

# 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 ..... 21/01/2021 10:49 (SGT)  
Date of Accident ..... 19/01/2021 15:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... PIONEER RD TWDS TUAS VIADUCT  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE944R

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... TSL LOGISTICS PRIVATE LIMITED  
Company Reg No ..... 2XXXXX403M  
Email Address ..... spoon\_vins@hotmail.com  
Mobile Phone No ..... (Phone) +65-86888662  
Alternative Phone No ..... +65-86888662

### VEHICLE PARTICULARS

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

### INSURANCE COMPANY

Name of Insurance Company ..... Axa  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... Yes  
Policy Number ..... -  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... CHAI WENCHAO  
Passport No/FIN ..... GXXXX459X  
Date Of Birth ..... 16/05/1982  
Occupation ..... Outdoor

Date Of Driving Pass .....	03/11/2015
Driving experience .....	5 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93541680
Alt. Phone Number .....	-
Email Address .....	spoon_vins@hotmail.com
Address .....	194 PANDAN LOOP #05-15 PANTECH BUSINESS HUB SINGAPORE 128383
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Side Swipe
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? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
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

#### REFER TO 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 .....	YL359G
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Goods vehicle
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-

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

## INJURED PERSONS DETAILS

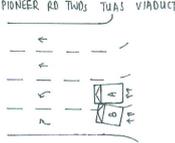
### INJURED 1

Name of injured person ..... CHAI WENCHAO  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... XE944R  
Were seat belts worn? ..... Yes  
Was this injured conveyed to hospital by ambulance? ..... 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 willful misrepresentation or withholding of material facts may allow insurance companies to **rescind** 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 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.
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' law yers/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/postal 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

 _____ Policyholder's Signature / Date & Time	 _____ Driver's Signature (if driver is not the policyholder) / Date & Time	 _____ Witnessed by Reporting Centre Personnel
<b>Sketch Plan</b> PIONEER RD TUBS VIADUCT  <div style="float: right; margin-top: 10px;">           Vehicle A - XE944R            Vehicle B - YL359G         </div>		

**Describe Circumstances of the Accident**

On the stated date and time, I, vehicle A (XE944R) was travelling along  
at the stated location on lane 3. Out of sudden, vehicle B (YL359G) from lane A cut  
into my lane and collided onto the front left portion of my vehicle causing damages.  
I, Chai WenChao, 62611459X, employee of the company was driving the vehicle for  
work purpose.

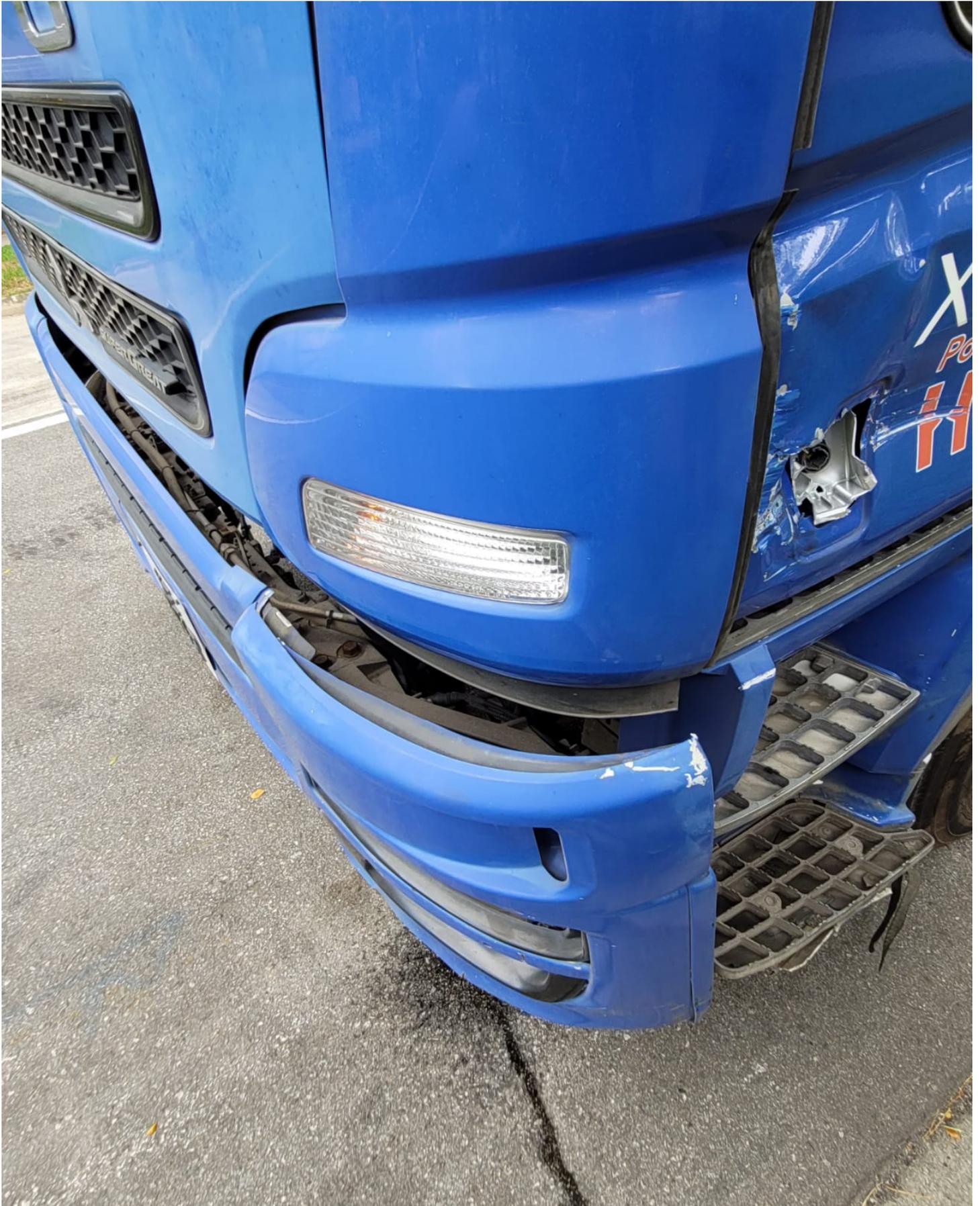
**Declaration**

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      Witnessed by Reporting Centre Personnel

































AAA Insurance Pte Ltd  
 1800 880 8888 (Within Singapore)  
 (65) 6880 8888 (International)  
 (65) 6880 4740  
 customer.care@aaa.com.sg  
 www.aaa.com.sg

Date:  
 01/08/2020

Policy number:  
 CVL / GAS47972

## Certificate of Insurance

Commercial Vehicles (Third Party) Risk and Compensation Act, (Chapter 139 - Commercial Vehicles (Third Party) Risk and Compensation) Rules, 1950 (Road Transport Act, 1987 (Malaysian Commercial Vehicles (Third Party) Risk, 1959 (Malaysia)

### Policy details

Policyholder name	TSL LOGISTICS PTE LTD	Certificate number	GAS47972 / 1
Owner	Comprehensive	RCR	25%
Engine number	OM457288441	Chassis number	FF51SDA10183
Vehicle Registration number	323448		
Period of Insurance	from: 26/08/2020 to 27/08/2021 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Finance Lessor Company	SINGAPORE FINANCE LTD		

### 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 trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\* Limitations mentioned in accordance with Section 8 of the Commercial Vehicles (Third Party) Risk and Compensation Act, (Chapter 139) and Section 95 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

### Excess

Section 1	SGD1,500.00
Windscreen	SGD300.00

An additional excess is applicable as follows:  
 Additional (Zero) 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

AAA Insurance Pte Ltd (136903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068311  
 Customer Care, #B1-01

1 of 3