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 con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	25/05/2018 14:11
Date Of Accident	23/05/2018 14:00
Exact Location Of Accident	ALONG UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	XD2492U
Insured/Policyholder	
Name Of Registered Owner	JI RONG SHUN PTE LTD
Co Reg No	200714720N
Email Address	JIRONGSHUN@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68639838
Vehicle Particulars	
Manufacturer	SCANIA
Model	P380CA6X4MNZ 12L MT TURBO
Exact Purpose for which vehicle was being used at time of accident	t .
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No. Please state action to be taken	REPORTING ONLY

If No. Please state action to be taken REPORTING ONLY COMMERCIAL VEHICLE Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

COMPREHENSIVE Type Of Coverage

Fleet Policy YES

VCA/P1161844 Policy Number

Cover Note Number

Driver

Name of Driver **REN JUN** Passport No/FIN F5572469P Date Of Birth 26/11/1971 Occupation **OUTDOOR Date Of Driving Pass** 10/08/2011

Driving Experience 6 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90268708

Fax Number

Contact Number

EMail Address NOEMAIL

NIL Address

Postcode

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

General Information of the Accident

Type Of Accident SIDE SWIPE 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 NO

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? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER ATTACHED STATEMENT

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

Vehicle Registration Number SG5906S

Vehicle Make/Model/Colour

Details Of Properties

BUS Vehicle Category

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 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/faw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s)
 - 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 invoive 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")
- 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.

Polkyholder'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 #2

Sme Ave		
	CA WAR	
	B	(R) x024924 84 trailer
		(R) X024924 84 trailer TR 49580
	Upper Changi Rud	(B) SG 59065

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	On .	3 5 18	around	14:00hu	I I W	es travel	ling alo	ng Uppe	v Cha	ngi Road
with	40ft lo	w bed .	Wale	I wa	s turnino	1884 }	0 Simei	Ave.	The	rear rig
(Orne)	of the	silo that	I comed	Was ac	adentally	grazed	2204310	a lous	rear	[84]
346	body -									
No	injung · 7	hat is a	1.							

DECLARATION

I/We declare the fore CONG Triculars are true in every respect.

Folicyfibider's Signatur Date & Time:

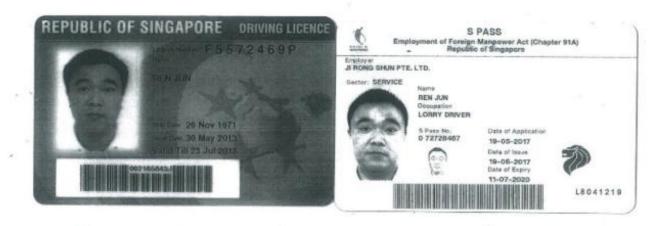
Driver's Signature

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

driver's S Pass & Driving License





Insurance Policy

24. May. 2018 11:14

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #81-01
Tel:(65)63387288 Fax:(65)63382522
Wabsite:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



65378

No. 4071 P. 1/1

pd

Commercial Vehicles COMP POLICY SCHEDULE RENEWAL

POLICY INFORMATION	Policy No. : VCA/P1161844
Source	: 04437 ALLINK INSURANCE AGENCY
Insured	: JI RONG SHUN PRIVATE LIMITED
Address	; P.O. BOX 568
	BEDOK CENTRAL POST OFFICE
	SINGAPORE 914606
Business/Profession	: -
	Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.
Period of Insurance	:From 08/04/2018 To 07/04/2019 (Both Dates Inclusive
Any subsequent period agree to accept a rene	f for which the Insured shall pay and the Company shall awal premium.
PREMIUM	
Premium After 20.00% N	NCD: SGD 2,889.74
GST 7.00%	: SGD 202.28
Annual Premium	: SGD 3,092.02
Total Payable	: SGD 3,092.02
RISK DETAILS THE MOTO	R VEHICLE
Type of Cover	: Comprehensive
Regn. No.	: XD24920
Type Of Use	: Commercial Vehicle
Make/Model	: SCANIA P380CA6X4MNZ 12L MT TURBO
	: 2008
Year of Manufacture	
Seating Cap. (Excl.)	Carrying
Year of Manufacture Seating Cap. (Excl.) Driver	Cap. (Tone) : 90.00
Seating Cap. (Excl.) Driver Body Type	: Cap. (Tone) : 90.00
Seating Cap. (Excl.) Driver Body Type Engine Nc.	: 1
Seating Cap. (Excl.) Driver Body Type Engine Nc. Chassis No.	Cap. (Tone) : 90.00 : PRIME MOVER : 6368009 : YS2P6X40002034806
Seating Cap. (Excl.) Driver Body Type Engine Nc. Chassis No. Insured's Estimated	Cap. (Tone) : 90.00 : PRIME MOVER : 6368009 : YS2P6X40002034806 : Market Value At The Time Of Loss
Seating Cap. (Excl.) Driver	Cap. (Tone) : 90.00 : PRIME MOVER : 6368009 : YS2P6X40002034806

Excess Applicable

Sect I - Any Authorised Driver

: EGD 1,500.00

Windscreen Excess

: SGD 300.00

Continuation page 1













