

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	30/09/2020 17:05
Date Of Accident	30/09/2020 09:30
Exact Location Of Accident	NUH MEDICAL CENTRE DROP OFF POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ7434C
Insured/Policyholder	
Name Of Registered Owner	RED LION EMERGENCY AND MEDICAL
Co Reg No	2XXXXX897W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81273222

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	P2382773
Cover Note Number	

Driver

Name of Driver	CHIA YEW CHOON
NRIC No	SXXXX278J
Date Of Birth	27/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	24/12/1987
Driving Experience	32 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90114651
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	23 CHOA CHU KANG NORTH 6 #10-06
Postcode	689579
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	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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

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

ON 30/09/2020 AT ABOUT 0930HRS, I WAS STATIONARY WHILE WAITING TO TURN LEFT INTO THE DROP OFF POINT AT NUH MEDICAL CENTRE UNLOADING MY PATIENT. DUE TO CONGESTION AHEAD, I WAITED BEHIND A VEHICLE TO ENTER THE DROP OFF POINT. SUDDENLY, VEHICLE B OVERTAKE MY VEHICLE A FROM MY RIGHT, CAUSING THE COLLISION AND DAMAGES TO THE REAR AND RIGHT PORTION OF MY VEHICLE A.

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	SHA8329A
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	SEAH ENG KIM
NRIC/Passport Number	SXXXX012D
Contact Number	92743588

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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 compliance with requirements under any regulations, laws or court orders.

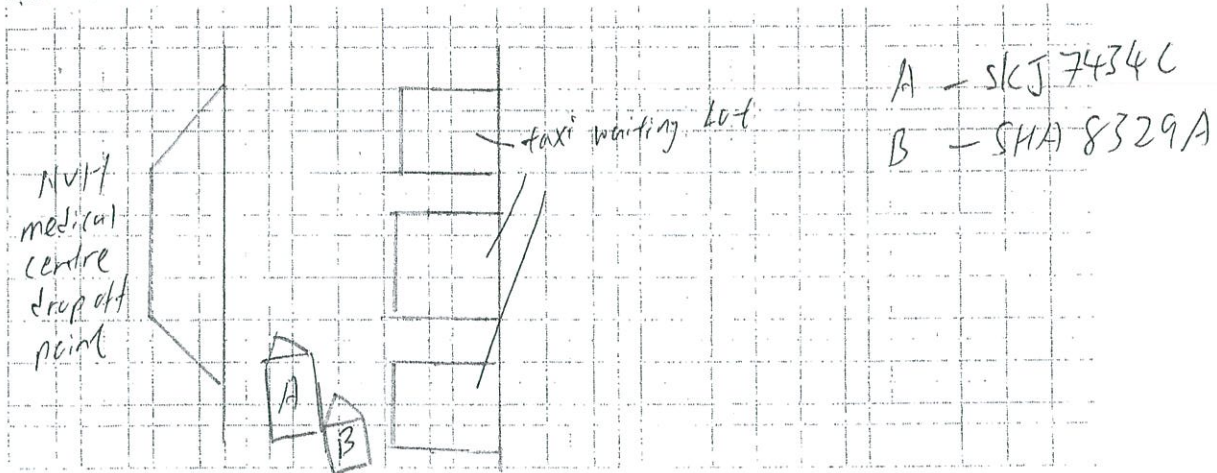


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 30.09.2020, at about 0930, I was stationary while waiting to turn left into the drop off point at NUH medical centre unloading my patient. Due to the congestion ahead, I waited behind a vehicle to enter the drop off point. Suddenly, a vehicle B overtake my vehicle A from my right, causing the collision and damages to the rear and right portion of my vehicle A.

DECLARATION

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

Co. Reg. No.
201724897V

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.:

LETTER OF UNDERTAKING

I/We, Red Lion Emergency Ambulance
Medical Services Pte Ltd, the owner of vehicle no. SKJ 7434C

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Cas Garage Pte Ltd

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder



.....
Company stamp

20/09/20

.....
Date

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1484278J



Name

CHIA YEW CHOON

Race

CHINESE

Sex

M

Date of birth

27-07-1961

Country/Place of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S1484278J

Name: CHIA YEW CHOON

Birth Date: 27 Jul 1961
Issue Date: 22 Oct 2003

000343283G

6453703



NRIC No. S1484278J



Date of issue

08-07-2020

Address

23 CHOA CHU KANG NORTH 6
#10-06
SINGAPORE 689579

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

Class 3

Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 24 Dec 1987

Licence No: S1484278J

NP-28

Handwritten signature

Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: 805 9424C

Date of Accident: 30/09/20

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



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks 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)

CERTIFICATE NO.	: VSX/P2382773	Account No. : 11066
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: RED LION EMERGENCY AND MEDICAL	
Vehicle Registration No.	: SKJ7434C	
Period of Insurance	: From 08/05/2020 To 07/05/2021 (Both Dates Inclusive)	

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*

Use in connection with the Policyholder's business
 Whilst the Motor Vehicle is being so used, the carriage of passengers is permitted

This Policy does not cover

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

(10)

EXCESS :

Sect I - Any Authorised Driver : SGD 1,500.00

Sect II-Any Authorised Driver : SGD 1,500.00

Windscreen Excess : SGD 500.00

(For Unnamed Driver Excess, please refer to your policy)

* Limitations rendered inoperative by Section 8 of the Motor 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.

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 - SGIAMON2 on 17/04/2020

IMPORTANT :

Policyholders are warned that on 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. 189).

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.