

## 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	26/04/2018 17:23
Date Of Accident	25/04/2018 12:00
Exact Location Of Accident	YISHUN AVE 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2626G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YUAN XING LAUNDRETTE
Co Reg No	53222505L
Email Address	YUANXINGLAUNDRETTE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87314238
Alternative Phone No	OFFICE-68992881

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE-2.5 (M)
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA237728/1
Cover Note Number	06/07/2017 - 05/07/2018

### Driver

Name of Driver	YANG JINGSHAN
Passport No/FIN	G2890333U
Date Of Birth	27/03/1982
Occupation	OUTDOOR
Date Of Driving Pass	25/05/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87314238
Fax Number	
Contact Number	OFFICE-68992881
Email Address	NOEMAIL

Address	1 YISHUN ST 23 YS-ONE #06-26
Postcode	768441
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?	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

REFER TO THE 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	SHC631T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LIEW SU YEOW
NRIC/Passport Number	S1614777Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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.

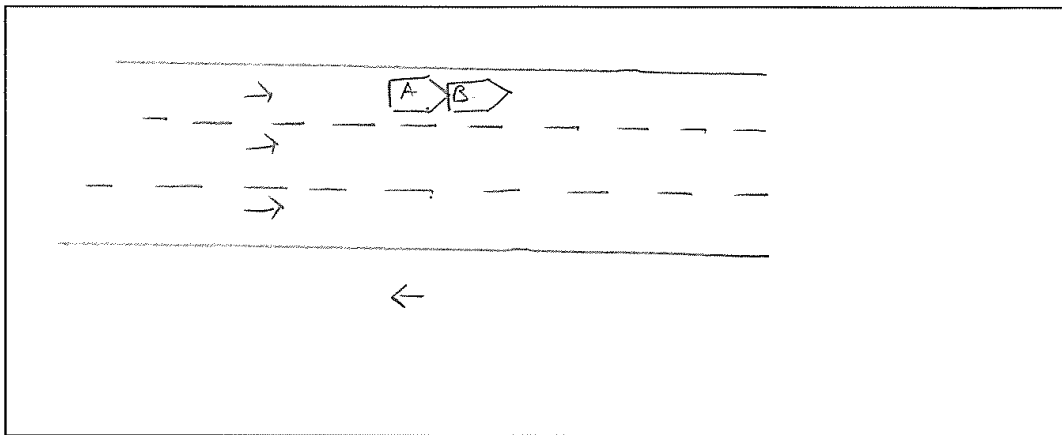
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2

Date of accident: 25/04/18 Time: 12:00pm Location: Yishun Ave 8  
My Vehicle A: GBE2626G Vehicle B: SHC631T Vehicle C: \_\_\_\_\_  
SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

I was travelling along Yishun Ave 8. Vehicle B suddenly jam brake. I could not stop in time and hit onto vehicle's B rear.

Vehicle B: Liew Su Yeow  
S1614777Z

☐ 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 : yuansinglaundrette@gmail.com

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

## 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 &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

6668 • J. Neurosci., September 24, 2008 • 28(39):6661–6668

AN LIM MOTOR COMPANY



redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

date  
 03/07/2017

policy number  
 CV3 / GA237728

## Certificate of Insurance

Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1937 (Malaysia) - Commercial Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	YUAN XING LAUNDRETTE	Certificate number	GA237728 / 1
Cover	Third Party, Fire & Theft	NCD	15%
Engine number	2KD1318479	Chassis number	JTFHS02P500022297
Vehicle Registration number	GBE2626Q		
Period of Insurance	from 06/07/2017 to 05/07/2018 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Finance Loan Company	Nil		

### 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 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.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1937 (Malaysia), are not to be included under these headings.

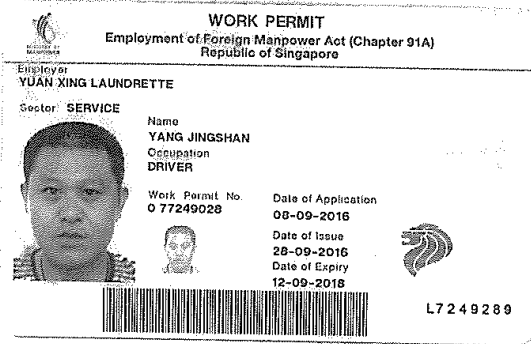
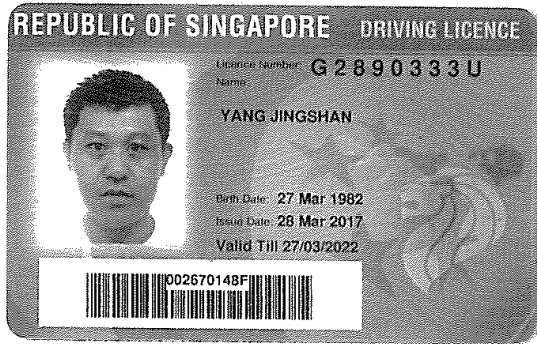
### Excess

An additional excess is applicable as follows:

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

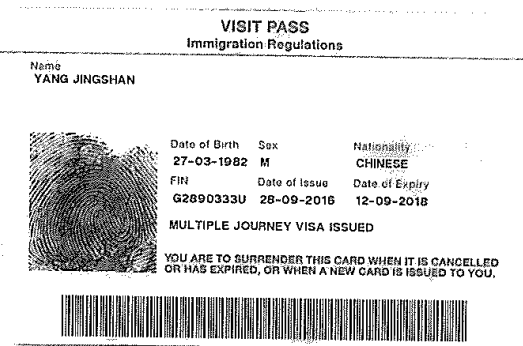
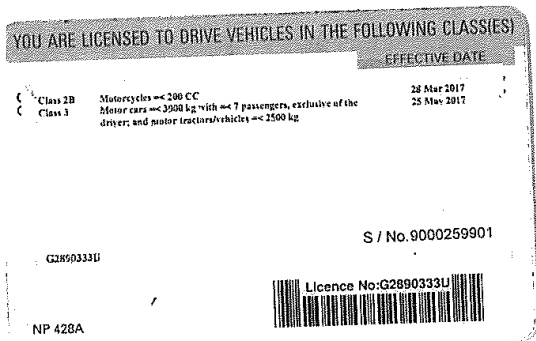
- a) is 18 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

Sketch Plan Pg. 4



1 pax  
no video  
no injury  
clear & dry

87314238 / 6899 2881





## Yuan Xing Laundrette

*Discover The Laundry Different*

1 Yishun Street 23, YS-ONE #06-26, Singapore 768441

yuanxinglaundrette@gmail.com

**Tel: +65 6899 2881, 9383 1105**

Company Reg. No.: 53222505L

25 APRIL 2018

**TO WHOM IT MAY CONCERN**

**AUTHORISATION LETTER**

This is to certify Mr YANG JINGSHAN is employed by our company. His Permit No. G2890333U.

He is the assigned delivery driver for GBE2626G.

Thank you

Yours faithfully  
**JOSEPH NG**  
Manager  
Yuan Xing Laundrette

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

