	22/07/1954
Occupation	INDOOR
Date Of Driving Pass	28/07/1978
Driving Experience	41 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90276547
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 172 ANG MO KIO AVENUE 4 #02-593
Postcode	560712
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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)	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 PHOTOS AS ATTACHED, THANKY YOU.

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	SHC8425U
Vehicle Make/Model/Colour	
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	POW POOH KIM
NRIC/Passport Number	SXXXXX727Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

Sketch Plan Pg. 1

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:

17 FEB 2020

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

Reporting Centre Person
Name:
NIC/FIN No:

YIRA RAHMAN

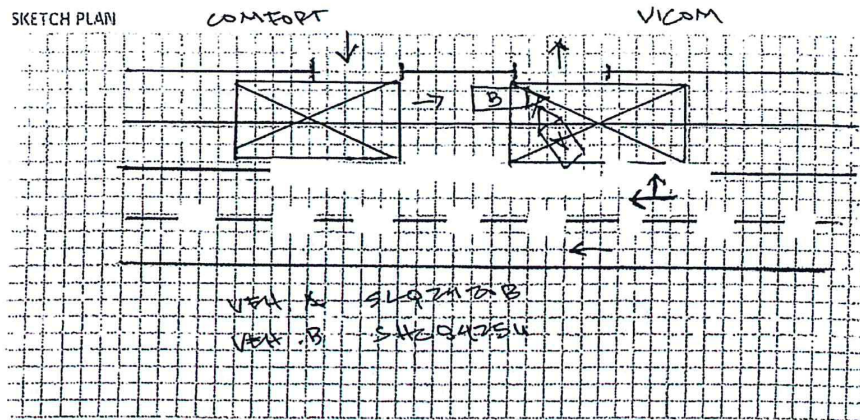


SIART-IC SketchPlanForm_V3



Accident Sketch Plan Pg. 2

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I AM DRIVING ALONG SIN MING DRIVE
GOING FOR VICOM INSPECTION (SLQ2420B). IM
TURNING INSIDE VICOM, SUDDENLY VEH B DROVE OUT
(SHC2425U) COMING OUT FROM COMFORT DEL GARD
EXIT, THEN BOTH VEHICLE COLLIDED FRONT
PORTION. THEN WE EXCHANGE PARTICULARS.

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:

YIRA RAHMAN

WAT-01 SketchPlanForm_V3 17 FEB 2020

DRIVER PARTICULAR

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0200993E



Name
PETER TAN AH BAH
陳亞峇
Race
CHINESE
Date of Birth
22-07-1954 Sex
M
Country of Birth
SINGAPORE


REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S0200993E**
Name: **PETER TAN AH BAH**
Birth Date: **22 Jul 1954**
Issue Date: **29 Aug 2017**

002718541F

Land Transport Authority



VOCATIONAL LICENCE
Licence No: S0200993E
Name: PETER TAN AH BAH
Card Issue Date: 22/02/2018
Please visit www.lta.gov.sg to check the status of this vocational licence

3794813



NRIC No. S0200993E



Valid Group: Date of Issue
13-02-1996

APT BLK 172 ANG MO KIO AVENUE 4 #02-683
SINGAPORE 600172
NRIC No: S0200993E Date: 21/04/1988 (R)

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

	EFFECTIVE DATE
Class 2	Motorcycles > 400 CC
Class 2A	Motorcycles between 201 CC and 400 CC
Class 2B	Motorcycles < 200 CC
Class 3	Motor cars < 3500 kg with < 7 passengers, exclusive of the driver and motor tractors/vehicles < 2500 kg

3 / No. 9000298210

Licence No. S0200993E

MP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Type	Description	Issue Date
13	PRIVATE HIRE CAR VL	22/02/2018



CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 880 4888 Fax:-
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg



Fleet
TAX INVOICE
NEW BUSINESS
Intermediary Copy

Tax Invoice No : P2364588-00001

POLICY INFORMATION		Policy No. : VFX/P2364588	
Source		: 18824 VMG ASSURANCE AGENCY PTE LTD	
Insured		: CAR WISH PTE LTD	
Address		: BLK 635 CHOA CHU KANG NORTH 6 #03-281 SINGAPORE 680635	
Period of Insurance		: From 28/12/2019 To 27/12/2020 (Both Dates Inclusive)	
Transaction No.		: 00001	
Accounting Month / Year		: 12 2019	
Billing Currency		: SGD	Exchange Rate : 1.0000
Gross Premium SGD	Charges SGD	Total Payable SGD	
65,915.43	(GST 7.00%) 4,614.08	70,529.51	
Total Payable is after discount of : SGD 0.00 0.00%			
Commission %	Commission Amount SGD	Net Amount Payable SGD	
3.00	1,977.49	68,552.02	
AXA INSURANCE PTE LTD Authorized Signature			
Important Notice: ----- For Individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details. For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.			
Issued by - MVUSHMF2 on 25/12/2019			(R)

CERTIFICATE OF INSURANCE

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



Fleet
POLICY SCHEDULE
NEW BUSINESS
Original

Policy No. : VFX/P2364588	
<u>Excess Applicable</u>	
Sect I - Used In S'pore Only	: SGD 2,000.00
Sect II-Used In Singapore Only	: SGD 2,000.00
Windscreen Excess	: SGD 100.00
<u>Named Drivers</u>	
1 ANY AUTHORISED DRIVER	
Risk No.	: 22
Type of Cover	: Comprehensive
Regn. No.	: SLQ2420B
Type Of Use	: Hire Car
Make/Model	: HONDA CITY 1.5L I-VTEC AUTO
Year of Manufacture	: 2008
Carrying Cap. Seat	: 4.00
Body Type	: SALOON
Engine No.	: L15A71800283 Engine C.C.: 1497
Chassis No.	: MRHGM26509P020087
	: Market Value At The Time Of Loss
	(including Accessories and Spare Parts)
Limitations as to Use	: As specified in Certificate of Insurance
<u>Extra Coverage(Premium Breakdown)</u>	<u>Limits (SGD)</u> <u>Premium (SGD)</u>
BASIC PREMIUM	3,071.98
LESS 20.00% Flt Disc	614.39
NET PREMIUM	2,457.59
TOTAL PREMIUM	2,457.59
<u>Excess Applicable</u>	
Sect I - Used In S'pore Only	: SGD 2,000.00
Sect II-Used In Singapore Only	: SGD 2,000.00
Windscreen Excess	: SGD 100.00
<u>Named Drivers</u>	
1 ANY AUTHORISED DRIVER	
Risk No.	: 23
Type of Cover	: Comprehensive
Regn. No.	: SLT7521U
Type Of Use	: Hire Car

Continuation page 16

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

