

## 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 truthful and accurate as possible. Any wilful misrepresentation or withholding 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.

### ACCIDENT STATEMENT

Date Of Report	05/02/2018 12:11
Date Of Accident	03/02/2018 15:20
Exact Location Of Accident	BLK 270 BANGKIT ROAD CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF8543S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HMLY PTE LTD
Co Reg No	200010141M
Email Address	LIOWSOONGEE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-90701166
Alternative Phone No	OFFICE-90701166

### Vehicle Particulars

Manufacturer	FIAT
Model	DOBLO CARGO MAXI-1.6 D MTJ AMT GLAZE (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1916531
Cover Note Number	CN818567

### Driver

Name of Driver	LIOW SOON GEE
NRIC No	S1661071B
Date Of Birth	26/04/1964
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1998
Driving Experience	19 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90701166
Fax Number	
Contact Number	
EEmail Address	LIOWSOONGEE@SINGNET.COM.SG

Address	BLK 685B JURONG WEST STREET 64 #17-165
Postcode	642685
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 ON 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	
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.	NO
Number of Passengers (Including Driver)	2

### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

ON THE 3/2/2018 AT ABOUT 3.20PM, MY VEHICLE WAS TRYING TO MOVE OUT FROM PARKING LOT 303. BEFORE I WANTED TO MOVE OUT, I SEE LEFT AND RIGHT TO CHECK FOR ANY APPROACHING VEHICLE. AFTER CONFIRMED THAT NO VEHICLE APPROACHING FROM MY LEFT, I TRY TO MOVE OUT SLOWLY FROM THE PARKING LOT. WHEN MY VEHICLE FRONT HAS CAME OUT FROM THE PARKING LOT, SUDDENLY THERE WAS A VEHICLE (SHC2251T) APPEAR APPROACHING IN FAST SPEED WITHOUT HORN TOWARD MY VEHICLE. AT THAT POINT OF TIME, I STEP ON TO THE BRAKE PEDAL AND UNABLE TO STOP IMMEDIATELY AS A RESULT I HIT ONTO THE LEFT FRONT OF THE VEHICLE B. (PLEASE TAKE NOTE ON 3 IMPORTANT POINTS) 1. THERE WAS A LEFT JUNCTION AT ABOUT 3 PARK LOT DISTANCE FROM MY VEHICLE 2. MY VEHICLE FRONT HAS CAME OUT FROM THE PARKING LOT AND THE WAS NO SIGNAL GIVEN BY THE APPROACHING VEHICLE B 3. PLEASE CALCULATE THE MAN OPPOSITE ME, WHEN THAT TIME I START MOVING OUT SLOWLY UNTILL THE MAN WALKED ABOUT 5 TO 6 STEPS FORWARD THE THE VEHICLE B WAS AT IN FRONT OF MY VEHICLE. THIS SHOWS THAT THE VEHICLE B MIGHT FROM THE LEFT JUNCTION

### Attachment(s)

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

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2251T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEO SENG CHOON
NRIC/Passport Number	S0147004C
Contact Number	91545929
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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

Policyholder's Signature  
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN

\* REFER TO APPENDIX A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 3/2/18 at about 3:20pm, my vehicle was trying to move out from parking lot 303. Before I wanted to move out, I see left and right to check for any approaching vehicle. After confirmed that no vehicle approaching from my left, I try to move out slowly from the parking lot. When my vehicle front has come out from the parking lot, suddenly there was a vehicle (SHC 251T) appear approaching in fast speed without horn toward my vehicle. At that point of time, I step onto the brake pedal and unable to stop immediately as a result I hit on to the left front of the vehicle B.

(Please take note on 3 important points)

1. There was a left junction at about 3 park lot distance from my vehicle.
2. My vehicle front came out from the parking lot, and there was no signal given by the approaching vehicle B
3. Please calculate the man opposite me, when that time I start moving out slowly, until the man walked about 5 to 6 steps forward then the vehicle B was at in front of my vehicle. This shows that the vehicle B might from the left junction.

DECLARATION

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

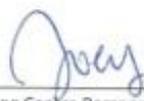
Policyholder's Signature  
Date & Time:



Driver's Signature: *[Signature]* 5/2/18  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: *Lee Chan Yee*  
NRIC/FIN No.:

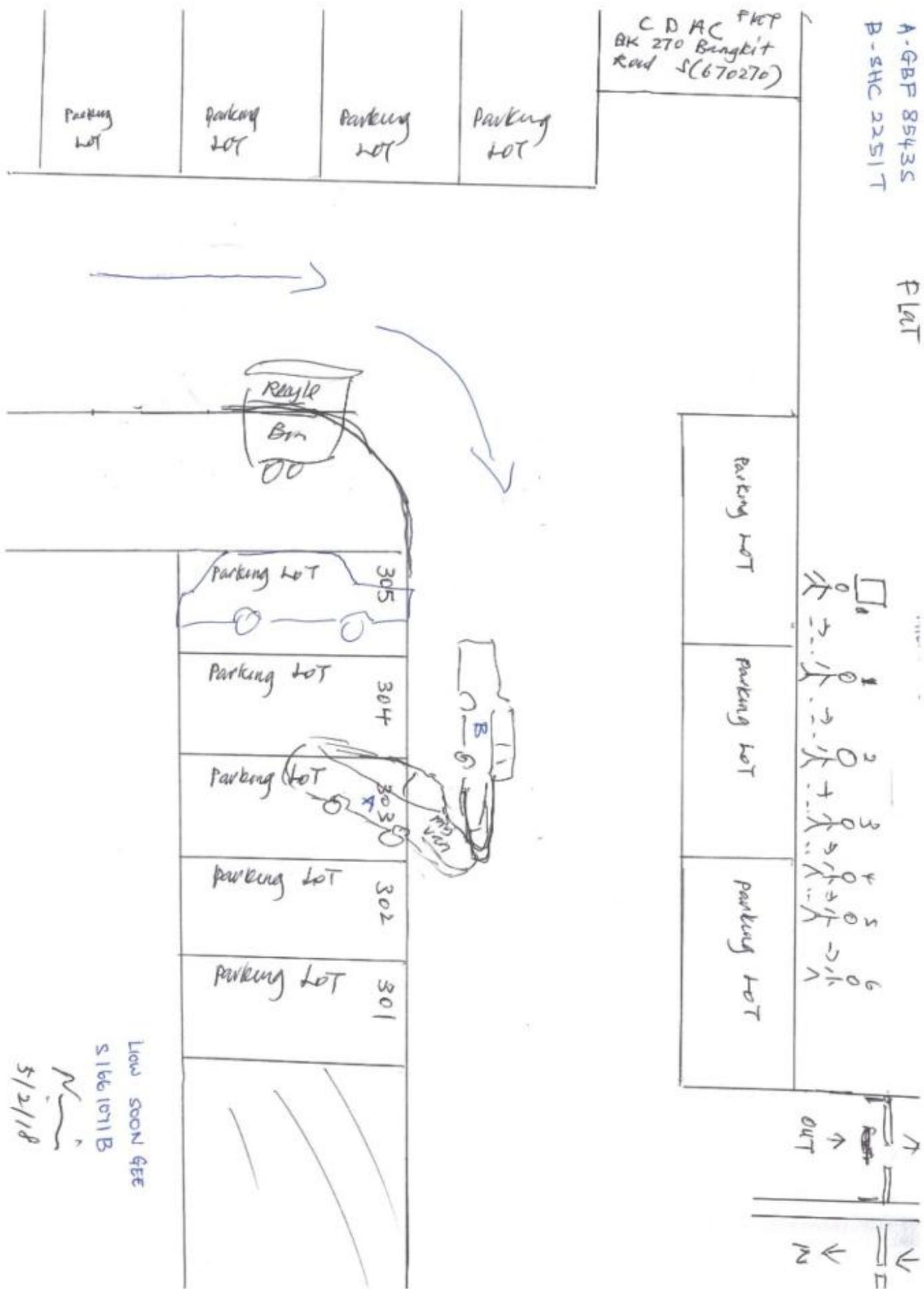


Accident Sketch Plan

C D A C Plot  
BK 270 Bangkit  
Road S(670270)

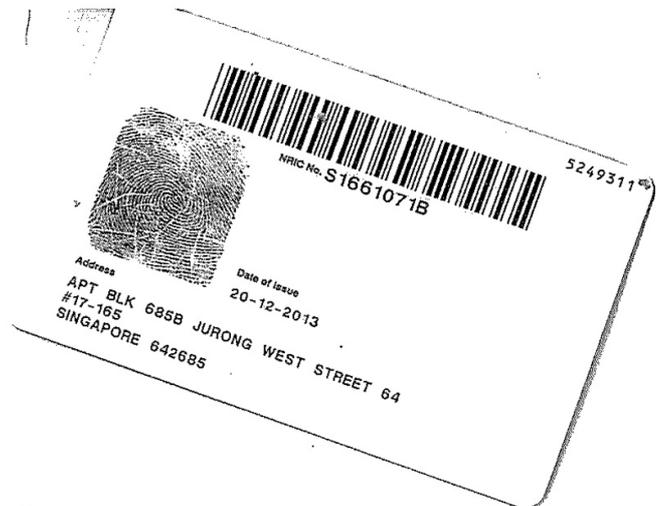
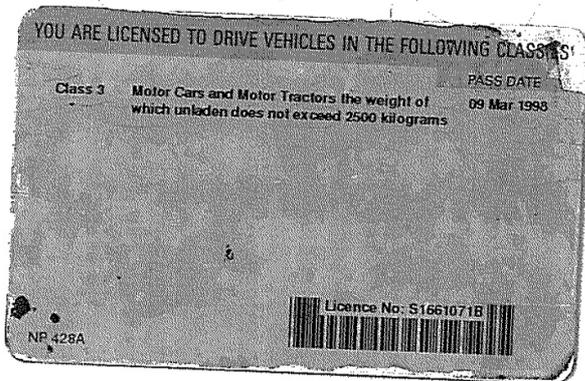
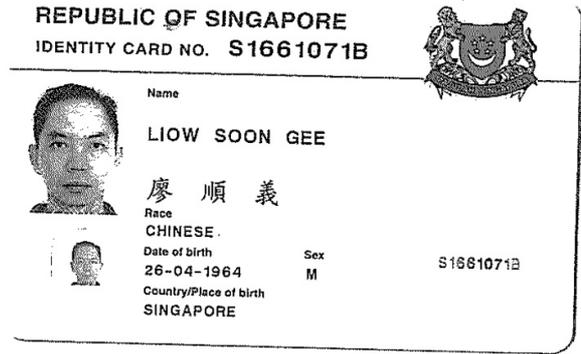
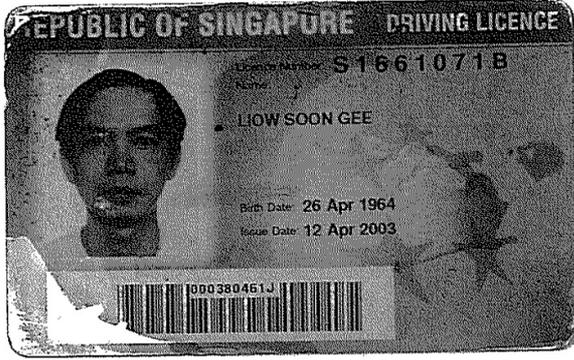
A-GBP 8543S  
B-SHC 2251T

Plot



LOW SOON GEE  
S 166 10711 B  
5/2/18

Accident Sketch Plan Pg. 1



**Accident Sketch Plan Pg. 1**

**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M



Original

Agent Code: **13617**

Policy No. (if any):

**New Business**

SmartDrive Quote Ref:

**MOTOR COVER NOTE**

No. **CN818567**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**SCHEDULE**

6187 85635

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	HMLY PTE LTD
INSURED BUSINESS REGISTRATION NO.	200010141M
MAKE AND DESCRIPTION OF VEHICLE	FIAT DOBLO 1.6 MTA (263.2161)
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2016
ENGINE NO.	263A50007713954
CHASSIS NO.	ZFA26300006E82760
ENGINE CAPACITY/TONNAGE	0.95
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	UNITED OVERSEAS BANK LIMITED
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 23/03/2017 TO: 22/03/2018
EXCESS (S\$)	600
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

**AXA INSURANCE PTE LTD**

Authorised Signature

Issued by ACORN INTERNATIONAL NETWORK PT on 23/03/2017 10:03am

**Note :** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - o Cover note issued and cancelled before inception.
  - o Retaining the old registration number for a new vehicle insuring with AXA.

**PREMIUM WARRANTY**

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

Accident Sketch Plan Pg. 1

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



Commercial Vehicles COMP  
 TAX INVOICE  
 NEW BUSINESS  
 Original

Tax Invoice No : P1916531-00001

<b>POLICY INFORMATION</b>		Policy No. : VCA/P1916531	
Source		: 13617 ACORN INTERNATIONAL NETWORK PTE. LTD.	
Insured		: HMLY PTE LTD	
Address		: 7 FOURTH CHIN BEE ROAD SINGAPORE 619700	
Period of Insurance		: From 27/03/2017 To 26/03/2018 (Both Dates Inclusive)	
Transaction No.		: 00001	
Billing Currency		: SGD	Exchange Rate : 1.0000
Gross Premium Less Discount SGD	Charges SGD	Total Payable SGD	
1,331.78	GST 7.00% 93.22	1,425.00	
Premium Details (SGD)			
Gross Premium		: 1,331.78	
Total Discount		: 0.00	
Gross Premium less Discount		: 1,331.78	
Note: Discount is only applicable to limited products.			
AXA INSURANCE PTE LTD  Authorized Signature			
Important Notice: ----- For Individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details.  For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rata premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.			
Issued by - SGOSP on 31/03/2017			

# 1 / 1

06-02-18:16:09

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
UEN: 56650020G / GST Reg. No.: M400U17735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MGE118017429 Vehicle Registration No: GBP 8543S
Name (as shown in NRIC) : LIOW SOON GEE NRIC/FIN/Passport No : S1661011B
(\*Vehicle Driver / Vehicle Owner) (\*Please delete as appropriate)
Address : BLK 685B JURONG WEST STREET 64 #11-165 Singapore (642685)
Contact (Tel) : Mobile No.: 90701166
Email Address : LIOWSOON.GEE@SINGNET.COM.SG
Date of Accident : 3/2/2018 Time of Accident : 3.20PM
Place of Accident : BLK 270 BANGKIT ROAD CAR PARK
Insurance Company: AXA

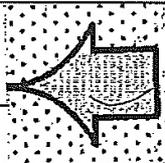
(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- 1) AMEND DRIVING DATE PASS TO 9 MARCH 1998
2) AMEND EMAIL ADDRESS TO LIOWSOON.GEE@SINGNET.COM.SG
3) ADD IN 2 ACCIDENT PHOTOS
4) AMEND POLICY NUMBER



Policyholder / Driver's Signature
Date: 6/2/18



HERE SIGN HERE

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

# 1 / 2

06-02-18;12:57