

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	05/11/2020 19:05
Date Of Accident	04/11/2020 15:45
Exact Location Of Accident	AYE TURNING TO CLEMENTI AVE 6 EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG6056P
Insured/Policyholder	
Name Of Registered Owner	TEAMLINK MARKETING PTE LTD
Co Reg No	200006645H
Email Address	SUSAN@TEAMLINK.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62596312

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 5MT

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	VCA/P1986410
Cover Note Number	08/09/2020-07/09/2021

Driver

Name of Driver	TAN LYE HOCK
NRIC No	S1172464G
Date Of Birth	18/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	10/03/1977
Driving Experience	43 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82984909
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 228 BUKIT BATOK CENTRAL #02-21
Postcode	650228
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	CHAIN COLLISION
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	3
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN

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	XE3490M
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)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PA28B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	AHMAD
NRIC/Passport Number	
Contact Number	91120722
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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.
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. 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.
7. 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:
 - (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.

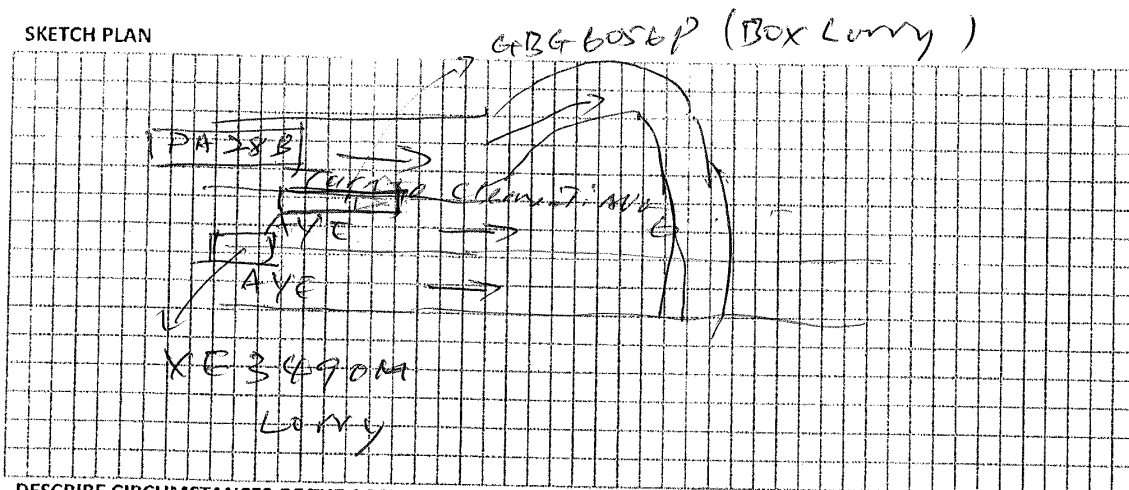


Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: DATE SOUQUA - AMAN
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


<p>Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p>		<input type="checkbox"/> - Reporting Only <input type="checkbox"/> - Claim OD <input type="checkbox"/> - Claim TP <input checked="" type="checkbox"/> - Claim OD TP at other workshop
--	--	---


DECLARATION

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



Policyholder's signature _____
Date & Time _____


 Driver's Signature
 (if driver not the policyholder)
 Date & Time



Reporting Centre Personnel's Signature
Name: Rakeshvaran. Arand
Nric/Fin No.

On 04/11/2020 about 15:45, I was travelling along AYE towards Clementi Ave 6 exit. I was travelling at the second lane and once near to the exit of Clementi Ave 6 I check the left lane to change lane to the leftmost. The bus (PA28B) was far away and I decided to change lane and signal to left and slowly turn to left. Suddenly when I saw at left the bus (PA28B) was at my side and did not give way to my vehicle to enter to the lane and also drive fast which cause my left side mirror sideswipe with the bus. I also felt an impact on my rear vehicle. The lorry behind (XE3490M) hit to my vehicle rear right top portion.



Alvin
04/11/2020

Annex D

NOTICE OF REPORTING

This is to confirm that Tan Lye Hock, NRIC/FIN: S1172464G, has reported to the Police a traffic accident. The traffic accident does not consist of the below following criteria:

- i) Involvement with foreign vehicle
- ii) Involvement with Pedestrian/Cyclist
- iii) Involving parties obtained more than 3 days of Medical Leave
- iv) Government property damage
- v) Hit and Run Accident

Incident happened on 04/11/2020 at about 1545hrs at AYE turning to Clementi Ave 6. Whereby V2 sideswipe on V1's left side. While V3 side scrape on V1's right area. No one was injured.

Involving the following vehicles:

V1) GBG6056P (White Lorry) driven by Tan Lye Hock, NRIC/FIN: S1172464G, HP: 82984909

V2) PA28B (Bus) driven by Ahmad HP: 81120722

V3) XE3490M (Lorry)

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.


Rank/Name of Issuing Officer: Muhammad Hanis

Date: 04/11/2020 Time: 1845 hrs

S/D Ref: 45

Police Post/Unit: Bukit Batok NPC


BUKIT BATOK NPC
21 BUKIT BATOK EAST AVENUE 4
SINGAPORE 659840
TEL: 1800-665 9999

 04/11/2020

CERTIFICATE OF INSURANCE Pg. 1

AXA INSURANCE PTE LTD
 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. : VCA/P1986410 **Account No. :** 18267
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : TEAMLINK MARKETING PTE LTD
Vehicle Registration No. : GBG6056P
Period of Insurance : From 08/09/2020 To 07/09/2021 (Both Dates Inclusive)

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 :

Basic Own Damage Excess : SGD 900.00

(Please refer to your policy for Additional Excess)

* 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 - **SGOMOHA** on **02/09/2020**

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

