

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	07/03/2018 17:11
Date Of Accident	06/03/2018 10:30
Exact Location Of Accident	226C ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN5450G
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Insured/Policyholder

Name Of Registered Owner	YEW LEE HENG LP-GAS TRADING PTE LTD
Co Reg No	199603030M
Email Address	YLHLPGAS@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-83950961
Alternative Phone No	OFFICE-62825525

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB71ER4SDEC
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	P1527838
Cover Note Number	24/06/2017 - 23/06/2018

Driver

Name of Driver	CHEW YEE YEAH
Passport No/FIN	G2769198L
Date Of Birth	18/02/1981
Occupation	OUTDOOR
Date Of Driving Pass	11/11/2016
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83950961
Fax Number	
Contact Number	
EEmail Address	YLHLPGAS@HOTMAIL.SG

Address	C/O 15 DEFU LANE 1,DEFU IND. PARK A
Postcode	539489
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	COLLIDED INTO PARKED VEHICLE
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)	2
Passenger 1	NAME: : TANG FENG
	GENDER: : MALE

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 THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

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

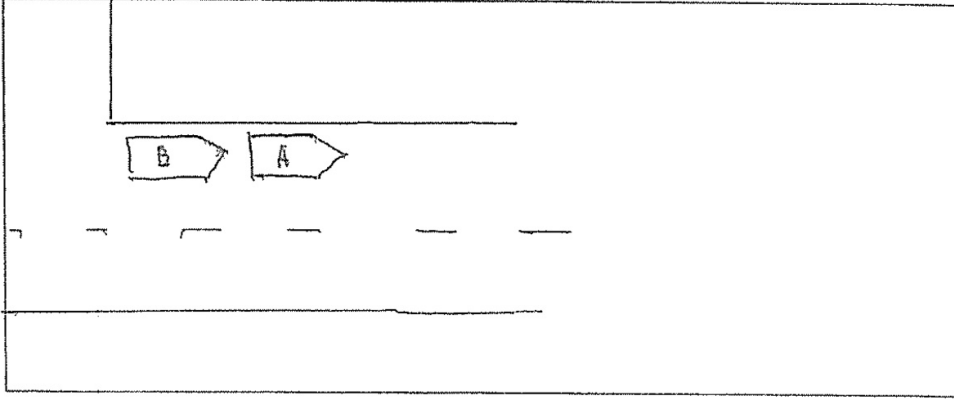
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE6193L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

Date of accident: 6/3/2018 Time: 10:30 am Location: 226C Ang Mo Kio Ave 1
 My Vehicle A: YN 5450 G Vehicle B: GBE 6193 L Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

After Coasting my goods while reversing out from the parking accidentally hit onto the vehicle B front portside.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder

Date & Time



Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Person's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

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/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.

K
Policyholder
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. 3

To Whom It May Concern,

Accident involving my vehicle no. YN5420G on 6/3/18 (date) with
G6E 6193L (other vehicle no) along 226C Ang Mo Kio Ave 1

I, Yew Lee Heng Ip-Gas Trading P/Sec Mric.No. 14460303011

Owner of vehicle no. YN5420G am aware of the accident of my vehicle on
6/3/18 (Date) while car was driven by Chew Tee Yeak

Nric No. G2769188L Thereby, authorise him / her to make the report.

X

Name

Date:



Chew Tee Yeak

7/7/18

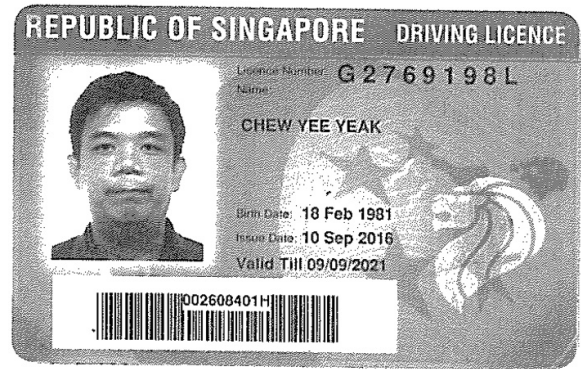
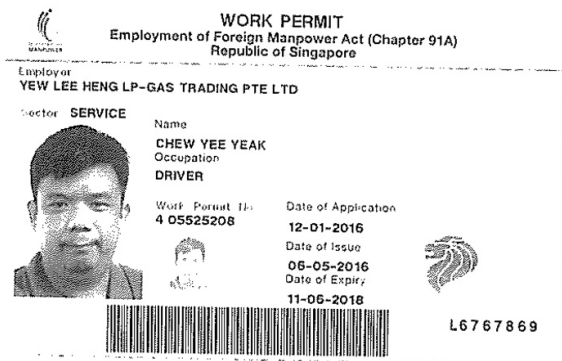
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

Name

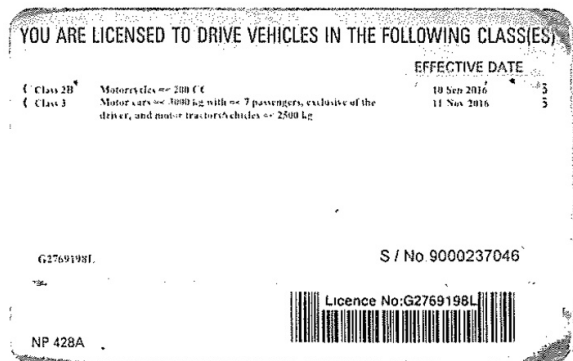
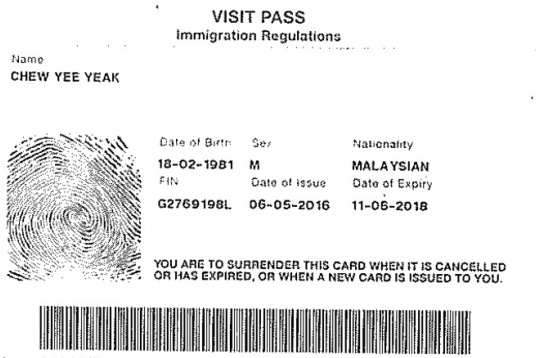
Date:

Sketch Plan Pg. 4



Dep: 8395 0961 / 6282 8825

Parents ylhlgas @ hotmail. ^{sg} ~~com~~



Tang Leng (m)

Dry
Cup No
Car No
Total 2

Sketch Plan Pg. 5

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
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VCA/P1527838	
Source	: 03866 Z & J INSURANCE AGENCY		
Insured	: YEW LEE HENG LP-GAS TRADING PTE LTD		
Address	: 15 DEFU LANE 1 DEFU INDUSTRIAL PARK A SINGAPORE 539489		
Business/Profession	: GAS SUPPLY <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance	: From 24/06/2017 To 23/06/2018 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 15.00% NCD	: SGD 3,186.39		
GST 7.00%	: SGD 223.05		
Annual Premium	: SGD 3,409.44		
Total Payable	: SGD 3,409.44		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	: Comprehensive		
Regn. No.	: YN5450G		
Type Of Use	: Commercial Vehicle		
Make/Model	: MITSUBISHI CANTER FEB71ER4SDEC		
Year of Manufacture	: 2014		
Seating Cap. (Excl.) Driver	: 2	Carrying Cap. (Tons)	: 4.22
Body Type	: LORRY		
Engine No.	: 4P10B23358		
Chassis No.	: FEB71EA00143		
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
Hire Purchase	: HONG LEONG FINANCE LIMITED		
Excess Applicable			
Sect I - Any Authorised Driver	: SGD 900.00		

Continuation page 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

