

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	10/02/2018 14:02
Date Of Accident	10/02/2018 11:20
Exact Location Of Accident	PIE BEFORE TOA PAYOH EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA2896H
Insured/Policyholder	
Name Of Registered Owner	FISH INTERNATIONAL SOURCING HOUSE PTE. LTD.
Co Reg No	200404146H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63168671

Vehicle Particulars

Manufacturer	BMW
Model	X5 XL

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	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA048161/1
Cover Note Number	

Driver

Name of Driver	ALVIN LOY GIN HUI
Passport No/FIN	S7738247Z
Date Of Birth	28/12/1977
Occupation	INDOOR
Date Of Driving Pass	14/09/2007
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-96344206
Fax Number	
Contact Number	
Email Address	ALVINLOYGH@ICLOUD.COM

Address	73 JURONG WEST CENTRAL 3 #14-20
Postcode	648336
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	CHAIN 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

PLEASE REFER TO THE SKETCH PLAN

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	SHC7379B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	
Name of Driver	CHIA KIAN SENG
NRIC/Passport Number	S1318722C
Contact Number	90019969
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJX3619B
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

TAN JEN JIE JOSHUA

NRIC/Passport Number

S9141288H

Contact Number

92289796

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)


SKETCH PLAN

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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/are 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:

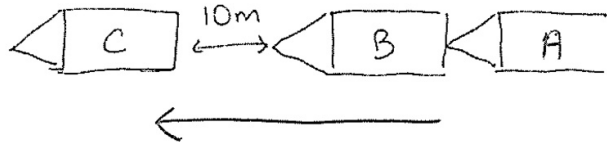
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan Pg. 2

SKETCH PLAN

A: SKA2896H
B: SJX3619B
C: SHC7379B



fish INTERNATIONAL SPRING HOUSE PTE LTD

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE	SKA2896H	ACCIDENT DATE & TIME	14/02/2018 11:22am
CONTACT NUMBER	96344206	E-MAIL ADDRESS	alvinloogh@icloud.com
LOCATION	PIE at before Toa Payoh exit		
<p>I was driving along PIE when the taxi (SHC7379B) e-braked in front of the car (Subaru) in front of me e-braked for no apparent reason, which caused the Subaru (SJX3619B) to e-brake and I reacted by e-braking. Although I maintained a good distance, my car could not stop in time and collided with the Subaru (SJX3619B). Please note that the taxi (SHC7379B) drove forward 10 meters after colliding with the Subaru (SJX3619B). I have attached a photo as reference</p>			
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION			
Please state			
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only			

DECLARATION

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


Policyholder's Signature

Date & Time: 10/02/2019 14:01pm
Date & Time: (If driver is not the policyholder)

fish INTERNATIONAL SPRING HOUSE PTE LTD

Driver's Signature

Date & Time


Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.

Sketch Plan Pg. 3

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S7738247Z**

Name: **ALVIN LOY GIN HUI**
LI RENHUI

Birth Date: **28 Dec 1977**
Issue Date: **22 Sep 2015**

002475815K

SG 50

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7738247Z

Name: **ALVIN LOY GIN HUI**
(LI RENHUI)
黎仁惠

Race: **CHINESE**

Date of birth: **28-12-1977** Sex: **M**

Country/Place of birth: **SINGAPORE**

57738247Z

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars ≤ 3000kg with ≤ 7 passengers, exclusive of the driver; and other motor vehicles ≤ 2500kg

EFFECTIVE DATE: **14 Sep 2007**

NP 428A

Licence No: S7738247Z

5451504

NRIC No: **S7738247Z**

Date of issue: **22-09-2015**

73 JURONG WEST CENTRAL 3 #14-20
SINGAPORE 648336

NRIC No: **S7738247Z** Date: **25/04/2017**



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

account number
 03842

-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-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	FISH INTERNATIONAL SOURCING HOUSE PTE LTD	Certificate number	GA048161 / 1
Cover	Comprehensive	Chassis number	WBAFE42010LK95850
Plan name	Private APW	Engine number	05886793N52B30AF
NCD applicable	50%		
Vehicle registration number	SKA2896H		
Period of Insurance	from 18/07/2017 to 17/07/2018 (both dates inclusive)		
Finance loan company	HONG LEONG FINANCE LIMITED		

Persons or classes of persons entitled to drive*

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

1. LOY GIN HUI
2. CHUA CHIANG RONG JANSEN
3. CHUA CHIANG MING JEREMY

(b) 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 laws 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

EXCESS	Basic Own Damage Excess	SGD 0.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet Pg. 1



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: S66550020G / GST Reg. No.: M400017735

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 : _____ Vehicle Registration No: SKA2896H
Name (as shown in NRIC) : Fish International Sourcing House NRIC/FIN/Passport No : 200404146H
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 73 Jurong West Central 3 #14-20 Singapore (648336)
Contact (Tel) : _____ Mobile No. : 9634206
Email Address : qlvinloy@icloud.com
Date of Accident : 10/2/18 Time of Accident : 11:20
Place of Accident : PJE before Toa Payoh Exit
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:

Amend Sketch Plan

Policyholder / Driver's Signature
Date:

Shir

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