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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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.

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available	
	ACCIDENT STATEMENT	
Date Of Report	26/12/2017 17:28	
Date Of Accident	11/12/2017 18:30	
Exact Location Of Accident	ALONG BUKIT PANJANG FLYOVER	
Country/State of Loss	SINGAPORE	
DETAILS OF OWN VEHICLE		
Vehicle Registration Number	YP1406B	
Insured/Policyholder		
Name Of Registered Owner	DE PACK PTE LTD	
Co Reg No	200211030W	
Email Address	NOEMAIL	
Mobile Phone No		
Alternative Phone No	OFFICE-63637055	
Vehicle Particulars		
Manufacturer	MITSUBISHI	
Model	CANTER FEB21EB21ER4SDEB	
Exact Purpose for which vehicle was being used at time of accident	t .	
Are you claiming under your own insurance policy for repair to your vehicle?	NO	
If No, Please state action to be taken	REPORTING ONLY	
Vehicle Category	COMMERCIAL VEHICLE	
Insurance Company		
Name of Insurance Company	AXA INSURANCE PTE LTD	
Type Of Coverage	COMPREHENSIVE	
Fleet Policy	NO	
Policy Number	P1717225	
Cover Note Number		
Driver		
Name of Driver	ZHANG BIQING	
Passport No/FIN	G2213081T	

Name of Driver

Passport No/FIN

G2213081T

Date Of Birth

10/11/1983

Occupation

Outdoor

Date Of Driving Pass

11/05/2017

Driving Experience 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83101636

Fax Number

Contact Number

EMail Address NOEMAIL

Address

65 CHENG SOON GARDEN S599841

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 1

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : WONG KOK SOON

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN ACCORDING TO INSURED DRIVER THERE WAS NO IMPACT

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJH9649J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel: (65)63387288 Fax: (65)63382522 Website: www.axa.com.sg GST Registration Number: 199903512M Customer.service@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 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Risks and Compensation) Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.

: VCA/P1717225

Account No. : 13547

Coverage

: Comprehensive

Sum Insured

: Market value At The Time Of Loss

Name of Policy Holder

: DE PACK PTE. LTD.

Vehicle Registration No.

: YP1406B

Period of Insurance

: From 04/02/2017 To 03/02/2018 (Both Dates Inclusive)

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 law 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-
- (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

EXCESS

Own Damage Excess : SGD 700.00 Windscreen Excess : SGD 100.00

(Please refer to your policy for Additional Excess)

* 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 Certification 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 - SGOKYT on 21/01/2017

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or Insurance



20 December, 2017

DE PACK PTE. LTD. 65 CHENG SOON GARDEN CHENG SOON GARDEN SINGAPORE 599841

Dear Sir.

OUR REF

: S7M005VYMC/WG

YOUR REF

: YP1406B

ACCIDENT INVOLVING YP1406B & SJH9649J ALONG BEFORE BUKIT PANJANG FLYOVER ON 11-12-2017.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to us. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you.

The report has to be lodged at any of our AXA Premium Workshops or reporting centres (subject to your policy). For the list of our Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting.

Your full co-operation is required. Kindly submit the following when lodging the report which list is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filling a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to cst@axa.com.sg or deliver it by hand to our Customer Care Centre.

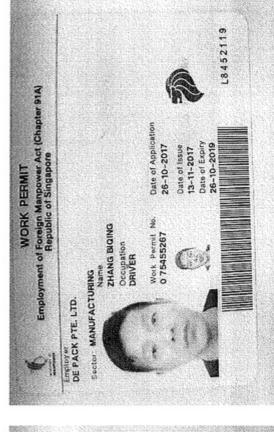
As insurers, we shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please revert to us within 7 days from the date of this letter. You intent must be formally expressed to AXA and acknowledged by AXA.

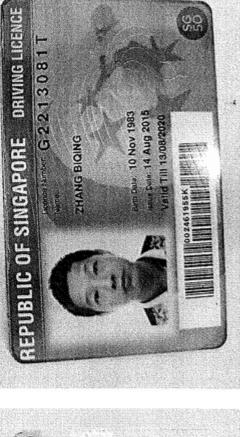
If you need any clarification, please do not hesitate to contact our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or cst@axa.com.sq. Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Motor Claims Department AXA Insurance Pte Ltd This is a computer generated letter and no signature is required.

CC Agent A/c No.: 13547 ACORN INTERNATIONAL NETWORK PTE. LTD.







SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 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:

- 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)
 - (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
- (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.

De Pack Pte Ltd

8B, Admirally Street, #03-20, Singapore 757440 fel: 6363 7055 Fax: 6366 5193

Ema Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder) 26

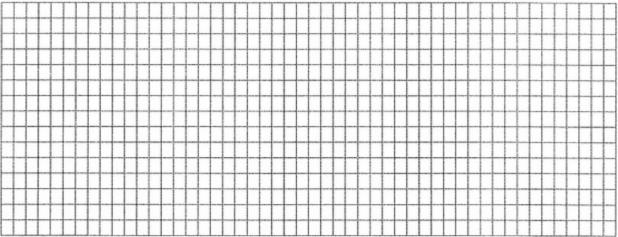
Date & Time:

entre Personnel's Signature

Name HASBULLAH

GIARMC SketchPlunForm_V3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

战够在脚191406日在11110-	大约6点左右在BUXITPANJAN
FL YOVER、其在驾驶的路上、正常	好强,交然有一样在打破
24年八月停下、城市就和本种在路	的地域的有量了
她的车、抓的一大了来超道并3	多质胶生 接强、 行来、代
和战的属了支一大公历开, 各开文新	和柳东的司机检查级
海堂, 何从则我们有是 因为只求	生的从我们才没有留下
如的本的中心学和学和学	
Important: You have been advised by the workshop that in the event that you wish to	- Reporting Only
claim against your own policy (OD CLAIM), There is a FOURTEEN (14)	- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame	- Claim TP
from the day of the occurrence	- Claim OD/TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

De Pack Pte Ltd

8B, Admirally Street, #03-20,
Singapore 757440

Tel: \$223,7075

Tel: 6363 7055 Fax: 6366 5193 - Email:-selea@depack.ner

Policyholder's signature Date & Time

Driver's Signature 26/2 (if driver not the policyholder) 05:25 Date & Time

Reporting Centre Personnel's Signature

Name: HASBULLAH Nric/Fin No.

Enquire Transfer Fee

Vehicle Details	
Vehicle No. :	YP1406B
Vehicle Type :	A50 - Goods (Closed) Van/Van Panel (Delivery)
Vehicle Attachment 1:	No Attachment
Vehicle Scheme :	Normal
Vehicle Make :	MITSUBISHI
Vehicle Model :	CANTER FEB21ER4SDEB
Chassis No. :	FEB21EA20194
Propellant:	Diesel
Engine No. :	4P10B98112
Engine Capacity:	2998 cc
Maximum Power Output :	The second of th
Maximum Laden Weight :	5000 kg
Unladen Weight :	2340 kg
Year Of Manufacture :	2015
Original Registration Date :	04 Feb 2016
Lifespan Expiry Date :	03 Feb 2036
COE Category :	C - Goods Vehicle & Bus
PQP Paid :	\$5,275.00
COE Expiry Date:	03 Feb 2026















REPORTING MILEAGE



VEH ID

