SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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.

aloresalu.				
	ACCIDENT STATEMENT			
Date Of Report	15/05/2018 16:29			
Date Of Accident	15/05/2018 08:30			
Exact Location Of Accident	ALONG BKE TOWARDS PIE / KJE			
Country/State of Loss	SINGAPORE			
	ETAILS OF OWN VEHICLE			
Vehicle Registration Number	GBB2325R			
Insured/Policyholder				
Name Of Registered Owner	BHS KINETIC PTE LTD			
Co Reg No	198800704M			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-62612665			
Vehicle Particulars				
Manufacturer	OPEL			
Model	COMBO-C-1.3 D DTJ MTA E4 (A)			
Exact Purpose for which vehicle was being used at time of accident	GOODS TRANSPORTATION			
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	P1941914			
Cover Note Number	CN847631			
Driver				
Name of Driver	DUAN DELI			
Passport No/FIN	G2490246W			
Date Of Birth	06/10/1983			
Occupation	OUTDOOR			
Date Of Driving Pass	10/03/2017			
Driving Experience	1 YEAR AND 2 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-93798285			
Fax Number				
Contact Number				

NOEMAIL

10 PANDAN ROAD Address

Postcode 609258

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

3 Number of Passengers (Including Driver)

Passenger 1

NAME: : ZHANG PENG

GENDER: : MALE

Passenger 2 NAME: : KONG TECK FUNG

NO

NO

NO

NO

GENDER: : MALE

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

REFER ATTACHED SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SJJ114Z Vehicle Registration Number

Vehicle Make/Model/Colour TOYOTA / VIOS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver MOHAMED IBRAHIM BIN AHMAD

NRIC/Passport Number S1193084J 91637899 **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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: 5, 15, 2018

15:30

COMFORTDELGRO ENGINEERING PTE LTD EXTERNAL BUSINESS DIV, PANDAN BRANCH

DESIGNATION: DATE

Reporting Centre Personnel's Signature Name: VVONG CHEE WEI NRIC/FIN No. 6 72/ 2094

SKETCH PLAN

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2018.5.15日.早上吗?30分左右.在BKE 写兰到PIE之间的路段级前一辆车牌 SJT 11412的自己中田汽车突然复、到车.倍住3、导致我的6BB2325R汽车来不及到车。碰撞到他的车尾部、交整路过看到事故.发生、在确定没有人质变伤的情况下、把车协调到路边、则我们自己和人下解决、

DECLARATION

I/Wedgeclare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: Driver's Signature
(If driver is not the policyholder)
Date & Time: 5 15, 20 7

Reporting Centre Personnel's Signature Name: VONG CHEE VVE!
NRIC/FIN No.: 777/80991.

COMFORTDELGRO ENGINEERING PTE LTD EXTERNAL BUSHNESS DIV, PANDAN BRANCH

11-.20

AXA INSURANCE PTE LTD

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axa.com.sg GST Registration Number: 199903512M



Original

Agent Code: 04437

Policy No. (if any): P1941914

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. CN847631

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992:
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	B H S KINETIC PTE LTD
INSURED BUSINESS REGISTRATION NO.	198800704M
MAKE AND DESCRIPTION OF VEHICLE	OPEL ADAM 1.4 COMBO VAN
VEHICLE REGISTRATION NO.	GBB2325R
YEAR OF MANUFACTURE	2007
ENGINE NO.	Z13DTJ2075791
CHASSIS NO.	W0L0XCF2574411166
ENGINE CAPACITY/TONNAGE	0.51 TONS
COVER TYPE	THIRD PARTY, FIRE AND THEFT
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 26/09/2017 TO: 25/09/2019
EXCESS (S\$)	N/A
AXA PREMIUM WORKSHOP?	NO

IWE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE I TO

Issued by

ALLINK INSURANCE AGENCY

on

15/05/2018 2:16pm

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

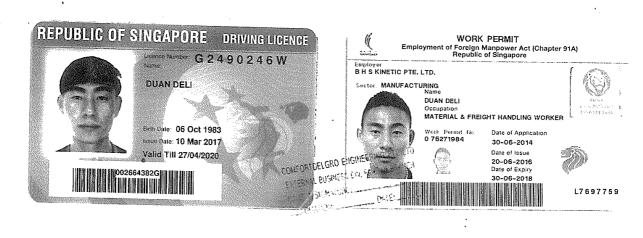
- · Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST). if the policy is cancelled after the inception date.
- · An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - o Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA
 PREMIUM WARRANTY

For Individual Customers:
Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
For Non-Individual Customers:
Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception. MTR/C/NOTE/V01/03

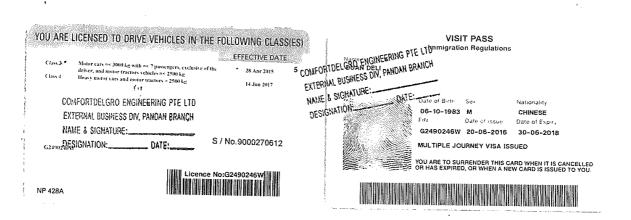
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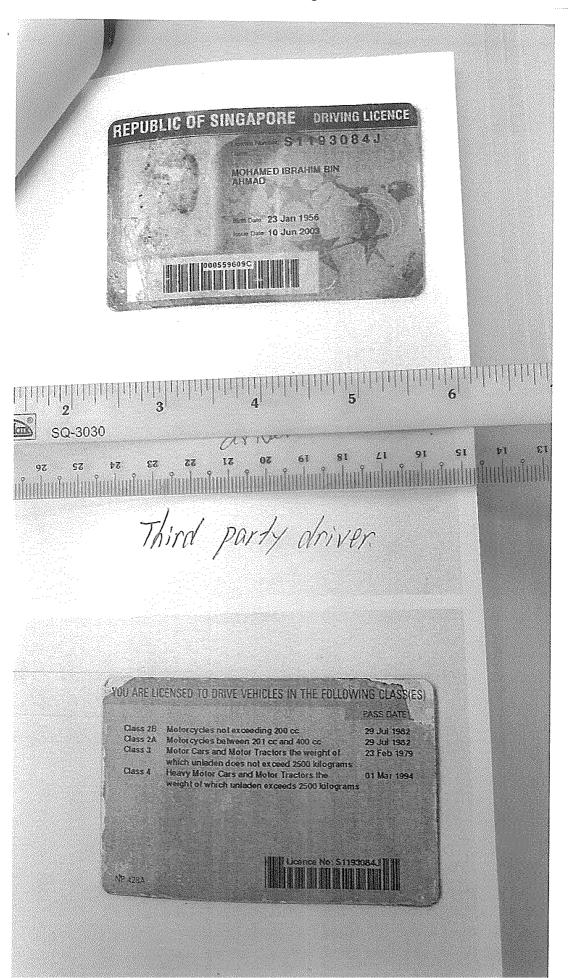
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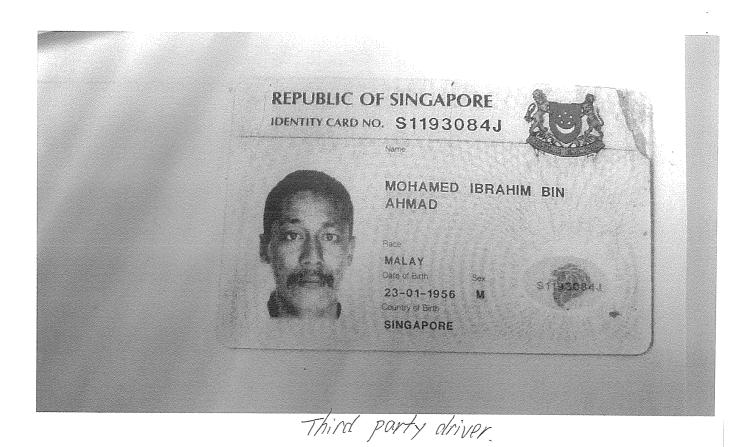


CUMI UNTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DW. FANDAH BRANCH
NAME & SIGNATURE:
DATE:





Sketch Plan Pg. 6



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Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580 Tel (65) 6224 0010 Fax (65) 6224 0030 Operating Hours: Monday to Friday, 09:00 – 17:00 UEN: S66SS0020G / GST Reg. No.: M400017735

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

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : _MCD 7180 63 404 _Vehicle Registration No: __GBB 2325 R Name(as shown in NRIC): NRIC/FIN/Passport No: (*Vehicle Driver / Wehicle Owner) (*) Please delete as appropriate Address Singapore(609258) Contact (Tel) Mobile No.: **Email Address** 2018 _Time of Accident: 8.30 aw Date of Accident BKE Towards Place of Accident $A \times A$ Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: COSPONIELEND BICKISCHE PTE LID

Policyholder / Driver's Signature Date:

Reporting Centre Personnel's Signature

Name: WONG CHEE WEI
NRIC/FINNO, 77/8099/

ELLARITATION DISTRICTOR DESCRIPTION