

## 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	01/03/2018 17:56
Date Of Accident	01/03/2018 09:40
Exact Location Of Accident	WOODLANDS AVE 9
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5619C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ISLAND RECOVERY SERVICES
Co Reg No	53120055L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91828211

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FEB21CR4SDEB
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1909750
Cover Note Number	

### Driver

Name of Driver	LI HUI
NRIC No	G6685925N
Date Of Birth	24/06/1977
Occupation	INDOOR
Date Of Driving Pass	17/10/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92727992
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
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	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?	NO
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)	1

#### 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

I WAS STATIONARY MY VEHICLE IN LANE 2 ALONG WOODLANDS AVE 9 ON 01/03/2018 AT 0940HRS. RED TRAFFIC LIGHT AT THAT TIME. SUDDENLY, VEHICLE B START REVERSE HIS VEHICLE AND I START TO HORN THE DRIVER. THE DRIVER OF VEHICLE B STILL REVERSING AND COLLIDED ONTO FRONT PORTION OF MY VEHICLE.

#### 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	GBB5124J
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KHOO CHIEW KHEONG
NRIC/Passport Number	S2668705E
Contact Number	97844858
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

### SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA)

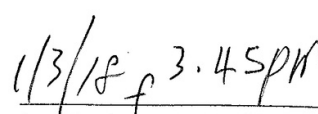
I understand, acknowledge, agree and consent that:

- (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.

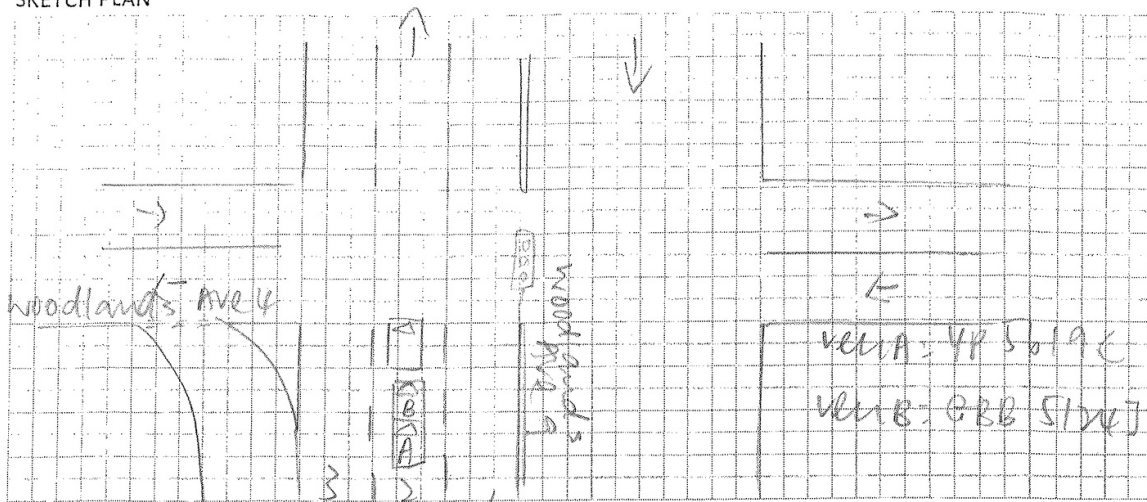


Policyholder's Signature  
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary my vehicle in lane 2  
 along woodlands Ave 9 on 01-03-2018 @  
 0940hrs. Red traffic light at that time.  
 Suddenly, vehicle B start reverse his  
 vehicle and I start to horn the driver.  
 The driver of vehicle B still reversing  
 and collided onto front portion of my  
 vehicle.

DECLARATION

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

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.:

LETTER OF UNDERTAKING

I/We, Island Recovery Services, the owner of vehicle no. YP 5619 C

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Hua meng spray painting workshop

Signed and Acknowledge by:

531200532  
.....  
Lic no. and signature of policyholder



.....  
Company Stamp

1/2/18  
.....  
Date

# Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G6685925N**  
 Name: **LI HUI**

Birth Date: **24 Jun 1977**  
 Issue Date: **10 May 2016**  
 Valid Till: **09/05/2021**

002563584A



**WORK PERMIT**  
 Employment of Foreign Manpower Act (Chapter 91A)  
 Republic of Singapore

Employment  
 ISLAND RECOVERY SERVICES

Service: **DRIVER**

Work Permit No: **Q 13501740**

Date of Application: **18-04-2016**  
 Date of Issue: **25-04-2016**  
 Date of Expiry: **18-04-2018**

16735553



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

Class	Description	Effective Date	Expiry Date
Class 2B	Motorcycles with engine capacity not exceeding 250cc	10 May 2016	10 May 2021
Class 2C	Motorcycles with engine capacity exceeding 250cc	10 May 2016	10 May 2021

S / No: 0000252838

License No: G6685925N

NP 4284



**VISIT PASS**  
 Immigration Regulations

Multiple Journey Visa Issued

Date of Issue: **24-06-2017**  
 Date of Expiry: **28-04-2018**

Passport No: **G6685925N**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS EXPIRED OR HAS EXPIRED OR MAKE A NEW CARD BE ISSUED TO YOU



# INSURANCE

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-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCA/P1909750 Account No. : 03936  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : ISLAND RECOVERY SERVICES  
Vehicle Registration No. : YP5619C  
Period of Insurance : From 08/03/2017 To 07/03/2018 (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 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.

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

(05)

### EXCESS :

Sect I - Any Authorised Driver : SGD 800.00

Sect II-Any Authorised Driver : SGD 800.00

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 Certificate 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 - SGOMCN on 14/03/2017

### IMPORTANT

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, covernote and endorsement etc.

**©BHMS**  
 11 Sungei Road, Singapore 119150  
 Tel: +65 6346 1888 Fax: +65 6346 1889

**Chassis Number**  
 FLE221A220073

**Unladen Weight**  
 3260

**Max Laden Weight** Kg

**Passenger Capacity** Kg

**1 Driver** Others

**Tyre Size**

<b>F</b>	195	X	85	X	11	(S)
<b>R</b>	195	X	85	X	11	(D)



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

