

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	16/03/2018 14:03
Date Of Accident	10/03/2018 16:05
Exact Location Of Accident	ECP TOWARDS CHANGI AIRPORT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE2133B
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Insured/Policyholder

Name Of Registered Owner	RECLAIMS ENTERPRISE PTE LTD
Co Reg No	200903101E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90251502

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO

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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1835567
Cover Note Number	

Driver

Name of Driver	LIM SIEW CHONG
NRIC No	F7213741T
Date Of Birth	08/06/1970
Occupation	INDOOR
Date Of Driving Pass	28/01/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86468277
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	10 TUAS SOUTH ST 7
Postcode	637114
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	NO 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)	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

ON 10/03/2018 AT ABOUT 0405PM, I WAS DRIVING ALONG ECP TOWARDS CHANGI AIRPORT, I DID NOT INVOLVED IN ANY ACCIDENT AND MY VEHICLE WAS NOT DAMAGE.

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	SLT7523P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)	

Accident Sketch Plan Pg. 1

SKETCH PLAN


IMPORTANT NOTICE

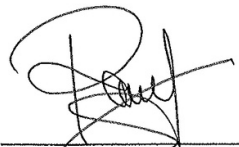
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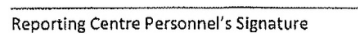
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

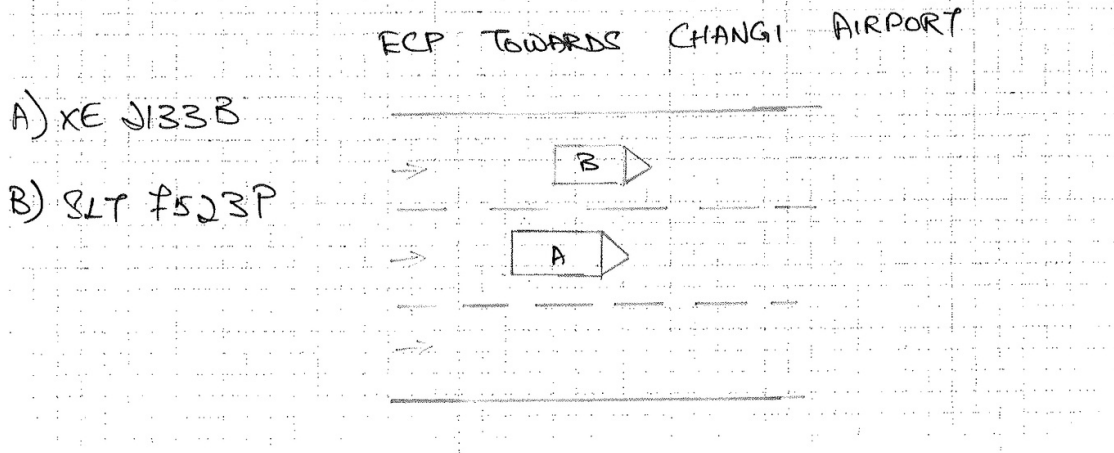
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

On 10/03/2018 at about 0405pm I was driving along ECP towards Changi Airport. I did not involved in any accident and my vehicle was not damage.

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:

16/3/18 1.55pm
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan Form V3

LETTER OF UNDERTAKING

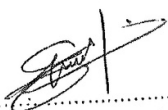
I, RECLAMS ENG. P. L., the owner of vehicle no. XE 2133B

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 AXA Insurance Singapore Pte Ltd with all relevant facts and documents within
7 (seven) days of occurrence or discovery of damage.

Third Party claim is to be handled by my/our preferred workshop, _____



Acknowledge by:


signature of policyholder



Company Stamp

16/03/2018
Date

CERT INS

AXA INSURANCE PTE LTD
 5 Raffles Quay, #04-40
 AXA Tower, Singapore 048611
 Customer Service Centre #B10
 Tel: (65) 63887225 Fax: (65) 63887222
 Website: www.axa.com.sg
 GST Registration Number: B060081064
 Customer Service@axa.com.sg



CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 163) Motor Vehicles (Third-Party Risks and Compensation) Rules, 1997 Road Transport Act, 1997 (Singapore) Motor Vehicles (Third-Party Risks) Rules, 1997 (Malaysia)

CERTIFICATE NO. : VFI/P1835567 **Accession No.** : 03835
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : REGALACE ENHANCE PTE LTD
Vehicle Registration No. : XE2133B
Period of Insurance : From 07/08/2017 to 08/09/2018 (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 removal of any endorsement or regulation on their 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:
- (d) Use for hire or reward or for racing, sport-racing, reliability trials or speed testing
- (e) Use whilst towing a trailer except the towing of any one licensed exclusively provided vehicle.

(55)

EXCESS :

Seat I - Any Authorized Driver : SGD 3,000.00
Seat II-Any Authorized Driver : SGD 2,000.00
Windscreen Excess : SGD 100.00

* Insurance provided in accordance by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 163 and Section 15 of the Road Transport Act, 1997 (Singapore) and not to be included under these headings

I/A hereby certify that the policy to which this Certificate refers is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 163) and Part IV of the Road Transport Act, 1997 (Malaysia).

VERILAS INSURANCE AGENT PTE LTD
 10, Raffles Quay, #04-40
 Raffles Quay, Singapore 048611
 Tel: (65) 63888225 Fax: (65) 63888222

AXA INSURANCE PTE LTD

Authorized Signature

Issued by : EGOAR82 on 31/08/2017

REMARKS :

Policyholders are advised that in 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 before he comply with this obligation by an insurer under the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 163).

For Insured's Reference : Cover under the policy is valid only upon the payment of the full premium stated on the policy.

For any further reference : Please refer to the Premium Schedule clause of the policy.

Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

