

# 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 Submission ..... 01/12/2020 14:49 (SGT)  
Date of Accident ..... 27/11/2020 15:20 (SGT)  
Exact Location of Accident ..... Sembawang Rd, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... SLF4118U

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TIDAL CAPITAL PTE LTD  
Company Reg No ..... 201713048N  
Email Address ..... ASK@AUTOEXCHANGE.COM.SG  
Mobile Phone No ..... (Phone) +65-85000979  
Alternative Phone No ..... +65-96636982

### VEHICLE PARTICULARS

Manufacturer ..... Toyota  
Model ..... Vellfire  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Private hire  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Private hire

### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... P2404131  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... ANG KOK HWEE KELVIN  
NRIC No ..... S8530575A  
Date Of Birth ..... 13/10/1985  
Occupation ..... Outdoor

Date Of Driving Pass .....	19/11/2010
Driving experience .....	10 YEARS
Gender .....	Male
Mobile Number .....	(Phone) +65-96636982
Alt. Phone Number .....	-
Email Address .....	KELVINANG.KELVINANG@GMAIL.COM
Address .....	744 YISHUN ST 72
Address complement .....	#03-197
Postcode .....	760744
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Change/cross lane
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLS REFER TO THE SKETCH PLAN BY DRIVER

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	PC7199J
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Commercial vehicle
Name of Driver .....	ABBAS ZAHEER
Passport No/FIN .....	G1497108X
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN****IMPORTANT NOTICE**


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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:

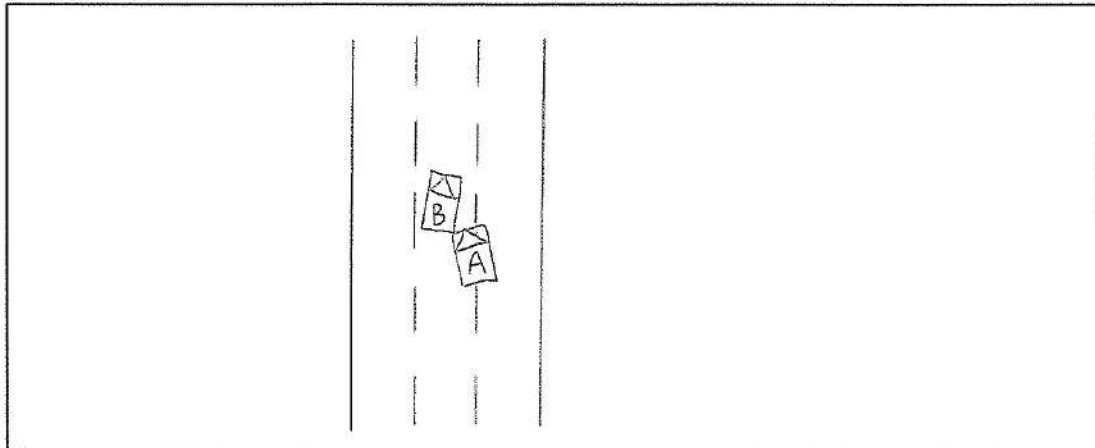
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

Date of accident: 27/11/2020 Time: 3:20 PM Location: Sembawang Road  
 My Vehicle A: SLF4118U Vehicle B: PC7199J Vehicle C: \_\_\_\_\_

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Sembawang Road.
Suddenly, vehicle (B) PC7199J changing lane and I accidentally hit onto vehicle (A) PC7199J rear right portion.
No one injured.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only


Remarks: Please forward a copy of my efile accident report to:

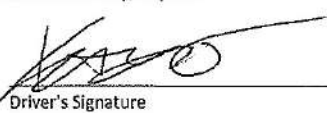
My workshop: Optima Werkz Pte Ltd  
 Email address: ily.loi@ow.sg  
 & myself: kelvin  
 Email address: kelvinhg.kelvinhg@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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: \_\_\_\_\_  
 NRIC/FIN No.: \_\_\_\_\_



# TIDAL CAPITAL PTE LTD

To Whom It May Concern,

Accident involving my vehicle no. SLF418U on 27/11/2020 (date) with  
PC7199J (other vehicle no) along SEMBAWANG ROAD

I, TIDAL CAPITAL PTE LTD Nric No. 201713048N

Owner of vehicle no. SLF418U am aware of the accident of my vehicle on  
27/11/2020 (Date) while car was driven by ANG KOK HEE, KEVIN

Nric No. 88530575A. I hereby, authorise him / her to make the report.


  
Name TIDAL CAPITAL PTE LTD



Date: 01/12/2020

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

  
Name TIDAL CAPITAL PTE LTD



Date: 01/12/2020



### POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 04/12/2020

To: Owner of Vehicle Number: SLF4118U

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, Eileen, Zila, Mui Hong, Wei Jie. Please tick the applicable box if you had been advised on any of the following:

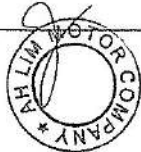
- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- > if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
  - > if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☐ You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- > \$200 off on your Basic Own Damage Excess or
  - > \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
  - > Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others claim Third Party @ Own workshop.

Signed and acknowledged by

Name and signature of policyholder/ authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured vehicle.

Name and signature of workshop personnel including company stamp





**Tidal Capital Pte Ltd**  
81 Ubi Avenue 4 #01-16 UB One  
Singapore 408830  
UEN: 201713048N

## RENTAL AGREEMENT

**No. R20080006**

Date: 24 Aug 2020

### Renter Details

Name : Ang Kok Hwee, Kelvin  
Address : Blk 744 Yishun Street 72  
#03-197 Singapore  
760744  
Date of Birth : 13/10/1985  
NRIC/Passport No./UEN : S8530575A  
Driving License No. : S8530575A  
Driving License Date : 19/11/2010  
Mobile No. : +6596636982  
Email : kelvinang.kelvinang@gmail.com

### Vehicle Description

Vehicle No. : SLF4118U  
Make/Model : TOYOTA / VELLFIRE 2.5Z  
G-EDITION A

### Rental Period

Minimum Rental Period : 3 month  
Date/Time Checked Out : 24 Aug 2020 | 0000  
No. of Days : 91 days  
Expected Date/Time of Return : 23 Nov 2020 | 0000

### Rental Charges\* & Deposit

Rental Charges : Per Day @  
Rental Charges : Per Week @  
Rental Period : 3 month  
Deposit Received : S\$ 500.00

### Additional Driver (if any)

Name :  
Address :  
Date of Birth :  
NRIC No./Passport No. :  
Driving License No. :  
Driving License Issue Date :  
Mobile No. :  
Email :

### Additional Driver (if any)

Name :  
Address :  
Date of Birth :  
NRIC No./Passport No. :  
Driving License No. :  
Driving License Issue Date :  
Mobile No. :  
Email :

### Payment Info/Channels

Bank Name : DBS  
Account No. : 072-014510-0  
PayNow UEN : 201713048NDBS

I, the Renter, agree that the Lessor may collect, use & disclose my personal data, as provided in this Schedule &/or pursuant to the Agreement from time to time, including my vehicle location information (through various channels and methods such as through the use of telematics technology), for the following purposes in accordance with the Personal Data Protection Act 2012 & the Lessor's group Privacy Policy (available at [www.autoexchange.com.sg](http://www.autoexchange.com.sg)):

- (a) administration of the vehicle rental under the Agreement;
- (b) for internal tracking, analysis and administrative purposes;
- (c) to communicate with me; &
- (d) for the Lessor to comply with its obligations under law.

☒ Further, I understand that my personal data may be used for marketing purposes by the Lessor, its affiliated companies or their partners; & I hereby consent to receive marketing & promotional materials by telephone, SMS or e-mail.

### Agreement

The Renter has read, understood & agrees with all terms & conditions of this Agreement.



Renter's Signature/Stamp

Authorised Signatory/Stamp

Date :

Lessor





























**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)

<b>CERTIFICATE NO.</b>	<b>: VFX/P2404131</b>	<b>Account No. : 05058</b>
<b>Coverage</b>	<b>: Comprehensive</b>	
<b>Sum Insured</b>	<b>: Market Value At The Time Of Loss</b>	
<b>Name of Policy Holder</b>	<b>: TIDAL CAPITAL PTE LTD</b>	
<b>Vehicle Registration No.</b>	<b>: SLF4118U</b>	
<b>Period of Insurance</b>	<b>: From 03/09/2020 To 02/09/2021 (Both Dates Inclusive)</b>	

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

Named Driver(s) as stated in the Policy  
 1. ANY AUTHORISED DRIVER

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 for the carriage of passengers or goods in connection with the Policyholder's business.  
 (b) Use for social, domestic and pleasure purposes.  
 The Policy does not cover  
 (a) Use for racing, pace making, reliability trial or speed-testing  
 (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle


(04)

**EXCESS :**

<b>Sect I - Used In S'pore Only</b>	<b>: SGD 2,000.00</b>
<b>Sect II-Used In Singapore Only</b>	<b>: SGD 2,000.00</b>
<b>W/screen Excess in Singapore</b>	<b>: SGD 100.00</b>
<b>Sect I - Used Outside S'pore</b>	<b>: SGD 4,000.00</b>
<b>Sect II-Driven Outside S'pore</b>	<b>: SGD 4,000.00</b>
<b>W/screenExcess (Outside S'pore)</b>	<b>: SGD 100.00</b>

\* 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 - SGOVKRS2 on 08/09/2020

**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)).

**FOR INDIVIDUAL CUSTOMERS** : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

**FOR NON-INDIVIDUAL CUSTOMERS** : Please refer to the Premium Warranty Clause on the policy