# 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 witholding 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 15/04/2021 10:03 (SGT) Date of Accident 14/04/2021 13:25 (SGT) Exact Location of Accident Loyang Ave, Singapore Additional Location Information LOYANG AVE Country/State of Loss Singapore

#### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number **GBC9859R** 

#### INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner TAN BROS GAS SUPPLY Company Reg No 36674400C Email Address TANBROSGASSUPPLY@GMAIL.COM Mobile Phone No (Phone) +65-91055622 Alternative Phone No (Office) +65-64551169

#### VEHICLE PARTICULARS

Manufacturer Toyota Model Dyna 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 No - Claiming third party your vehicle? Vehicle Category Goods vehicle Transmission Manual 3000

#### INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage ThirdParty Fleet Policy Policy Number VFX/P2427896 Cover Note Number

#### **DRIVER**

Name of Driver **CHEN DONG** Passport No/FIN G8315333X

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	25/02/1985 Outdoor 14/10/2019 1 YEAR AND 6 MONTHS Male (Phone) +65-98372551 - TANBROSGASSUPPLY@GMAIL.COM 157 SIM AVE - 387479 No Employee No
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Side Swipe Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident?  Number of vehicles involved in the accident  Was anybody injured in the Accident?  Was any injured conveyed to hospital by ambulance?  Was any other material or property damaged?  Number of Passengers (Including Driver)  Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 Yes Yes Yes 1 No
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Police Station Name Police Station Address Was notice of intended Prosecution given? If yes, against whom?	Yes Bukit Panjang North Neighbourhood Police Post Blk 27 Marsiling Drive Singapore 730027 No -
CIRCUMSTANCES OF ACCIDENT	
REFER POLICE REPORT NO: T/20210414/2096	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?	Yes No No
DETAILS OF OTHER	R VEHICLE PROPERTY 1
Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour Vehicle Category Name of Driver	FBS317M Motorcycle

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	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBS317M
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- Any false reporting may be referred to the Police for investigation.
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- 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)

Lunderstand, 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.

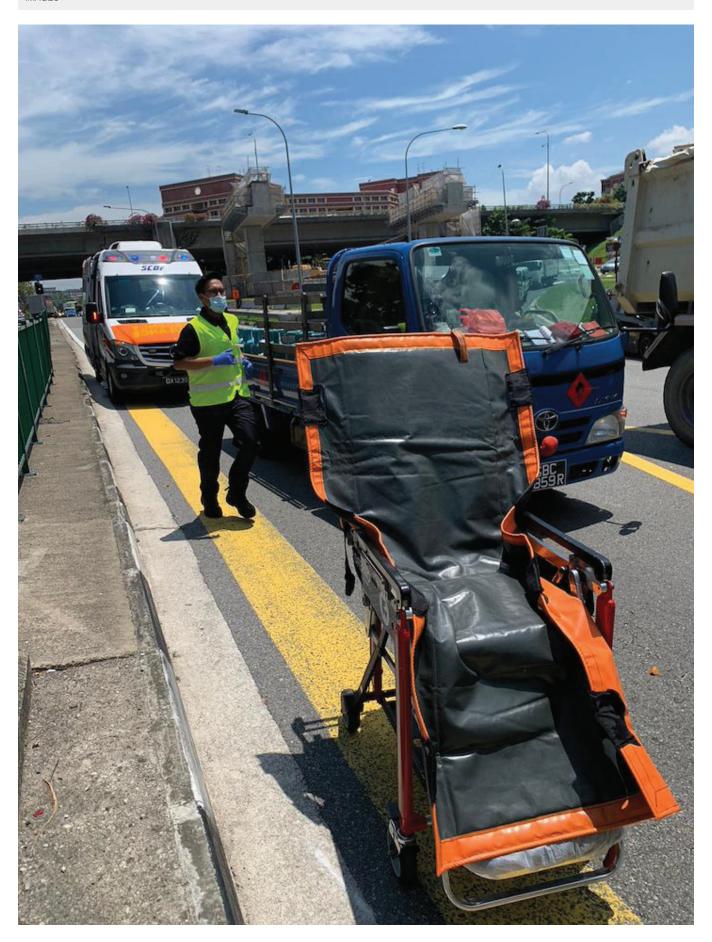
(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' 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 lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes

TAN BROS GAS SUPPLY 進刻成汽車腳務私人有限公司 CYS Automobile Services Pte Ltd 38 Woodlands Industrial Park East 1 AGENT Abmiraty Industrial Park Witges62952038 (3)HPB (5 KA): 6219 209 Driver's Signature (If driver is not the policyholder) - Date & Time

Policyholder's Signature / Date & 14/04/21 Time 14/04/31 Sketch Plan VEHIA -YELLOW G&C 9859 R Rox A VEH B: STIP ROPE TPE OYANG. AVE B

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Ve declare the foregoing particular	s are true in every	respect.			1
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olicyholder's Signature / Date &	Driver's Signature	e (If driver is not the	policyholder) / Date	Wifflessebbgon Personnel	Spillingspentix 6219
me 14/04/21	& Time	14/04/21		reisoniei	























Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No: 1800-3689999 1 of 3 Report No. T/20210414/2096

REPORT OF A TRAFFIC ACCIDENT

	ne Report M 21 17:01	ade:	Vide Report No.: G/20210414/0088	Station Diary No. 25	
Informa	nt's Particu	ılars			
Name of CHEN D	Informant: ONG		Address: 157 SIMS AVENUE SINGAPO	DRE 387479	
	/ ID No.: / G8315333	×	Contact No.: Home/Office: Mobile: 98372551		
National	ity:		Email:		
Sex: Male			Type of Informant: Driver		
Race: Chinese			Language:	Institution / School Name:	
Occupation: GAS SUPPLY DELIVER		IVER	Driving Licence Information: Class: 3	Date of Expiry:	

General Inform	nation of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/04/2021 13:25	Type of Location: SLIP ROAD INTO MAIN ROAD	
Location: LOYANG AV	ENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy	
Type of Collis	sion: ving Vehicles - Side Swip	- Come Direction		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS317M	Motorcycle					0
GBC9859R	Lorry				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20210414/2096

2 of 3

Report No. T/20210414/2096

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

Driver						
Name	CHEN DONG		ID No	6	G8315333X	
Related Vehicle	GBC9859R (Lorry)			Conta	ct No.	98372551
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 3 Date of Expiry: NIL
Date Treatment	NIL Date Di		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree o	f Injury	NIL	

#### Brief Details.

On 14/04/2021 at around 1325hrs, I was exiting from the slip road from TPE towards Loyang Avenue. I stopped at slip road junction on the extreme left lane. I saw that there is 2 lorry break down with red cone on along Loyang Avenue. I wish to state that the traffic along Loyang avenue is heavy. I saw that on the right lane is clear and I decided to change lane on the right lane. I checked clear on the traffic and moved to the right lane. As I was on the right lane and waiting for front vehicles to move, suddenly a motorcycle FBS317M ride pass on the right and have side swipe on the right front door of my vehicle. I saw the motorcyclist fall onto road barrier on the right then to the ground. I immediately alighted and check on the motorcyclist well being. I then called my boss to informed the matter.

The motorcyclist informed that he will called the police. Subsequently, traffic police arrived and took my particulars. Ambulance conveyed the motorcyclist. My in car-camera was handed over to the traffic police. I did not suffered any from injuries.

My vehicle sustain slight visible scratches on the right front door portion.





Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No: 1800-3689999

3 of 3 Report No. T/20210414/2096

CONTINUATION OF REPORT

Ske	etch	Plan
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Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Sgt 2 TOH SI WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/04/2021 17:01
Officer In Charge Of Case: TP / GIT / Staff Sgt SITI NORHAFIDAH BINTE HANAFI Contact No.: 65476202	Classification Of Case:
Authentication Stamp  Signature:  apore Police Force	

## TAN BROS GAS SUPPLY

151, COUNTRYSIDE ROAD SINGAPORE 786877 Reg.No: 36674400C TEL: 64551169 FAX: 64520579

Date: 14/04/21

CYS Automobile Service Pte Ltd 38 Woodlands Industrial Park E1 #03-14 Singapore 757700

Dear Sir/Mdm,

### LETTER OF AUTHORISATION

Our company has authorise our employee, CHEN DONG
NRIC No: 6 8315 333 x to drive our company vehicle no: 680 9859 R

You may wish to contact our HR personnel, Ms. Jean Tel: 64551169 / 9105 5622, for verification purpose. Thank you

Your sincerely,

AZA

TAN BRUS GAS SUPPLY

Director.

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 058811 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 # Read Transport Act. 1987 (Malaysia) # Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Account No.: 05254 : VFX/P2427896 CERTIFICATE NO.

: Third Party Only Coverage

: NIL Sum Insured

Name of Policy Holder : TAN BROS GAS SUPPLY

Vehicle Registration No. : GBC9859R

: From 03/03/2021 To 02/03/2022 (Both Dates Inclusive) Period of Insurance

## 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.

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 - SGOSTPR on 10/03/2021

IMPORTANT

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.

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

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



#### POLICYHOLDER ACKNOWLEDGEMENT FORM

Date:	11. 1. 2.	To: Owner of Vehicle Number	6BC9859R
		CYS AUTO	MOBILE SERVICES PTE LTD
	ollowing has been advised to	you via your workshop, se tick the applicable box if you had be	through their staf een advised on any of the following:
			n to claim against your own policy, there is pulated timeframe from the day of occurrence
) Y	ou had been advised by the works	shop on the liability and merits of the	case accordingly.
>	<ul> <li>if fire damage and you claim u</li> <li>be no recovery prospect and I</li> </ul>	NCD will be affected. iming against the Third Party, your NC	vs. able excess will be waived. However, there will not be affected. However, the recover
		dent with a foreign registered vehicle a ront and back of the NRIC and driving	and wished to attempt recovery with AXA help license to <u>motor.doc@axa.com.sg</u>
A A	ut to another workshop assigned i \$200 off on your Basic Own Da \$200 as a benefit if your policy	by AXA. In return, you will get: amage Excess <u>or</u> y has \$0 excess and no Loss of Use ber	In the process, your vehicle might be towed nefit <u>or</u> has \$0 excess and existing Loss of Use benefit
	xcept to indent it from overseas. T		
ye		laim, you shall bear all costs, expense	e the order of spare parts have been placed. I as &/or related charges incurred directly &/o
	ou will be driving the vehicle out do e road worthy.	espite being advised by the workshop	mechanic/ personnel that the vehicle may no
		ry with a local distributor, you have be- our warranty prior to making this Own	en advised by the workshop to check with you Damage claim.
	or vehicles below three (3) years o riginal parts to repair your vehicle.		tributor, your insurance company will use only
wi re	III be carrying out repairs where as	ny damaged part that can be repaired	th a local distributor, your insurance company will be repaired and any part that needs to be original equipment manufacturer (OEM) parts
) Yo	ou had been advised by the works lated to the accident.	shop of the Twelve (12) months warra	nty for <u>Own Damage repairs</u> on workmanship

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 068811 AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 – axa.com.sg



TÁN BROS GAS SUPPLY

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.

能友成汽車服務私人有限公司 CYS Automobile Services Pte Ltd me and sanative of whick fill the services program of the services of the servi

AXA Insurance Pte Ltd (Company Reg. No.: 199903512M) 8 Shenton Way #24-01 AXA Tower Singapore 058811 AXA Customer Centre #01-21/22 Telephone: +65 6880 4888 – axa.com.sg