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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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	11/04/2020 08:44	
Date Of Accident	09/04/2020 13:15	
Exact Location Of Accident	AYE (TUAS) BEFORE EXIT 18	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBC7891J	
Insured/Policyholder		
Name Of Registered Owner	AWSTRONG TRADING PTE LTD	

Co Reg No 198700900N

Email Address AWSTRONG@SINGNET.COM.SG

Mobile Phone No (LOCAL) +65-97530360
Alternative Phone No OFFICE-62945070

Vehicle Particulars

Manufacturer TOYOTA

Model DYNA 150-3.0 D (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?

YES

If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number VCA/P2167251

Cover Note Number

Driver

Name of Driver CHUA GEOK MENG

NRIC No S1513322H

Date Of Birth 03/09/1951

Occupation OUTDOOR

Date Of Driving Pass 12/10/1981

Driving Experience 38 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96352038

Fax Number

Contact Number

EMail Address NOEMAIL

Address 42 CAMBRIDGE ROAD #01-08

Postcode 538807

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 FIRE, EXPLOSION OR LIGHTNING

1

NO

NO

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

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES

NO

YES NO

Accident Sketch Plan

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.
- 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.
- 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.
- 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.
- 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:
 - 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.

Policybolder's Signature

Date & Time:

(Con

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

NRIC/FIN No.:

Accident Sketch Plan

					ALIE	1-	2	Vafor	Po.	27
					4-16	((m	* (27	10400	W (2)	+
SKETCH PLA	N							1		
								+		H
		-								ш
	C78913	_								
(715	CLOLIA	4	-							
			-							
			4				-0			
		+H	11		17		1			
				1.1.1.11						
DESCRIBE CI	RCUMSTANCES									
	Reter	- 6	Police	Report						
_										
										_
					17					
DECLARATIO	ON.									
		iculars are	true in even							
	he foregoing part	10	true in even							
	he foregoing part	10	true in even							
		10	true in even							
	ne foregoing next (HAA) (2004 478 (5202 900) (6204 5077	1	true in even	y respect.			Reporting	Centre Per:	sonnel's Sig	gnatur
I/We declare to	ne foregoing next (HAA) (2004 478 (5202 900) (6204 5077	D	Priver's Signati	y respect.			Reporting	Centre Per	sonnel's Sig	gnatur

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel: 1800 8804888 Website:www.axa.com.sg GST Registration Number: 199903512M

customer.care@axa.com.sg



CERTIFICATE OF INSURANCE

■Motor Vehicles (Third-Party Risk: and Compensation) Act. (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Account No. : 14890 : VCA/P2167251 CERTIFICATE NO.

: Comprehensive Coverage

: Market Value At The Time Of Loss Sum Insured

: AWSTRONG TRADING PTE LTD Name of Policy Holder

Vehicle Registration No. : GBC7891J

: From 18/10/2019 To 17/10/2020 (Both Dates Inclusive) Period of Insurance

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's 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 in connection with the Policyholder's business
(b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business
(c) Use for social, domestic and pleasure purposes
This Policy does not cover
(a) Use for hire or reward or for racing, pace-making, reliability

trial or speed-testing

(b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

: SGD 900.00 Own Damage Excess

An Additional Excess is applicable as follows: \$\$2,500.00 for Young or Inexperienced Driver.

Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Read Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMOHA on 09/10/2019

IMPORTANT:
Policyholders are warned that or the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Page 1

Authorization Letter



Head Office: Blk-42 Cambridge Road #01-08 Singapore 210042. Store & Factory: Blk-625, #01-03, Aljunied Industrial Complex, Aljunied Road, Singapore 389836 Tel: 62922067, 62944780, 62945070, 62929002 Fax: 62940896 E-mail:-awstrong@singuet.com.sg.

CO. REG. NO. 198700900 N GST REG. NO. M2-0075826-9

Your Ref:

Date:

Our Ref:

09 Apr 2020

Letter of Authorization

To Whom It May Concern:

Dear Sir/Mdm,

RE: Driver Authorization for GBC7891J (Toyota Dyna)

I, Mr Aw Xianqiang Beniah, hereby authorize Mr Chua Geok Meng (NRIC: S1513322H) as the authorized driver of vehicle no., GBC7891J, during his employment period.

Thank you,

Yours Sincerely,

Aw Xianqiang Beniah Tel: +65 62944780

Fax: +65 62940896

Email: awstrong@singnet.com.sg

Identification Card









Police Report Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 1 of 3 Report No. T/20200409/7018

REPORT OF A TRAFFIC ACCIDENT

	nte/Time Report Made: /04/2020 23:47		Vide Report No.: J/20200409/0138		Station Diary No.:	
Informant	's Particul	ars		W		
Name of Informant: AW XIANQIANG, BENIAH			Address: 76 HOUGANG AVENUE 7 #06-24 SINGAPORE 53880			
ID Type / ID No.: NRIC NO / S8324570J			Contact No.: Home/Office:			
Nationality SINGAPO		N	Email: awstrong@singnet.com.sg			
Sex: Male	Age: 36	Date of Birth: 18/08/1983	Type of Informant: Vehicle Owner			
Race: Chinese	•		Language: English	Institution	/ School Name:	
Occupation: SALES DIRECTOR			Driving Licence Information: Class:	Date of Ex	piry:	

General Informati	on of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/04/2020 13:15		Type of Location: Expressway - Along AYE (Tuas) before Exit 18
Location:					
AYER RAJAH EX	PRESSWAY				
Weather: Sunny	1 L	Road Surface: Ory		Road	d Speed Limit:
		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Vehicle Caught Fire					one conveyed by ulance:

Details of Vo	ehicle Involv	ed				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBC7891J	Lorry	TOYOTA	Dyna	Silver	Caught Fire	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
GBC7891J	AXA INSURANCE SINGAPORE PTE LTD	VCA/P2167251	18/10/2019	17/10/2020

Police Report Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20200409/7018

CONTINUATION OF REPORT

Details of Perso	n Involved			
Any Pedestrian II	nvolved: No			
No. of Pedestrian	ns Injured: NIL	Use of Peo	destrian Cross	sing: NA
Driver				
Name	CHUA GEOK MENG		ID No.	S1513322H
Related Vehicle	GBC7891J (Lorry)		Contact No.	96352038
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discl	narge NIL	
No. of Days gran	ted Medical Leave NIL	Degree of Injury NIL		
Vehicle Owner				
Name	AW XIANQIANG, BENIAH		ID No.	S8324570J
Related Vehicle	NIL		Contact No.	97530360
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	Date Discl	narge NIL		
No. of Days gran	ted Medical Leave NIL	Degree of	Injury NIL	

Brief Details.

My company driver was driving along AYE towards Tuas when he discovered smoke emitting out from the back of the lorry. He proceeded to stop the vehicle around lamp post 249 before exit 18 at around 1.15pm. Subsequently within a few minutes fire started and soon the whole front portion of the vehicle was engulfed in flames. He managed to take a video of the lorry burning.

Police Report Pg. 1





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20200409/7018

CONTINUATION OF REPORT

Sketch	Plan
--------	------

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter:	Date/Time:
Not applicable	09/04/2020 23:47
Officer In Charge Of Case:	Classification Of Case:
TP / TPIB / CHONG GUAN FATT	
Contact No.: 65476083	
00/140/110/1100/1100/00	
Authentication Stamp	



















