

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	14/05/2018 14:57
Date Of Accident	13/05/2018 12:30
Exact Location Of Accident	LENTOR AVE TOWARDS YISHUN AVE 2 BEFORE AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC8924S
Insured/Policyholder	
Name Of Registered Owner	G.G. FRESH FLOWER PTE LTD
Co Reg No	198300201H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90000000
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	WORK USE
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	VCA/P1702823
Cover Note Number	

Driver

Name of Driver	KANG FUXING
Work Permit No	G6573562N
Date Of Birth	25/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	01/10/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93909186
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	22 NEW INDUSTRIAL RD #01-15 PRIMAX
Postcode	536208
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	CHAIN 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?	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

Report Please refer to Sketch plan

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	GBF7218M
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKU5084J
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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SLL5834Y

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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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 (a) 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.

G.G. FRESH FLOWER PTE LTD

22 New Industrial Road

#01-15 Primax

Singapore 536208

Tel: 6282 0900 Fax: 6287 8180

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

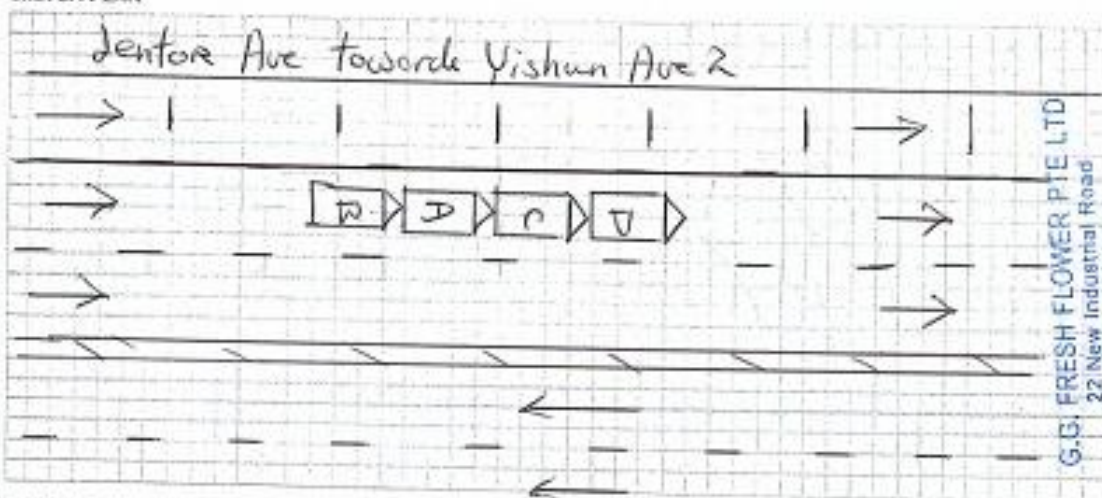
NRIC/FIN No.:

ROH-HIC

91318056

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/05/2018 at about 1230 hrs at along Lentor Ave towards Yishun Ave 1 before Yishun Ave 2, I was travelling on the centre lane and when my front vehicle slow down and stop hence I follow suit and came to a complete stop. Suddenly I heard a loud bang from behind and the great impact forced my vehicle (A) forward to hit onto the Rear Portion of Vehicle (C). When I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my Vehicle (A) causing damages to my vehicle. It was a chain collision of total 4 vehicles involved.

(A) GBC 8924 S
(B) GBF 7218 M
(C) SKU 5084 J
(D) SLH 5834 Y

DECLARATION

I/We declare the foregoing particulars are true in every respect.

G.G. FRESH FLOWER PTE LTD
22 New Industrial Road
#01-15 Primax
Singapore 536208
Tel: 6282 0900 Fax: 6287 8180

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

Reporting Centre Personnel's Signature
Name:
NIC/POL No:

Driving License



Driver GBC 89745



Insurance cert

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA 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



CERTIFICATE OF INSURANCE

*Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) *Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 *Road Transport Act, 1987 (Malaysia) *Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VCA/P1702823	Account No. :	03180
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: G. G. FRESH FLOWER PTE LTD		
Vehicle Registration No.	: GBC89248		
Period of Insurance	: From 24/01/2018 To 23/01/2019 (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 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 Policy does not cover

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

(05)

EXCESS :

Own Damage Excess : SGD 700.00

(Please refer to your policy for Additional Excess)

* Limitations rendered imperative by Section 8 of the Motor Vehicles (Third-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.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - KHCM02 on 03/01/2018

IMPORTANT :

Policyholders are warned 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 obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS NO

: JTFAT35Y30-K202726

U.L.W.

: 1680 KG

M.L.W.

: 3500 KG

PASS.CAP

: 02

TYRE SIZE

: F.195/75R.15

: R.155R.12.8(D)

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #12-00 Singapore 048583
 Tel (SG) 6224 2010 Fax (SG) 6224 0030
 Operating Hours: Monday to Friday, 9:00 - 17:00
 UTR 500100000 / GST Reg. No. U600027725

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MALPI80 62516 Vehicle Registration No: GBC 8924S
 Name (as shown on NRIC): KANH FUXIN NRIC/FIN/Passport No: 965735620
 Vehicle Driver/ Vehicle Owner () Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: _____
 Email Address: _____
 Date of Accident: 13/5/14 Time of Accident: 12:30 hrs
 Place of Accident: at along Lenter Ave towards Yishun Ave 2
 Insurance Company: AXA before Ave 1

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I WISH TO AMEND BELOW MENTION

CHAIN COLLISION 4 CAR INVOLVING

A) GBC 8924S

B) GBT 7318W

C) SLG 5084J

D) SLL 5834Y

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Asmick
 NRIC/FIN No.: 57121804E
 Date: