

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 19/10/2022 13:32 (SGT)
Reported by Driver
Date of Accident 18/10/2022 16:30 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE TWDS TOA PAYOH
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC5479P

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ST Lee Transport Pte Ltd
Company Reg No 2XXXXX388Z
Email Address STLEE.TRANSPORT@GMAIL.COM
Mobile Phone No (Phone) +65-96868028
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Golden Dragon
Model XML6772J18
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 Manual
CC 3759

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Policy Number / Cover Note Number CN149515

DRIVER

Name of Driver QIAO SHANXIN
Passport No/FIN MXXXX211N
Date Of Birth 20/01/1980
Occupation Outdoor

Date Of Driving Pass	05/08/2022
Driving experience	2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-86690114
Alt. Phone Number	-
Email Address	STLEE.TRANSPORT@GMAIL.COM
Address	1002 Toa Payoh Industrial Park, #07-1447, Toa Payoh Industrial Park
Address complement	-
Postcode	319074
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 - Head to Rear
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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 18/10/2022 AROUND 1630HRS, I WAS DRIVING PC5479P ALONG PIE EXIT TOA PAYOH. MY BUS WAS TRAVEL WITHIN MY LANE. SUDDENDLY, I FELT AN IMPACT FROM THE REAR. VEH B GBD5246E COLLIDED ONTO MY BUS REAR PORTION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD5246E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
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 PLAN

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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.

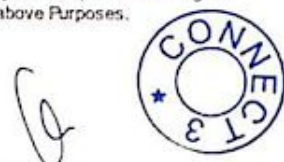
ST LEE
TRANSPORT PTE LTD
Blk 1002 Toa Payoh Industrial Park #07-1447
Singapore 319074
TEL: 6258 6188 FAX: 6258 1677

Policyholder's Signature / Date & Time

Sketch Plan

[Signature]

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



Witnessed by Reporting Centre Personnel



PIE exit Toa Payoh.

A-PC 5479P

B-GBD 5246E

Describe Circumstances of the Accident

on 18/10/2022 around 1630hrs, I was driving my Bus PC547AP along PIE exit
Tee Payh. My Bus was travel within the lane, Suddenly I felt an impact
from the rear, Veh B GBD 5246E collided onto my Bus rear portion.

Declaration

We declare the foregoing particulars are true in every respect.

ST LEE

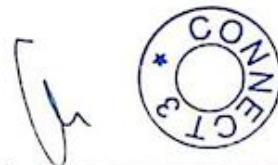
TRANSPORT PTE LTD

1002 Tee Payh Industrial Park #07-1447
Singapore 319074
TEL: 6258 6188 FAX: 6258 1677

Policyholder's Signature / Date &
Time

[Signature]

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



Witnessed by Reporting Centre
Personnel































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 thereof.

Section 1: Authorization from Policyholder/Employer/Hirer

St Lee Transport Pte Ltd hereby confirm that Mr/Ms Qiao Shanxin

NRIC No./FIN No./Passport No. M3041211N, is an employee of

St Lee Transport Pte Ltd, and he/she was authorized to drive the insured vehicle

bearing registration no. PC 5479P during the time of the accident on

18/10/2022 (Date).

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





POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 19/10/2022To: Owner of Vehicle Number PC 5479P

The following has been advised to you via your workshop, Connect 3 Law through their staff.
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 of the claims procedure as follows:
 - 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
 - ☒ If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AXA help, please forward the photos of the front and back of the NPIC and driving license to motor.doc@axa.com.sg
 - ☐ 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. 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.

AXA Insurance (Singapore) Pte. Ltd. 10000751237
 6A Market Way #24-01 AXA Tower Singapore 060011
 AXA Customer Centre 907 21 22
 Telephone: +65 6500 4000 / 6500 4050





Signed and acknowledged by

ST LEE
TRANSPORT PTE LTD
1000 Toa Payoh Industrial Park #07-1447
Singapore 319074
TEL: 6258 6188 FAX: 6258 1677

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either self-insured 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

AXA Insurance Pte Ltd, Transport Pte Ltd, 1000 Toa Payoh Industrial Park #07-1447
Singapore 319074
AXA Customer Centre 1000 Toa Payoh Industrial Park #07-1447
Singapore 319074
Telephone: +65 6258 4888 / 6258 1677