

## 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	20/02/2018 14:49
Date Of Accident	14/02/2018 18:20
Exact Location Of Accident	VICTORIA STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6653X
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#### Insured/Policyholder

Name Of Registered Owner	BAN FRESH MARKETING PTE LTD
Co Reg No	201533969K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

#### Vehicle Particulars

Manufacturer	HINO
Model	HINO XZU710R-HKFMS3
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

#### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	CN838008

#### Driver

Name of Driver	LIU CHEN
Passport No/FIN	G2592121L
Date Of Birth	27/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2017
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88664418
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	SIDE SWIPE
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?	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

REFER TO SKETCH PLAN.

#### 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	SG5150E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time

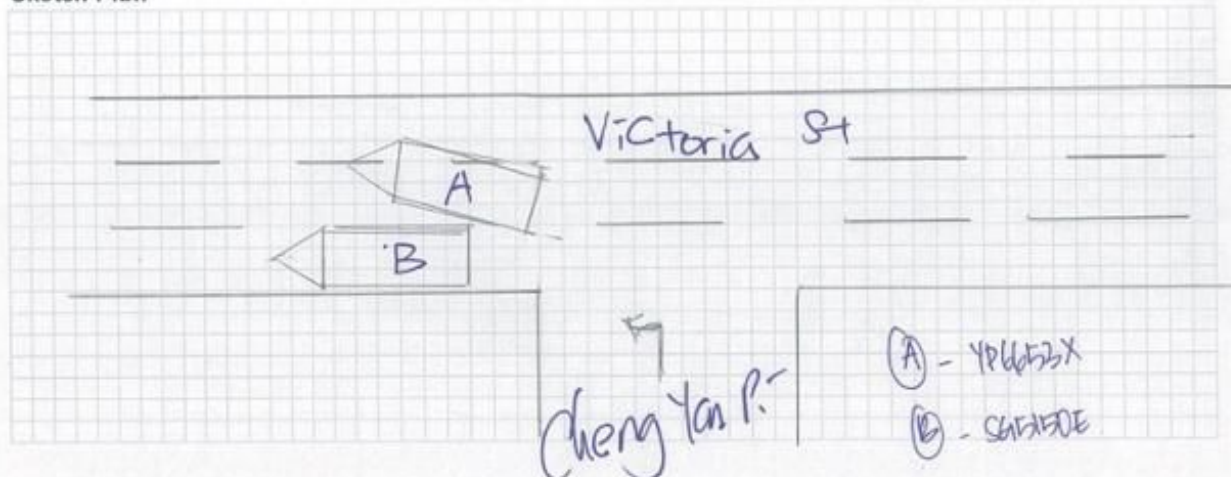


Driver's Signature (If driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

#### Sketch Plan



## Sketch Plan #2

### Describe Circumstances of the Accident

On 14/2/18 @ 6:20pm I was driving along Victoria St, I drove on the 1st lane B4 turning out and over take the vehicle B. Suddenly 1st vehicle coming very fast and I try to get to my lane and I hit on the vehicle B rear RH portion.

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:

( ) Claim Own Policy ( ) Claim Third Party ( ) Claim OD/TP at other workshop ☒ Reporting only

### Declaration

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



Policyholder's Signature / Date & Time

X 

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



# INSURANCE CERT

## AXA INSURANCE PTE LTD

8 Shenlon Way, #24-01  
AXA Tower, Singapore 069811  
Customer Service Centre #B1-01  
Tel: 6338 7288 Fax: 6338 2522  
Website: www.axa.com.sg  
GST Registration Number: 199903512M



Original

Agent Code: **04437**

Policy No. (if any):

**New Business**

SmartDrive Quote Ref:

## MOTOR COVER NOTE

No. **CN838008**

- 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

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	BAN FRESH MARKETING PTE LTD
INSURED BUSINESS REGISTRATION NO.	201533969K
MAKE AND DESCRIPTION OF VEHICLE	HINO XZU710R-HKFMS3 LORRY + FREEZER
VEHICLE REGISTRATION NO.	
YEAR OF MANUFACTURE	2017
ENGINE NO.	N04CUS31003
CHASSIS NO.	JHHUCS3H40K019819
ENGINE CAPACITY/TONNAGE	2.5 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>05/07/2017</b> TO: <b>04/07/2018</b>
EXCESS (S\$)	\$800 (I) ; \$100 (WINDSCREEN)
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 ALLINK INSURANCE on 05/07/2017 12:09pm  
AGENCY

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:
  - Cover note issued and cancelled before inception.
  - 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

# DL & IC

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G 2592121L**

Name: **LIU CHEN**

Birth Date: **27 Oct 1993**  
 Issue Date: **02 Aug 2016**  
 Valid Till: **01/08/2021**

002594902G

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

Employer: **BAN CHOON MARKETING PTE LTD**

Worker: **MANUFACTURING**

Name: **LIU CHEN**  
 Occupation: **STOREKEEPER**

Work Permit No: **0 7653733-**

Date of Application: **28-01-2016**  
 Date of Issue: **28-12-2016**  
 Date of Expiry: **28-12-2018**

L7310

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

Class 2: Motor car <= 2000 kg with <= 17 passengers, vehicles of the above class and motor cycles <= 250 cc

EFFECTIVE DATE: 21 Jan 2017

S / No 0000256250

License No. G2592121L

HP 435A

**VISIT PASS**  
 Immigration Regulations

Name: **LIU CHEN**

Date of Birth: **27-10-1993** M  
 Ethnicity: **CHINESE**

P ID: **G2592121L** 28-12-2016 28-12-2018

**MULTIPLE JOURNEY VISA ISSUED**

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.

**Authorised Letter**



**Ban Choon Marketing Pte Ltd**

30 Quality Road Singapore 618803

Tel: +65 6777 7333 Fax: +65 6777 1400

Co. Reg. No. 198304071N GST Reg. No. M2-0062418-1

hr@banchoon.com.sg

BCM/HR /2017

6 Oct 2017

TO WHOM IT MAY CONCERN

**LIU CHEN**

**WORK PERMIT: 0 7653733-**

Mr Liu Chen is employed by us as Delivery Driver.

As he is required in future to drive class 4 company vehicles to deliver goods, we therefore support his application for the lessons and test of class 4 driving licence.

  
BB TENG  
HR MANAGER  
HP: 98311559 / DID 65770903



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

