

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 23/08/2021 16:24 (SGT)
Date of Accident 23/08/2021 09:45 (SGT)
Exact Location of Accident 100 Bukit Timah Rd, Singapore 229899
Additional Location Information KK HOSPITAL CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMX3887H

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner PREMLAS TECHNOLOGIES PTE LTD
Company Reg No 2XXXXX387N
Email Address JOE_ZP@HOTMAIL.COM
Mobile Phone No (Phone) +65-81399836
Alternative Phone No +65-81399836

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant CN7 AVANTE 1.6 DOHC CVT S
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1598

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number CN107364
Cover Note Number 29/12/2020 - 28/12/2021

DRIVER

Name of Driver ZHOU PENG
NRIC No SXXXX693I

Date Of Birth	01/07/1986
Occupation	Indoor
Date Of Driving Pass	12/12/2011
Driving experience	9 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81399836
Alt. Phone Number	-
Email Address	JOE_ZP@HOTMAIL.COM
Address	33 YISHUN CENTRAL 1
Address complement	#11-71
Postcode	768806
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	GENERAL MANAGER
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	Hit and run / Vandalism / Damaged whilst parked
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 vehicle 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
Reasons for not uploading a video of the accident	CAMERA OVERWRITE
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMK3900X
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-

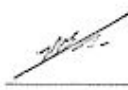

Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -


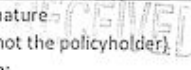
SKETCH PLANIMPORTANT NOTICE

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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:

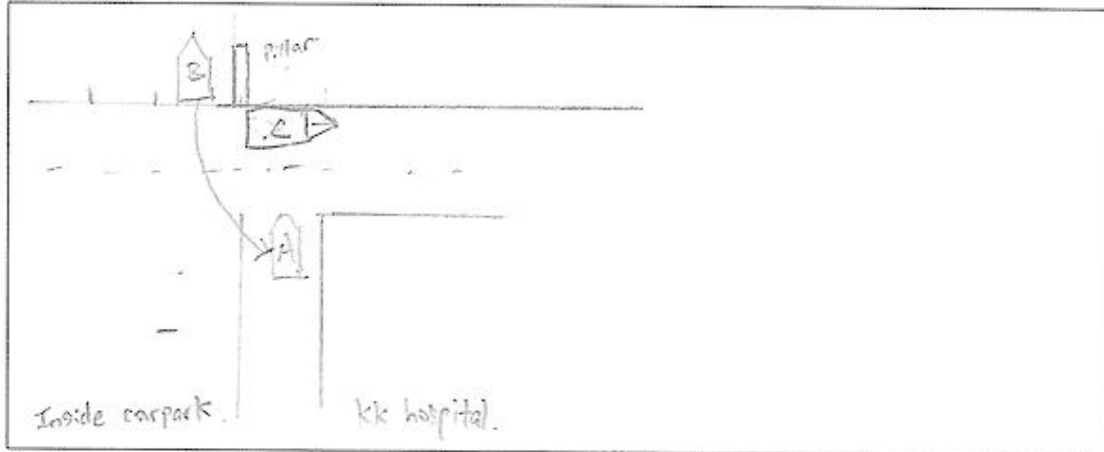
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/8/2021 Time: 09:45 Location: KK hospital carpark
 My Vehicle A: SMX 3887H Vehicle B: SMK 3900X Vehicle C: -
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident took place inside the carpark of KK hospital. My car A was stopping at the road junction, car B reverse and knocked my left side. It happened around 9.45 am. Owner of car B acknowledge the accident and willing to claim his own insurance for the repairs.

I'm working for Premplas Technologies Pte, driving the vehicle for private purpose during the time of accident.

☒ 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 :

Email address :

& myself :


Email address :

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.:

ALLUM MOTOR COMPANY

PREMPLAS

Premplas Technologies Pte Ltd
(Embracing Technologies)

39 Woodlands Close
#06-29/56/57/58 MEGA @ Woodlands
Singapore 737856
Tel : 6271 1355 Fax : 6271 0955
Co. Regn. No. 200501387N
GST Regn. No. 20-0501387-N



August 23, 2021

TO WHOM IT MAY CONCERN

LETTER OF AUTHORISATION

Re: INSURANCE CLAIMS

Dear Sir,

Please be informed that Mr. Zhou Peng of NRIC No. S86726931 is authorized to act on behalf of Premplas Technologies Pte Ltd (UEN No. 200501387N) regarding this accident claims.

Should you require further clarifications, please feel free to contact me at H/P: 90222119.

Thank you and Best Regards.


June Lim
Senior Manager





POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 23/8/21To: Owner of Vehicle Number: SMX 3887H

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.

Signed and acknowledged by:

Eileen Zila Mui Hong Wei Jie
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.

Zila Name and signature of workshop personnel including company stamp
Ah Lim Motor Company





































AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888
 Website: www.axa.com.sg
 GST Registration Number : 199903512M
 customer.care@axa.com.sg

**Original**Agent Code: **08554**

Policy No. (if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTENo. **CN107364**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	PREMLAS TECHNOLOGIES PTE LTD ✓
INSURED BUSINESS REGISTRATION NO.	200501387N ✓
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 AUTO "S" ✓
VEHICLE REGISTRATION NO.	TBA SMX 3887H
YEAR OF MANUFACTURE	2020
ENGINE NO.	G4FMLU192797 ✓
CHASSIS NO.	KMHLN41ETMU094376 ✓
ENGINE CAPACITY/TONNAGE	1598
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK SINGAPORE LIMITED ✓
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 29/12/2020 TO: 28/12/2021
EXCESS (\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by RTMT MOTOR PTE LTD (HYUNDAI SCHEME) on 28/12/2020 5:19 pm

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal /