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 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.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	30/01/2018 16:31
Date Of Accident	30/01/2018 08:45
Exact Location Of Accident	ALONG CANBERRA DRIVE OUTSIDE YISHUN SAPPHIRE CONDO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBB8927P
Insured/Policyholder	
Name Of Registered Owner	LUXX NEWHOUSE PTE LTD
Co Reg No	199202100W
Email Address	JOETAN@LUXXNEWHOUSE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-63246860
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	DYNA 150 MANUAL 3SEATER
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VFX/P1543326
Cover Note Number	
Driver	
Name of Driver	I OW KIAN HIIAT

Name of Driver

NRIC No

S1766457C

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

O8/08/1989

Driving Experience 28 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-82983721

Fax Number
Contact Number

EMail Address NOEMAIL

Address APT BLK 690 JURONG WEST CENTRAL 1 #05-191

Postcode 640690

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 - MAJOR/MINOR RD

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 2

Was any body injured in the Accident? YES

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.

Number of Passengers (Including Driver)

Passenger 1

NAME: : FARUQ OMAR

GENDER: : MALE

Passenger 2 NAME: : AHMMED RASEL

GENDER: : MALE

Passenger 3 NAME: : HOSSAIN MD SHAHADAT

YES

NO

4

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

atata which Dalica Station

Police Station Name BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST

YES

Police Station Address ROAD: BLK 27 MARSILING DRIVE, POSTCODE: 730027, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-3689999 - **FAX NO**: 63682383

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

AS PER SKETCH PLAN & POLICE REPORT

Attachment(s)

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

Was there any audio recorded?

NO

orded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

SFE2231P

Vehicle Category PRIVATE CAR
Name of Driver LIM CHWEE HWA

NRIC/Passport Number S6813564H
Contact Number 98321825

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

3

Name LIM CHWEE HWA

Approximate Age Injuries Sustain

Injured person in which vehicle? SFE2231P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?
Address

Postcode

Accident Sketch Plan Pg. 1

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

William 17

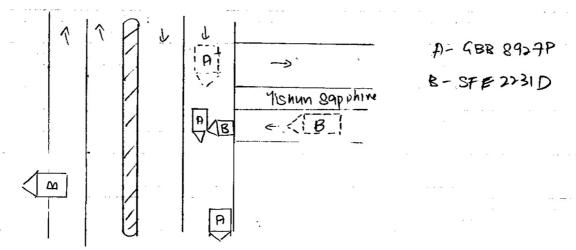
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident Date & Tim	ne: 30/01/20	18 845 am			
				41shun	Sapphire Condo
		., <u></u>			
₽	ls per polici	e report			
					-
					,
			==		

					<u> </u>
					,
0	Reporting Only	Own Damage	Third P	arty 🗹	Claim at other workshop (Op/

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

*IMPORTANT NOTE:
You had been advised by the workshop that in the event that you wish to daim against your own policy (Own Dimeris as FOURTEEN (14) days dause whereby the claim must be made within the sepulated timeframe from occurrence.

Policyholder's Signature Date & Time:

CONTRACTOR OF BUILDING

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: NRIC/FIN No.:

POLICE REPORT Pg. 1





1 of 3 Report No. T/20180130/2065 /

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2018 13:30		ade: 	Vide Report No.: F/20180130/0088	Station Diary No.:	
Informar	nt's Particu	lars			
Name of LOW KIA	Informant: N HUAT		Address: APT BLK 690 JURONG WEST CENTRAL 1 #05-191 SINGAPORE 640690		
ID Type / ID No.: NRIC NO / S1766457C			Contact No.: Home/Office: Mobile: 82983721		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 30/07/1966	Type of Informant: Driver		
Race: Chinese			Language: Institution / School Nan		
Occupation: Lorry driver			Driving Licence Information: Class: 3	Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambular	Drink nce Drive: No	Date/Time of Accident: 30/01/2018 08:45	Type of Location: Straight Road
Location: Along Road 1 CANBERRA D				
Outside Yishun Sapphire Condominium Weather: Road:		Road Surface:		Road Speed Limit:
Clear	_	Dry		rtoad Opeed Limit.
Traffic Flow: One Way	1.00	raffic Control: Not Controlled		Traffic Volume: Light
Type of Collisi Between Movi	on: ng Vehicles - Head To Side	9		Anyone conveyed by ambulance:

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
GBB8927P	Lorry	ТОУОТА	DYNA	White	Seriously Damaged	
SFE2231P	Car	SUBARU	Forester XT	Brown	Seriously Damaged	3

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
GBB8927P	AXA INSURANCE SINGAPORE PTE LTD	VFX/P1543326	25/10/2017	24/10/2018	

POLICE REPORT Pg. 1





2 of 3

Report No. T/20180130/2065

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027

Tel No: 1800-3689999

CONTINUATION OF REPORT

			4			
Details of Person						
Any Pedestrian In			r			
No. of Pedestrian	s Injured: NIL		Use of Ped		Cross	ing: NA
Driver	8 9 C					
Name	LOW KIAN HUAT			ID No.		S1766457C
Related Vehicle	GBB8927P (Lorry)			Contact No.		82983721
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 3 Date of Expiry: NIL
Date Treatment	Treatment NIL Date Dis			narge	NIL	
		Degree of	Degree of Injury NIL			
The state of the s						
Name	LIM CHWEE HWA			ID No.		S6813564H
Related Vehicle	SFE2231P (Car)			Contact No.		98321825
Hospital/Clinic	NIL			Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
	nted Medical Leave	NIL	Degree of	Injury	NIL	TURE EVALUANCE.

Brief Details.

On 30/01/2018 at 0845hrs along Canberra Drive outside Yishun Sapphire Condominium, while I was driving my company lorry on the left lane of a two lane road when suddenly, a car (SFE2231P, Nissan Forester) drove out of the said condominium exit abruptly. The said mentioned car hit onto my company lorry's left passenger door while I was driving my lorry, hence I stopped my vehicle along the road after the condominium exit.

The said car was moving so fast that after it hit my lorry, the said car moved straight across the road divider and crashing into a construction site barrier fence. Ambulance attended to us, and conveyed the said car driver. My lorry had 3 Bangladeshi passengers at that point of time and they did not sustain any injuries. The said car involved had two passengers, which I believe is the car driver's husband and daughter. My company lorry sustained a seriously damaged left passenger door and area. No government properties involved. Police attended to us: F/20180130/0088.

POLICE REPORT Pg. 1





3 of 3

Police Station Of Origin: Bukit Panjang North NPP 27 Marsiling Drive #01-237 SINGAPORE 730027 Tel No: 1800-3689999

Report No. T/20180130/2065

CONTINUATION OF REPORT

A ...

Sketch Plan

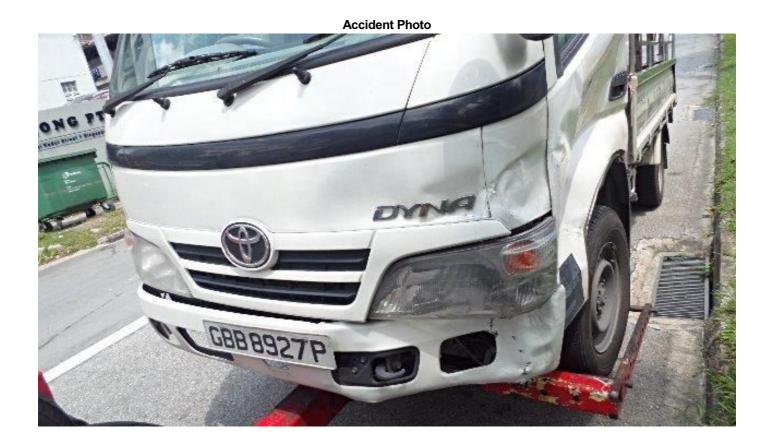
NP168

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report	Signature Of Informant:
Sgt 2 MUHAMMAD SHAIFUDIN SHAH BIN EFFENDI	~ Loste
Signature Of Interpreter:	Date/Time:
Not applicable	30/01/2018 13:30
Officer In Charge Of Case:	Classification Of Case:
TP / GIT /	Classification of Case.
SI THABAGESH JEYATHESH	
Contact No.: 65476232	
Authentication Stamp	





Accident Photo



Accident Photo





ACCIDENT SCENE

