Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 13/04/2018 15:41

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.
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	13/04/2018 15:36
Date Of Accident	06/04/2018 15:45
Exact Location Of Accident	MARINA GARDEN DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GZ7632K
Insured/Policyholder	
Name Of Registered Owner	LAWJICA SERVICES
Co Reg No	53250848C
Email Address	LAWJICA@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-81212155
Vehicle Particulars	
Manufacturer	FIAT
Model	DOBLO
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	P1832663
Cover Note Number	
Driver	
Name of Driver	NG YANGLIU
NRIC No	S8130887Z
Date Of Birth	26/09/1981
Occupation	INDOOR
Date Of Driving Pass	16/06/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81882635
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 443B FERNVALE ROAD #11-359
Postcode	792443
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 - CHANGE/CROSS LANE
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 AM TURNING RIGHT INTO THE MIDDLE LANE WITHIN MY LANE WHEN VEHICLE B FROM MY REAR RIGHT CUT INTO MY LANE AND HIT ONTO MY VEHICLE'S REAR RIGHT PORTION.

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	SDB1602Z
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)	

7/1

SKETCH PLAN

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 liability.
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. 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)

   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.

LAWJICA SERVICES

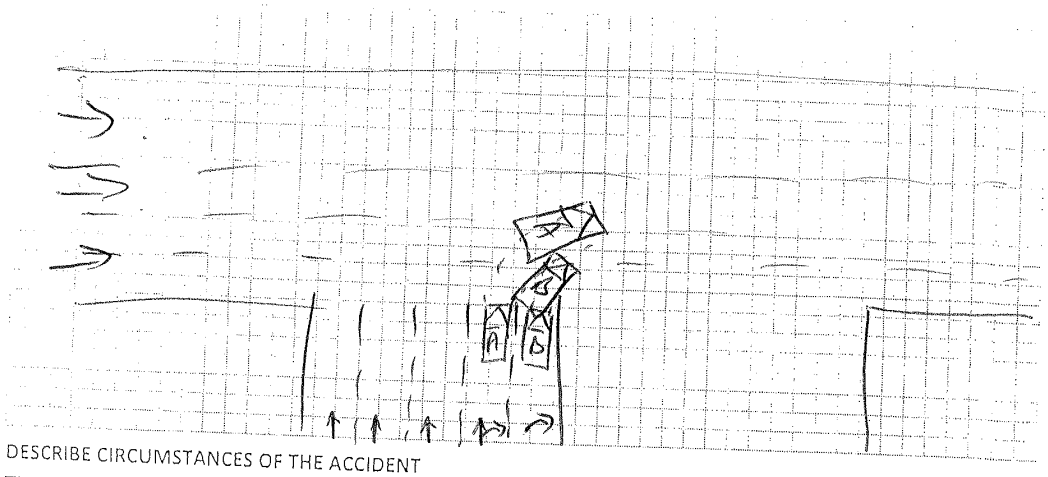
13/4/18.

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.:

Lawjica@gmail.com

Sketch Plan #2 Pg. 1

PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am turning right into the middle lane within my lane when vehicle B from my rear right cut into my lane and hit into my vehicle rear right portion.

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, LANGJICA SERVICES , the owner of vehicle no. SZ7632K

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.

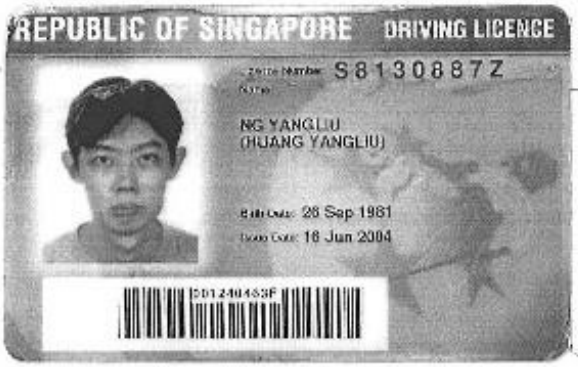
My/Our Third Party claim is handle by my/our preferred workshop, _____
_____.

Signed and Acknowledge by:

LANGJICA SERVICES

.....	.....	13/04/2018 .....
Nric no. and signature of policyholder	Company Stamp	Date

Driving License


REPUBLIC OF SINGAPORE DRIVING LICENCE

S8130887Z

NG YANGLIU
(HUANG YANGLIU)

Birth Date: 26 Sep 1981
Issue Date: 16 Jun 2004

SD1240463F


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8130887Z

Name
NG YANGLIU
(HUANG YANGLIU)
黄 杨 柳
Race
CHINESE
Date of birth
26-09-1981
Sex
M
Country of birth
SINGAPORE


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	16 Jun 2004

Licence No. S8130887Z

VP 428A


NRIC No. S8130887Z

Date of Issue
26-09-2012

Address
APT BLK 443B FERNVALE ROAD
#11-369
SINGAPORE 792443

, INSURANCE PTE LTD
Anson Way, #24-01
XA 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/P1832663
Source	: 00914 ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD
Insured	: LAWJICA SERVICES
Address	: 69 JALAN TARI PIRING SINGAPORE 799222
Business/Profession	: COURIER SERVICES *Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.*
Period of Insurance	: From 28/08/2017 To 27/08/2018 (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 20.00% NCD	: SGD 902.80
GST 7.00%	: SGD 63.20
Annual Premium	: SGD 966.00
Total Payable	: SGD 966.00

Your Broker...
ANIKA
ANIKA INSURANCE BROKERS & CONSULTANTS PTE LTD
Co. Reg. No. 197600194N

RISK DETAILS THE MOTOR VEHICLE

Type of Cover	: Comprehensive		
Regn. No.	: GZ7632K		
Type Of Use	: Commercial Vehicle		
Make/Model	: FIAT DOBLO 1.3MJTD		
Year of Manufacture	: 2006		
Seating Cap. (Excl. Driver	: 2	Carrying Cap. (Tons)	: 0.69
Body Type	: VAN		
Engine No.	: 199A20001341192		
Chassis No.	: ZFA22300005427134		
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	: RICARDO CARS PTE LTD		

Excess Applicable

Sect I - Any Authorised Driver	: SGD 500.00
Windscreen Excess	: SGD 100.00

Continuation page 1

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo