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 witholding 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.

By the lodgement of this report to the insurers, you aforesaid.	ou hereby consent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	15/03/2018 13:33		
Date Of Accident	14/03/2018 18:10		
Exact Location Of Accident	TAMPINES LINK & TAMPINES AVE 10		
Country/State of Loss	SINGAPORE		
	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	XE3314P		
Insured/Policyholder			
Name Of Registered Owner	SOON HUA BEE PTE LTD		
Co Reg No	201401018N		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-67886920		
Vahiala Particulara			

Vehicle Particulars

MITSUBISHI Manufacturer 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?

REPORTING ONLY If No, Please state action to be taken Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number P1968316

Cover Note Number

Driver

Name of Driver RAMASAMY VENGATESAN

NRIC No G6819490W Date Of Birth 04/03/1990 Occupation INDOOR **Date Of Driving Pass** 26/06/2014

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92744965

Fax Number

Contact Number

EMail 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?

Was any injured conveyed to hospital by

ambulance?

NO

NO

1

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

VEHICLE B SUDDENLY JAM BRAKE. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR RIGHT.

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 GBG1721K

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

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

SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 5. Any false reporting may be referred to the Police for investigation.
- 6. The 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 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)

Lunderstand, 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)
 - (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")
- 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
- 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.
- 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.:

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Sketch Plan #2 Pg. 1

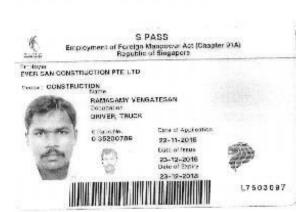
KETCH PLAN					
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ECLARATION					
We declare the foregoing pa	rticulars are true i	n every respect.			
(*) (*) (*) (*) (*)	۵	Voyat			
			Danauting Con-	tra Parconnel's Cignotura	
Policyholder's Signature Date & Time:		Signature ris not the policyholder)	Reporting Cen Name:	Reporting Centre Personnel's Signature Name:	
Save & Tanie.	•	Date & Time:		NRIC/FIN No.:	

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, SOON HAA LEE PTE CTD , the	e owner of vehicle no. XESSIM
17 We,	·
My/Our Insurance is under M/s AXA Insurance Sin to claim under my/our Policy or against the Third F claim to M/s AXA Insurance Singapore Pte Ltd wit 14(fourteen) days of occurrence or discovery	h all relevant facts and documents Within y of damage.
My/Our Third Party claim is handle by my/our preferi	
į.	
Signed and Acknowledge by:	
	(SON ARP) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)
t const	15/04/2016
	pany Stamp Date

Driving License







INSURANCE

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 065511 Customer Service Centro #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.uxa.com.sg GST Registration Number: 199903512M customer.service@exa.com.sc



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Kisks and Componsation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Componsation) Rules, 1865 ■ Wood Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1869 (Malaysia)

: VCA/P1968316

Account No. : 03936

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: SOON HUA BEE PTE LTD

Vahicle Registration No. : XE3314P

Period of Insurance

. From 04/08/2017 To 03/08/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Folioyholder's order or with their permission.

Provided that the purpon driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and in not disgualified 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 Pulley does not cover

(a) Use for hire or reward or for racing, pace-making, reliability

trial or speed-testing

(b) Use willst drawing a trailer except the towing of any one disabled modtanically propelled vehicle.

EXCESS :

Sect I - Any Authorised Driver : SGD 2,000.00 Sect II-Any Authorised Driver : SGD 2,000.00 : SGD 300.00 Windscreen Excess

(Please refer to your policy for Additional Excess)

* Limitations rendered inoperative by Sention S of the Motor Vehicles (Chird-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.

1/We hereby certify that the policy to which this Cortificate relates is issued in accordance with the provisions of the Motor Vehicles (fixed Party Risks and Compensation) Act. (Chapter 109) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE L'TD

Authorized Signature

Issued by - SGOGOWT on 10/08/2017

IMPORTANT:
Policyholders are warmed 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
chligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

The Premium Marranty Clause requires the premium to be paid in full within a specific period failing which chere would be no liability under the policy, renewal certificate, povernote and endorgement etc.

VINTUAL INSURVANCE AGENCIES PIE LTD 192 Walsiloo Otrue: #02-02

Skylina Bullding, Singapore 187966 Tel: (65) 63380063 Fax: (65) 63363048

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