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 <u>truthful and accurate</u> 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

aforesaid.	tent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/04/2018 11:03
Date Of Accident	26/04/2018 23:00
Exact Location Of Accident	ALONG FLOWER ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN4224A
Insured/Policyholder	
Name Of Registered Owner	LEE SWEE TECK FISH RETAILER
Co Reg No	20342200K
Email Address	MAYW.733@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-62801846
Vehicle Particulars	
Manufacturer	ISUZU
Model	NPR75UH5AC
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	VCA/P1547270

Driver

Cover Note Number

Name of Driver

LEE SAI PENG

NRIC No

S1421785A

Date Of Birth

Occupation

Outdoor

Date Of Driving Pass

LEE SAI PENG

O3/05/1960

OUTDOOR

08/08/1980

Driving Experience 37 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96656907

Fax Number
Contact Number

EMail Address NOEMAIL

Address 12 FLOWER ROAD

Postcode 549402

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

-

NO

NO

NO

NO

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?

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) 1

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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

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 SLP3127Y

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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- 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.
- 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.
- 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:
 - 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:
 - 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.

李 稿 稳 魚 常 LEE SWEE TECK FISH RETAILER

> 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 Vehicle No Legend Vehicle Bike DESCRIBE CIRCUMSTANCES OF THE ACCIDENT around revere CCI 1000 子 均2 10 DECLARATION I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details. LEE SWEE TECK FI Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature (If driver is not the policyholder) Name: Date & Time: Date & Time: NRIC/FIN No.:

SIARMC Sketch PlanForm, VE

2

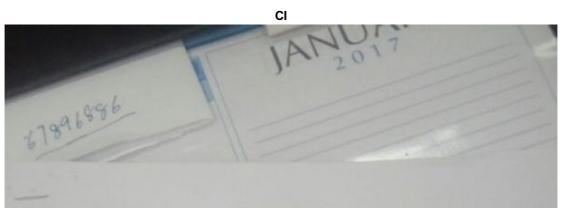
Common Statement

s is NOT an admission of blume / liability, but facts which will speed up the settlement of a Date of accident Time [2] Exact to the fact of a Community of the	daims	of accident	r Rd.		To be signed by BOTH driver: 3 Injuries even if slight No Yes #			
Material damage of vehicles A and B To the No. 10 Yes 10 No.	The same of the sa	er than vehicles	S Witness' name, address is passenger in vehicle A					
Registration No. N 4224P (VEHICLE A) N 4224P Insured / policyholder (see irisurance cert ms_Lee tags Swel Teck	and the same of	Pot a cross (RCUMSTANCES X) In each of the relevant licable to your vehicle Chair Collidan	↓ B	Registration No.SLP3127 (VEHICLE B) SLP3127 (6) Insured /policyholder (see insurance cen			
potal latters) Fish Retailer	- B		Collided into Biopolist Collided into Modorovchist		(capital letters)			
dress	- 04		ied into Parked Vehicle	40	Address			
NC I Enemos an	- 05		ided into Pedestrian	50 60	NRIC / Ressport no.			
Ino. (from 9am till 5pm) 6>80 1849	C 05		Collided Into Property		Yel no. (from 9am till 5pm)			
no. (from sam till spm)	- Ot		Collision - Crange/Cross Lane Collision - Cross Junction		Tel no. (from 9am till 5pm)			
Vehicle	D9		ion - Head on Collision	90	[7] Vehicle			
ila, type	D10		lision – Heed to Rear Jon – Major/Minur IId	110	Hake, type			
Insurance company	D12		- Opening Open of Vehicle	120	g Insurance company			
AXA ØC DTPFT DTP	0 013	Cel	fision – Roundalzout	13□	C TPFT TI			
es the policy cover damage to vehicle A?	D14		Collides - U-Turn	140	Does the policy cover damage to vehicle 87			
10 Yes Z	D15		Driving / Drug Influence Explosion or Lightming	150				
BOY NO. LPX PO856254	D17		Floor	170	Policy No. (If available)			
Driver Same as Own			ndalism / Damaged wildst Parked	1000000	Driver (See driving licence) (If different from insured 8 above)			
me Lee Sai Peng	- D10	est by fi	allen Tree / Other Objects No Collision		Name			
opital lotters)	- D21		Sicle Swipe	210	(capital letters)			
BC / Passport noS142178SA	- 022		Theft	A St Said	NRIC / Passport no.			
ess of licence 96656907	-		TOTAL number of ->		Class of licence HP Gender Mele Female			
ender Male Fernale	_		narked with a cross					
		nter: 1, tayout of the roans at the time of impact	lent when impact occurred (1) d - 2, the direction of vehicles A a - 4, the road signs - 5, names of the common of	and 8 with the streets	arrows of initial impact with an arrow(->)			
Visible damage to vehicle A	EF	ER TC	AHAC	.Ht	11Visible damage to vehicle			
	1			+	H			
Afterni	mively, plan	eq maka reference to a	ne of the sketches on page 4:					
resarks	T	[15] Sig	matures of drivers 15		14)My remarks			
	A A A A A A	ECK FISH RE	章 章 章	В				
	-	3						
10 10	budbauth eau		nything in the statement after signing each driver should take one copy.		For insured's Individual State (Part II) see overleaf →			

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

Insured	I Occumbes Man	and the same of	ar insurer or Idac or ap									
	2 Vehicle registrati	Occupation (if more than one, state all) Email: MAYW-733@gwail - eoW - Vehicle registration no YN 4224A C.C. If commercial vehicle, state permissible carrying capacity										
		COMPANIES CONTRACTOR		l per	missible carryin							
Of which vehicle are ou the owner?	3 Is driver the owner? Yes No I if no. State Finintionality or State the vehicle number and name of instant of driver's own vehicle (where applicable)											
/	4 Exact purpose for which vehicle was being used at time of accident Private use Commercial use Hire & reward Private Hire											
× A	☐ Others - plea	se specify						7	30			
	5 Is the vehicle still in use? Yes No If no, state where it is at present Tel no.											
ЈВ	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes No											
	If no, state action	n to be taken [Third Party	Reporting Only	☐ Third Par	ty (Own 1	Worksh	op)				
Driver or person in charge of vehicle at	7 Date of birth	Occupation	Date of license pass	Was vel	side driven red's perm	with	Was driver an employee of the insured's company?					
		Indoor	Outdoor:		Yes	No		Yes	No	1		
he time of accident including insured)	8 Give details of an	ly pre-existing in	apairment of sight or hear	ing and of any other di	sability							
	9 Full details of all	driving conviction	ns including pending pros	ocutions in the last 36	months		Tanana a					
	Dete		fence	e				Penalty				
						-						
			1									
Injured persons	10 Name(s), addres approximate age	s(es) and s(s)	Injuries sustained		If vehicle occupants, state in which vehicle wo		sbeing	Was injured conveyed to hospital by ambulance?				
					Yes	. N	0 !	Yes	No	T		
					Yes	N	2 :	Yes	No			
					Yes	N)	Yes	No			
					Yes	. N)	Yes	No			
Damage to property 6 vehicles (other then vehicles A and B)	11 Name(s) and address(es) of Vehicle registration in or details of property			Nature of damage Insurer (if know			er's name and address own)					
										=		
							1					
	12 Was the accident If yes, please so			No								
Ace	13 Was notice of int	andad mount th	and and a	[10.]		-				-		
tion	If yes, against w		on given? Yes	No								
		Posterior			-				erocui-			
	14 Weather conditio	Raining	0	Others								
	15 Road surface	Wet		Dry _	0	thers						
	16 Speed of vehicles	A	km/hr	в	km/h					-		
ridous	200											
Accident details	12 What warnings were given by driver or other party?											
	18 Were street lights illuminated? Yes No											
	19 What lights were displayed an your vehicle/the other vehicle(s)?											
	20 If your vehicle is commercial, state weight of load carried at time of accident											
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)											
	22 State number of									/		
eclaration	I/We declare the fore	going particulars	s are true in every respec	0					/			
	Policyholder's sign	oderen.	THE ANY 11	1					/			
- 1	r uncynologic a sign	THE PERSON	THE PROPERTY AND ADDRESS.	0	D	ite						



AXA INSURANCE PTE LTD ACA INSURANCE PTE LTD

8 Sheriton Way, 824-01

AUX-Tusser, dirigapore 088811

Customer Service Carety #B1-01

Tel:85/63387286 Fax (65/63382522

Website www.axa.com.sg

QST Registration Number: 199803512M

customer.service@axa.com.sg



Commercial Vehicles COMP TAX INVOICE RENEWAL Original

egerason Number: 199903512M er.service@sxx.com.sg	Tes Invoice No : Placing out					
POLICY INFORMATION	Policy No. : VCA/P15472TQ					
Source	: 04155 CHONG KOK YONG					
Insured Address Period of Insurance	LEE SWEE TECK FISH RETAILER 12 FLOWER ROAD SINGAPORE 549402 FIGH 12/09/2017 To 11/09/					
Transaction No.	00004	- 0000				
Billing Currency	: SGD Exchange	Total Payable				
Gross Premium Less	Charges	300				
Discount	SGD	2,256.25				
2,108.65	GST 7.00% 147.60					

Premium Details (SGD)

: 2,100.65 Gross Premium

Gross Premium less Discount | 2,108.65

Note: Discount is only applicable to limited products.

AXA INSURANCE PT

Authorized Sign

For Individual Policyholders : Premium due must be paid in full before the inception date of the risk otherwise no benefits whatsoever shall be payable by the Company. Please refer to the Payment Before Cover Warranty in the Policy for further details.

For all other Policyholders : Premium due must be paid in full within 60 days from the inception date of the risk otherwise this Policy/endorsement is automatically terminated immediately. The Company will be entitled to a pro-rate premium for the period they have been on risk subject to the minimum premium as imposed in the policy. Please refer to the Premium Payment Warranty in the Policy for further details.

DRIVER IC/DL Pg. 1





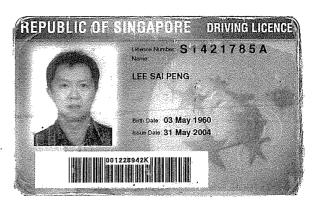
Nam

LEE SAI PENG

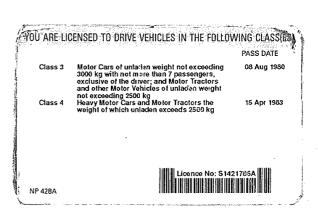


李 先 平
Race
CHINESE
Date of Birth
OCUMITY of Birth
SINGAPORE

5142**178**5A











Accident Photo



Accident Photo



Accident Photo

