

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 17/09/2021 10:50 (SGT)
Date of Accident 16/09/2021 15:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information SENGKANG WEST AVE JUNCTION
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number CB7359Z

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner LONGLIM PTE LTD
Company Reg No 2XXXXX995N
Email Address ZIWEI@LONGLIM.COM
Mobile Phone No (Phone) +65-90230917
Alternative Phone No +65-90230917

VEHICLE PARTICULARS

Manufacturer Nissan
Model Urvan
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 Bus
Transmission Auto
CC 2953

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number GA563445/1
Cover Note Number -

DRIVER

Name of Driver SIM SOON HUAT
NRIC No SXXXX899G

Date Of Birth	03/04/1954
Occupation	Outdoor
Date Of Driving Pass	18/10/1977
Driving experience	43 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-83774697
Alt. Phone Number	-
Email Address	ZIWEI@LONGLIM.COM
Address	BLK 22 BOON KENG ROAD #03-27
Address complement	-
Postcode	330022
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	Collision - Change/cross lane
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)	9
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	UNKNOWN
Gender	Female

PASSENGER 2

Name	UNKNOWN
Gender	Female

PASSENGER 3

Name	UNKNOWN
Gender	Female

PASSENGER 4

Name	UNKNOWN
Gender	Female

PASSENGER 5

Name	UNKNOWN
Gender	Female

PASSENGER 6

Name	UNKNOWN
Gender	Female

PASSENGER 7

Name	UNKNOWN
Gender	Female

PASSENGER 8

Name	UNKNOWN
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Gender Female

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

ON 16/09/2021 AROUND 15:00HRS, I WAS DRIVING MY BUS CB7359Z ALONG SENGKANG WEST AVE JUNCTION. I WAS MAKING A RIGHT TURN, VEH B SJZ7799C ON MY LEFT LANE MAKING A RIGHT TURN AND BRUSH AGAINST MY BUS. VEH B LANE ARE NOT SUPPOSE TO MAKE A RIGHT TURN, THAT LANE ONLY CAN TRAVEL STRIAIGHT

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 SJZ7799C
Vehicle Manufacturer -
Vehicle Model -
Vehicle Variant -
Vehicle Colour -
Vehicle Category Bus
Name of Driver TERENCE LIM
Contact Number (Phone) +65-92211228
Address -
Address complement -
Postcode -
Insurance Company Name -
Nature Of Damage -
Details of property damaged in accident -
No. Of Passenger (Including Driver) -

SKETCH PLAN**IMPORTANT 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:

[Signature]

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

[Signature]

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

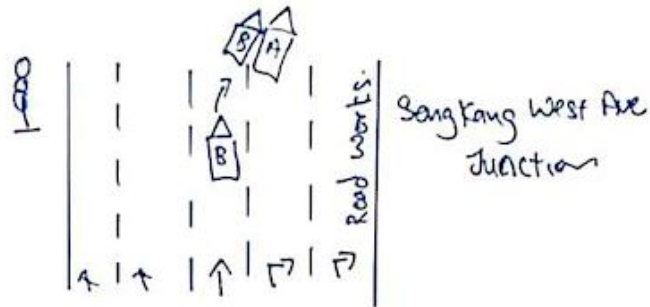


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SKETCH PLAN

A - CB 7359Z

B - SJZ 7799C



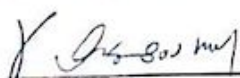
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/9/2021 around 1500hrs, I was driving my Bus CB 7359Z along Sengkang West Ave Junction. I was making a right turn. Veh B SJZ 7799C on my left lane making a right turn and brush against my bus. Veh B lane are not suppose to go turn right that lane only can travel straight.

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/TIN No.:

























POLICYHOLDER ACKNOWLEDGEMENT FORM

Date 17/9/2021To: Owner of vehicle Number CB73 59Z

The W (signature) has been advised to visit the workshop Connects through their staff. Please tick the applicable box if you had been advised to 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 limits of the case as cordiale.
 - ☒ You had been advised by the workshop of the claim procedure as follows:
 - ☒ If the damage and you claim under your Own Insurance, the applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - ☒ If the damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AAA will not be find responsible.
 - ☒ If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AAA, please forward the photos of the front and back of the NCD and driving license to motor.doc@aaa.com.sg.
 - ☒ You have agreed to let AAA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AAA. 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 the benefit or
 - ☒ Additional \$200 on top of existing loss of the Benefit if your policy has \$0 excess and existing loss of the 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 import 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.

AAA Insurance Ltd (Singapore) Pte Ltd (INCORPORATED)
 40 Robinson Road, #04-01, Raffles Place, Singapore 048611
 AAA Customer Centre Tel: 6342 1111
 Toll-free: 165 5560 8888 www.aaa.com.sg





Signed and acknowledged by:

Name and signature of policyholder/ authorised driver* and company stamp (where applicable)
 *authorised driver to either the policyholder or the insured person in the case of commercial vehicles permitted drivers who are permitted

[Handwritten signature]



Name and signature of workshop personnel including company stamp

AXA Insurance plc, Registered office: One Bank Street, London, EC4A 3DF
 AXA Insurance plc, Registered office: One Bank Street, London, EC4A 3DF
 AXA Insurance plc, Registered office: One Bank Street, London, EC4A 3DF
 Telephone: 020 7550 8000 - www.axa.co.uk



[Handwritten signature]



redefining / standards

COMMERCIAL MOTOR CLAIMS FORM (CMCF)

This form is meant to be signed between the claimant and the workshop. It contains 3 sections broken down as:

- 1) The Authorization Form. Meant for the Policyholder/Employer/Hirer/any equivalent authorized person to attest that the driver/employee at the time of the accident was authorized to drive the damaged vehicle and has the right to make the accident reporting.
- 2) The Policyholder Acknowledgement Form. This section covers all mandatory information that workshop must share with the claimant with regards to the claim process.
- 3) The Lump Sum Repair Form. Meant to acknowledge that the workshop has duly advised the claimant on the lump sum repair and that claimant is accepting the conditions.

The authorized signatory must mark and complete all Sections he/she acknowledges and must sign the relevant Sections, where applicable. If Section 3 is acknowledged subsequently, the signatory must state the date at the dedicated field and counter sign (hereat)

Section 1: Authorization from Policyholder/Employer/Hirer

Longlim Pte Ltd hereby confirm that Mrs Sim Soon Huat,
 NRIC No./FIN No./Passport No. S02098994, is an employee of
Longlim Pte Ltd, and he/she was authorized to drive the insured vehicle
 bearing registration no. CB 73592 during the time of the accident on
16/1/2021. (Date).

I hereby further confirm that he/she is authorized to make the accident report on behalf of the Company.




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