

)

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 Actual 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	18/08/2022 15:28 (SGT)
Reported by	Driver
Date of Accident	17/08/2022 05:36 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	Telok Blangah Road
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH5451H
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	Sing Lik Construction Pte Ltd
Company Reg No	1XXXXX757E
Email Address	johnchoonwb@gmail.com
Mobile Phone No	(Phone) +65-90077152
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Hiace
Variant	Hiace
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	Commercial vehicle
Transmission	Auto
CC	2800

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA602779

DRIVER

Name of Driver	Husni Khameel Hamme
Work Permit No	GXXXXX954T
Date Of Birth	02/05/1991
Occupation	Outdoor



Driving Pass
 Driving experience
 Gender
 Mobile Number
 Phone Number
 Email 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
 Insurance Company of Other Vehicle Owned by Driver

18/09/2017
 4 YEARS AND 11 MONTHS
 Male
 (Phone) +65-93223334
 -
 johnchoonwb@gmail.com
 1 Eunus Crescent #02-2527
 -
 40001
 No
 Employee
 No

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident
 Weather Conditions
 Road Surface

Collision - Head to Rear
 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 vehicle or property damaged?
 Number of Passengers (Including Driver)
 Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?
 Translator's name
 Translator's ID
 Translator's phone number
 Translator's email
 Original language used in the statement

No
 2
 Yes
 No
 Yes
 1
 No
 -
 -
 -
 -
 -

DETAILS OF POLICE ACTION

Was the accident reported to the police?
 Police Station Name
 Police Station Phone No
 Alt. Police Station Phone No
 Police Station Address
 Was notice of intended Prosecution given?
 If yes, against whom?

Yes
 Traffic Police
 (Phone) +65-65470000
 (Fax) +65-65474900
 10 Ubi Avenue 3 Singapore 408865
 No
 -

CIRCUMSTANCES OF ACCIDENT

Report refer to police Report

ATTACHMENT(S)

Are accident photos available for attachment?
 Was there any video captured by Car Camera?

Yes
 No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number
 Vehicle Manufacturer
 Vehicle Model
 Vehicle Variant

SHC8053J
 -
 -
 -

Vehicle Colour	-
Vehicle Category	-
Name of Driver	Taxi
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	Husni Khamel Hamme
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	unknown
Injured person in which vehicle?	GBH5451H
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 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.

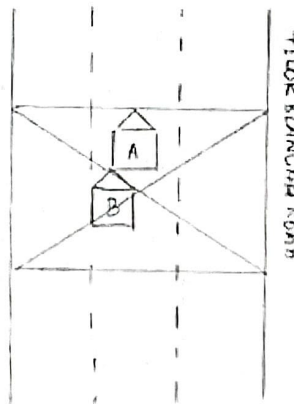

Policyholder's Signature / Date & Time




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


Witnessed by Reporting Centre Personnel

Sketch Plan



(A) G8H54S1H

(B) SHC8053J

Describe Circumstances of the Accident

- REFER TO POLICE REPORT 7/20220817/7058 -


*****for company vehicle only*****
I MENI KAMEL THAME is the DRIVER of
company SINLE LUK construction Pte and im using the vehicle
6B4 3451H for work/private 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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	757E
Vehicle Details	
Vehicle No.:	GBH5451H
Vehicle to be Exported:	No
Intended Deregistration Date:	23 Aug 2022
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE DX 2.8 AUTO
Primary Colour:	Silver
Manufacturing Year:	2018
Engine No.:	1GD8272933
Chassis No.:	GDH2011005210
Maximum Power Output:	-
Open Market Value:	\$33,430.00
Original Registration Date:	03 Jul 2018
First Registration Date:	03 Jul 2018
Transfer Count:	0
Actual ARF Paid:	\$1,672.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jul 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$32,001.00
COE Rebate Amount:	\$18,746.00
Total Rebate Amount:	\$18,746.00

The information contained herein is correct as at 23 Aug 2022

OK

Toyota Hiace 2.8A DX

Overview

Financial

Accessories

Similar

Research

Photos

Map



Tan Wei Auto Pte Ltd
Established since 1995



Price	\$68,800	Lifespan	21-May-2038
Depreciation	\$11,970 /yr View models with similar depre	Reg Date	22-May-2018 (5yrs 8mths 28days COE left)
Mileage	70,000 km (16.4k /yr)	Manufactured	2018
Road Tax	N.A.	Transmission	Auto
Dereg Value	\$9,136 as of today (change)	Fuel Type	Diesel
COE	\$15,894	OMV	\$33,282
Engine Cap	2,754 cc	ARF	\$1,665
Curb Weight	1,800 kg	No. of Owners	1