#### 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.

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	ACCIDENT STATEMENT
Date Of Report	03/01/2018 17:50
Date Of Accident	03/01/2018 11:20
Exact Location Of Accident	218 SUMANG WALK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV201M
Insured/Policyholder	
Name Of Registered Owner	WING SOON FOOD MANUFACTURER PTE LTD
Co Reg No	201118992D
Email Address	NOOSGNOY@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-97364111
Vehicle Particulars	
Manufacturer	HONDA
Model	JAZZ
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA298471/1
Cover Note Number	
Driver	
Name of Driver	CHUA YONG SOON

NRIC No S8600681B

Date Of Birth 14/01/1986

Occupation INDOOR

Date Of Driving Pass 13/04/2017

Driving Experience 0 YEAR AND 8 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92720343

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 667A PUNGGOL DRIVE #03-592

Postcode 821667

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 COLLISION - HEAD TO REAR

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

MY VEHICLE WAS BEHIND VEHICLE B. MY VEHICLE WAS STATIONARY. SUDDENLY, VEHICLE B REVERSE AT A FAST SPEED AND END UP, HIT ONTO MY VEHICLE FRONT PORTION.

NO

NO

1

NO

NO

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 SHD242C

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

## IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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:

- (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.

永順食品制造私人有限公司 Wing Soon Food Manufacturer Pte Ltd メ Reg No. 201118992D

Policyholder's Signature .

Date & Time:

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

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

## Sketch Plan #2 Pg. 1

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# Sketch Plan #3 Pg. 1

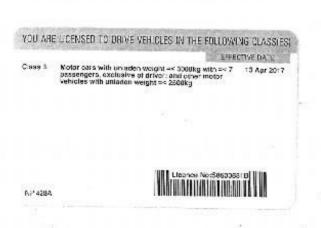
# LETTER OF UNDERTAKING

I WALL SERAL FORD MAX (U	FACTURER	sero solin
I/We, WING SOON FOOD MAKIN	, the owner of verice	10 110.
My/Our Insurance is under M/s AXA Into claim under my/our Policy or against claim to M/s AXA Insurance Singapore 14(fourteen) days of occurrence of	Pre Ltd with all relevant sa	, I/we shall decide whether former shall submit such a cts and documents within
My/Our Third Party claim is handle by m	1970 01 151 02022	
1		
	, S	
Signed and Acknowledge by:	永順食品制造私人有P Wing Soon Food Manufactur Reg No. 20111899 >	er Pte Ltd 2D 03/01/2018
Nric no. and signature of policyholder	Company Stamp	Date

#### **Driving License**









#### **INSURANCE**



Certificate of Insurance



AXA Insurance Pte Ltd

1800 880 4808 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

⊠ eustemer.care2nta-cum.sa.

WWW.axa.com.se

secourt number 04155

Advision of particular with and Comparation Act, (Complet 1805-No professioner, East Porcy State, ex. Comparation (Act, 1966). Bend Technology Act, 1967 (Methysia). Country in easy (Third Styly Place ) Autoc. 1950 (No aysta)

#### Policy details

Polleyholdér name Cover Plan name

NCD againtable Vehicle regist ation number Period of Insurance Figure John commany

WING SOON FOOD MANUFACTURER PIELID Comprehensive Essent al

US SG0201M 1/

h ;m 01/12/2017 to 30/11/2018 (both dates inclusive) HONG LEGING HINANCE CIMITED

64299471/1 HMG018507G221888 1,130-4001391

## Persons or classes of persons entitled to drive\*

(a) Any Namod Driver as stated in the Policy:

1. CHUAYONG SCON.

2. LOKE THOSE ONG

Cerbificabe niember

Choose a number

Engine number

(b) Any polison who is (invingion the Policymidens order or with Their permission.

Prisoned that the person driving is permitted in apportunity with the lightning or other laws or regulations to unveiting Minter Vehicle or had been so per situad and is not disquirified by order of a Court of Law or by reason of any exponential translation in that court from driving the Motor Wishick.

#### Limitation as to use\*

Lise only for social, do nosticional plantario auriposes and for the Police office's business-

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EXCESS

Bacic Own Damage Excess

Mandsomen Excess

SGD 5-265-55

900 100 0C

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- 1. SS500 for auroancel Authorised Univer-
- 2. S‡500 for deplams Young and Independenced Daver
- 3. \$5.000 for impediated from gland mexpensional Greens. This earliet on excess is required to \$\$2,000 if You have chosen AXA Promium Workshops.

#### Additional clauses & endorsements to your policy

I/We have great if y that the policy to which the Conflictin winters is issued in accompance with the provision of the Mour Well kies (Tuird Party Figies and Compensation) Act, (Charlet 189) and Part Mini the Road Transport Act, 1967 (Mahyelat,

## AXA Insurance Pte Ltd

Authorised signature

### Important note

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AXA Insurance Pie Ltd (19990351/246) 6 Brighton Way, #24-00. AXA Tower, Singapore C69811. Customer Centro, #F 1-01

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