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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	15/10/2019 16:35
Date Of Accident	15/10/2019 08:15
Exact Location Of Accident	ALONG JALAN BOON LAY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	PC8868E
Insured/Policyholder	
Name Of Registered Owner	TIONG HENG TRANSPORT PTE LTD
Co Reg No	201329925H
Email Address	PENGHOCK@TIONGHENG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-88661868
Vehicle Particulars	
Manufacturer	KING LONG
Model	XMQ6900K-6.7 (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	YES
Policy Number	CB3/GA461533
Cover Note Number	
Driver	

Driver

Name of Driver ZULKIFLI BIN MOHD TAWAL

NRIC No S1410883A

Date Of Birth 29/05/1960

Occupation OUTDOOR

Date Of Driving Pass 08/04/2015

Driving Experience 4 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82574395

Fax Number
Contact Number

EMail Address NOEMAIL

BLK 589 WOODLANDS DRIVE 16 Address

#10-28

Postcode 730589

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

COLLISION - HEAD TO REAR Type Of Accident

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? NO

Was any injured conveyed to hospital by NO

ambulance?

YES

2

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

NO

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACHED 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 GBA4277M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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Sketch Plan

SKETCH PLAN

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- 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;

 to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, one 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 DESCRIBE CIRCUMSTANCES OF THE ACCIDENT was drawing if was an auto bus . during a Stop Zebra crossing, my foot slipped from the brake collected with the vehicle Trong Heng Transport Pte Ltd and was drawing the vehicle Reporting Only Important: You have been advised by the workshop that in the event that you wish to Claim OD claim against your own policy (OD CLAIM), There is a FOURTEEN (14) Claim TP DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame Claim OD/ TP at other workshop from the day of the occurrence. DECLARATION I/WE declare the foregoing particulars are true in every respect.

Driver's Signature

Date & Time

(if driver not the policyholder)

Policyholder's signature

Date & Time

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Reporting Centre Personnel's Signature

Name:

Nric/Fin No.





AXA Insurance Pte Ltd 2 1899 850 4858 (Within Singapore) (65) 6880 4858 (International) (65) 5880 4740 00 customer.core@axa.com.sg

D mww.axa.com.sg

16/04/2019

policy number C83 / GA461533

Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Commercia: Vehicles (Intid-Party Risks and Compensation) Rules. 1960-Road Transport Act. 1967 (Malaysia; Commercial Vehicles (Third-Party Risks) Rules. 1959 (Malaysia; Commercial Vehicles (Third-Party Risks) Rules. 1959 (Malaysia; Commercial Vehicles (Third-Party Risks) Rules.

Policy details

Engine number

Policyholder name TIONG HENG TRANSPORT PTE. LTD.

Third Party, Fire & Theft ISBE420521869399

Certificate number NCD Chassis number

GA461533 / 1 LABRIDSB9AB203913

Vehicle Registration number

Finance Loan Company

Period of Insurance Sam Insured

PC8868E from 16/04/2019 to 15/04/2020 (both dates inclusive)

Market Value at The Time of Loss

RE

Persons or classes of persons entitled to drive

Any person provided he is in the Policyholder's employ end/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*

- (e) 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 trail or speed testing
- (b) Use whist drawing a trailer except the towing (other than for reward) of anyone disabled mechanically propelled vehicle

 Lesistiture rendered interpretties by Section 8 of the Commission Venedez (Third-Party Risks and Complexistion) Act, (Chapter 189) and Section 85 of the Mood Transport Airs, 1987 (Materials), are not to be included under those headings.

Excess Section II

An additional excess is applicable as follows:

Additional All Claims Excess of \$\$2,000 is applicable for any named unriamed drivers who

\$601,500,00

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 I year on the relevant classes of driving license

Additional clauses & endorsements to your policy

1003















