

# PCV Accident Report

(For Reporting only)



Braddell  Sin Ming  Sg. Kadut  Pandan  Loyang  Ubi

## Section A - To Be Completed By Driver Who Is Involved in The Accident

Date & Time of Accident	Date: 9-12-2020	Time: 1 pm.
Date & Time of Reporting	Date: 10-12-2020	Time: 10am.
Place of Accident	7A, Bartley Residence condominium, Basement 4b car park	
Vehicle Reg. No. :	G.B.G 810 7.	Make / Model : Nissan, cabstar 3.0.
Purpose of Use at Time of Accident	<input checked="" type="checkbox"/> Goods transportation / private usage / others:	
Name :	Hassan B. Mamat	NRIC / FIN No. S159494FA BMT.
Address :	BLK 419, Clementi Ave 1, #09-217	
Postcode :	120419	Date Of Birth : 14 <sup>th</sup> January 1963
Home :	N.A.	Handphone : 81294006
Email :	N.A.	Gender : <input checked="" type="radio"/> Male / Female
Occupation :	Management / Sales / Retiree / Housewife / Technical / Education / Others : Supervisor	
Type of Claims : Third Party / Own Damage	<input checked="" type="checkbox"/> Reporting Only	
Licence Pass Date :		
Driver Status :	Owner / <input checked="" type="checkbox"/> Non-owner	Years of Driving Experience : 37
		23 <sup>rd</sup> June 1983

If you are not the owner, the owner's name & tel : SHALOM INTERNATIONAL NOVERS PTE LTD  
Owner's Address : 10 KARI BUKIT ROAD 1 #01-05 RB INDUSTRIAL BUILDING S416175  
Relationship with Owner : EMPLOYEE Owner's NRIC / Company Reg. No. : J01421716K

Vehicle Towed In ?	Yes / <input checked="" type="radio"/> No	My Insurance Company:	AXA INSURANCE PTE LTD
Police Reported ?	Yes / <input checked="" type="radio"/> No	Police Report Reference No. :	
Company's Vehicle ?	Yes / <input checked="" type="radio"/> No	Insurance Policy No:	CVI/6A542514
Do you have witness ?	Yes / <input checked="" type="radio"/> No	Type of Policy: <input checked="" type="checkbox"/> Comprehensive / Third Party Fire & Theft / Third Party Only	

(If Yes, Witness Name & Contact No :

Weather Condition :	<input checked="" type="radio"/> Clear / Cloudy / Light Rains / Heavy Rains	Was anyone injured in the accident ?	ipax No. Video	Yes / <input checked="" type="radio"/> No
Road Condition :	<input checked="" type="radio"/> Dry / Wet	Was Notice of Intended Prosecution given ?		Yes / <input checked="" type="radio"/> No
Other vehicle or property damage ?	Yes / <input checked="" type="radio"/> No			

Describe How Accident Happened : Please use **SKETCH PLAN** for accident description & sketch of accident scene

### Third Party's Details (Use Annex 2 for Chain Collision as attachment)

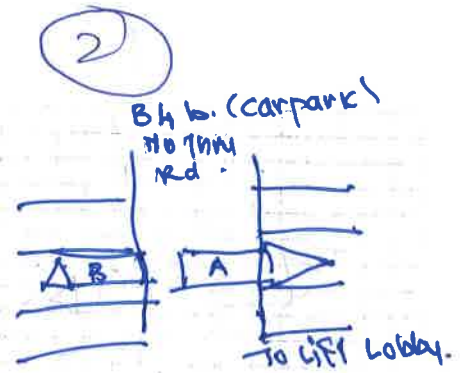
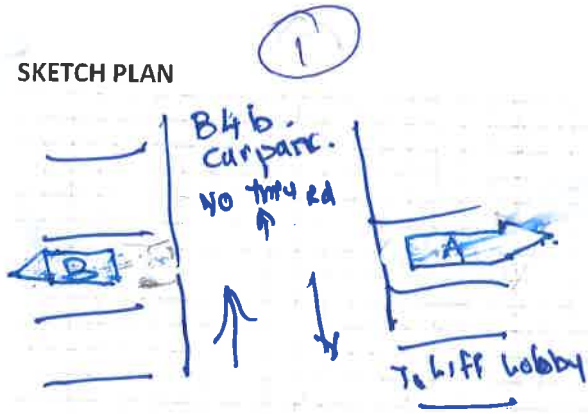
Vehicle Make / Model :	Yamaha R3.	Vehicle Reg. No :	FL5440X
Name of Driver :	Mohammad Ramdan B.	NRIC No. :	S8817164B -
Insurance Company :	<input type="text"/>	Handphone :	92957102

**Driver's Declaration :** I declare that the information given in this report are true and correct and I undertake to assume full responsibilities for all consequences should any part given above be untrue.

Signature :

Date : 10<sup>th</sup> Dec '2020.

SKETCH PLAN



A - GBG.8KJ7  
 B - FL 5440 K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9<sup>th</sup> Dec 2020 @ 1200hrs. I was reversing GBG.8KJ7 out of Car parking lot at Basement 4b of Bartley Res Condominium. Without noticing that the motorcycle FL 5440 K parked at opposite car parking lot and hit the motorcycle at the opposite lot.

Note:  
 The other party and had agreed on private settlement.

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.:

## 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 Signature  
Date & Time:

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

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



09 Dec 2020

To Whom It May Concern

Dear Sir / Mdm

**RE: AUTHORISATION LETTER**

This is to authorize **HASSAN BIN MAMAT**, I/C No: **S1594948A** to act on the behalf of SHALOM INTERNATIONAL MOVERS PTE LTD with regard to the accident reporting for vehicle GBG810T.

Yours Sincerely,



Ms Felicia ~~Cai~~  
Operations Admin Manager  
Tel: 6287 6117



redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

date  
 26/05/2020

policy number  
 CV1 / GA542514

# Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

## Policy details

Policyholder name	SHALOM INTERNATIONAL MOVERS PTE LTD	Certificate number	GA542514 / 1
Cover	Comprehensive	NCD	20%
Engine number	ZD30020706N	Chassis number	JN1SC2F24Z0859634
Vehicle Registration number	GBG810T		
Period of Insurance	from 29/05/2020 to 28/05/2021 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	Nil		

## 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.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Commercial 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.

## Excess

Section I	SGD350.00
Windscreen	SGD140.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who:

- a) Is 22 years old to 24 years old and/or
- b) Is 66 years old to 70 years old and/or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) Is 18 years old to 21 years old and/or
- b) Is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

## Enquire Vehicle Registration Details

### Owner Particulars

NRIC/Passport /Company Cert No.:	201421716K
Owner ID Type:	Company
Owner Name:	SHALOM INTERNATIONAL MOVERS PTE. LTD.
Registered Address:	10 KAKI BUKIT ROAD 1 #01-25 KB INDUSTRIAL BUILDING SINGAPORE 416175
Mailing Address:	-
Birth Date:	-

### Vehicle Particulars

Vehicle No.:	GBG810T
Previous Vehicle No.:	-
Effective Date of Ownership:	29 May 2017
Original Regn Date:	29 May 2017
Registration Date:	29 May 2017
Year of Manufacture:	2016
Vehicle Type:	Goods (Open) Lorry (Metal Body)/Pickup
Vehicle Scheme:	-
Vehicle Attachment 1:	No Attachment
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Make:	NISSAN
Vehicle Model:	CABSTAR 3.0 5M/T ABS 2DR 2WD EURO 5
Primary Colour:	White
Secondary Colour:	-
Passenger Capacity:	2
Chassis No.:	JN15C2F24Z0859634
Engine No.:	ZD30020706N
Engine Capacity /Power Rating:	2953 cc / -
Maximum Power Output:	-



## POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 10/12/2020

To: Owner of Vehicle Number: GBG 8107

The following has been advised to you via your workshop, CDGE through their staff, Polun. 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 of the claims procedure as follows.
- 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. The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ . The estimated arrival time does not include the repair period.
- 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.
- 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 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.
- 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.

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