

Singapore #03-20

☐ Scene Pic  
☐ Auth Letter

☐ Owner  
☒ Driver

# ACCIDENT STATEMENT

Email

| Date of Accident | Time (24 HRS) | Location of Accident |
|------------------|---------------|----------------------|
| 13/4/21          | 8-30am        | Eunos Ave 6          |

## OWNER/ POLICY HOLDER (VEHICLE A) - CLIENT INFORMATION

|   |                                  |
|---|----------------------------------|
| Vehicle Registration Number                           | YP 2015P                         |
| Name of Policyholder                                  | MBF INDUSTRIAL (SINGAPORE)       |
| NRIC/ FIN/ Passport/ ROC (if Policyholder is company) | 198303897E P/L                   |
| Address   | BLK 1077 Eunos Ave 6             |
| Address   | #01-154 S 409633                 |
| Contact Number  | 67445445                         |
| Email Address (compulsory)                            | ATTN: MS WONG mnf1983@mnf.com.sg |
| Tel:  | 67445445 Hp: (MR TOH - IC)       |

## VEHICLE PARTICULARS (VEHICLE A)

|   |   |
|---|---|
| Vehicle Make / Model                              | ISUZU 17 FOOT   |
| Type of Vehicle                                   | Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:  |
| Are you claiming under your own insurance policy? | <input type="radio"/> Yes <input checked="" type="radio"/> No Remarks: RPT  |
| Vehicle category                                  | <input type="radio"/> Private Hire <input type="radio"/> Private <input checked="" type="radio"/> Commercial <input type="radio"/> Motorcycle |

## INSURANCE COMPANY (VEHICLE A)

|                           |  |
|---------------------------|--|
| Name of Insurance Company | AXA  |
| Type of Policy            | <input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party |
| Fleet Policy              | <input type="radio"/> Yes <input checked="" type="radio"/> No  |
| Policy Number             | GA 179667  |

## DRIVER

PLS SKIP THIS SECTION IF OWNER IS DRIVER

|  |  |
|--|--|
| Name of Driver                                   | Mohamed Ali Bin Yusof  |
| NRIC/ FIN/ Passport                              | S 1336221A   |
| Date of Birth                                    | 15/10/58   |
| Driving Pass Date                                | 24/4/15 (CLASS 4)  |
| Gender   | <input checked="" type="radio"/> Male <input type="radio"/> Female |
| Contact Number                                   | 90298152   |
| Tel:   |  |
| Hp:  | 24 . APR . 2015  |
| Address  | BLK 222 TAMPINES ST. 24  |
| Address  | #04-104 S 521222   |
| Email Address (compulsory)                       |  |
| Was driver an employee of the Insured's Company? | <input checked="" type="radio"/> Yes <input type="radio"/> No      |
| If No, relationship of Driver with the Insured.  |  |
| No. of Passenger in vehicle (including Driver)   | 2 (including Driver)   |
| Please state Passenger Names:                    | Name: ATTENDANT Gender: M  |
|  | Name: Gender: -  |
|  | Name: Gender: -  |

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

## GENERAL INFORMATION OF THE ACCIDENT

|                    |  |
|--------------------|--|
| Weather Conditions | <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others: |
| Road Surface       | <input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:       |

## OTHER INFORMATION

|   |   |
|---|---|
| Was there any foreign vehicle(s) involved? (Malaysia car) | <input checked="" type="radio"/> No <input type="radio"/> Yes                     |
| Was anybody injured in the accident? (Including Witness)  | <input checked="" type="radio"/> No <input type="radio"/> Yes Ambulance (Yes/ No) |
| Was any other vehicle(s) or property damaged?             | <input type="radio"/> No <input checked="" type="radio"/> Yes                     |
| Was there any video captured? (in-car camera in YOUR CAR) | <input checked="" type="radio"/> No <input type="radio"/> Yes                     |

## DETAILS OF POLICE ACTION

|  |   |
|--|---|
| Was the accident reported to the Police?   | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| If Yes, please state which police station. |   |
| Was notice of intended Prosecution given?  | <input checked="" type="radio"/> No <input type="radio"/> Yes |
| If Yes, against whom?                      |   |

## OWN VEHICLE REGISTRATION NUMBER \_\_\_\_\_

## DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

## Other Vehicle or Property 1 (VEHICLE B) - OTHER PARTY INFORMATION

Vehicle Registration Number SBR 9981R. ✓

Make/ Model/ Others

Vehicle category ☐ Private Hire ☒ Private ☐ Commercial ☐ Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

## Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category ☐ Private Hire ☐ Private ☐ Commercial ☐ Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

## DETAILS OF WITNESS

Name

Phone / Email Address

## DETAILS OF INJURED PERSON 1

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes☐ No

## DETAILS OF INJURED PERSON 2

Name

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

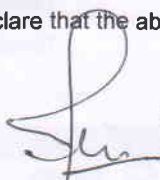
☐ Yes☐ No

Was Injured conveyed to Hospital by Ambulance?


☐ Yes☐ No

## Declaration

I/We declare that the above particulars &amp; information provided above are true in every aspect.

  
Signature of Policy Holder  
(Company Chop if applicable)

Date &amp; Time

  
Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date &amp; Time

13/4 @ 240



## 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 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' 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.

  
Policyholder's Signature / Date & Time

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

13/4 @  
  
Witnessed by Reporting Centre Personnel

### Sketch Plan

Refer Sketch

**Describe Circumstances of the Accident**

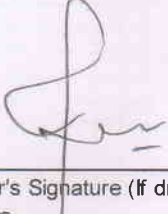
*Refer statement*

I WAS DOING DELIVERY WHEN ACCIDENT HAPPEN .

**Declaration**

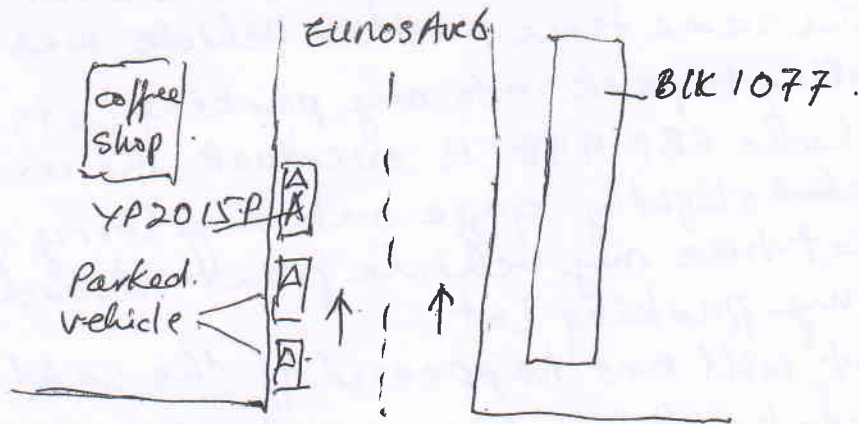
We declare the foregoing particulars are true in every respect.

  
  
Policyholder's Signature / Date & Time

  
13/4 @  
2:40p  
Driver's Signature (If driver is not the policyholder) / Date & Time

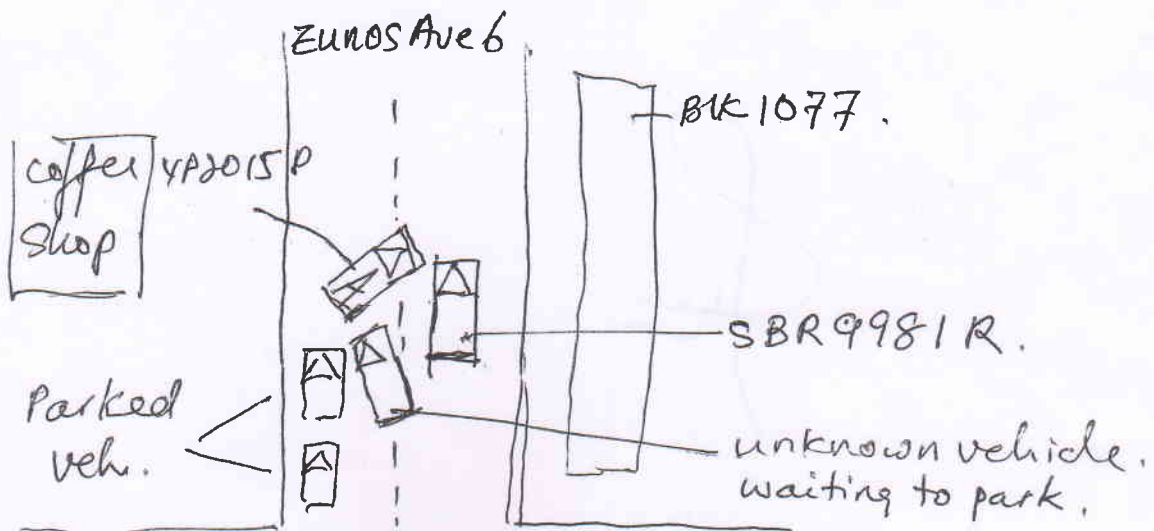
  
  
Witnessed by Reporting Centre Personnel

YP2005P



Eunos Ave 5

BEFORE Accident.



Eunos Ave 5

After accident

fu



YP 2015P

On 13.4.21 my lorry was loaded with good and I intend to move out from my stationary position.

I look back to see no on-coming vehicle and slowly move out. At the same time another vehicle was waiting ~~at~~ beside intending to park into my parking lot.

Just then vehicle SBR 9981R overtook the unknown vehicle and ~~slid~~ slightly gaze onto my lorry front portion. By that time my vehicle front already move out of my parking lot.

This accident will not happened if the said vehicle did not overtake the unknown vehicle.

On inspection of both our vehicles, SBR 9981R on have some yellow paint on the lower front portion of vehicle. My lorry YP2015P suffer a slight abasion on the front bumper.





**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 13.4.2021

To: Owner of Vehicle Number: YP 2015 P

The following has been advised to you via your workshop, K. Kim Hin Auto Pte Ltd through their staff, SANDRA. 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 Representing  
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**

