#### 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.				
	ACCIDENT STATEMENT			
Date Of Report	05/07/2018 17:55			
Date Of Accident	05/07/2018 08:30			
Exact Location Of Accident	HARRISON ROAD			
Country/State of Loss	SINGAPORE			
DETAILS OF OWN VEHICLE				
Vehicle Registration Number	GZ3141L			
Insured/Policyholder				
Name Of Registered Owner	W.L (WEI LEE) PTE LTD			
Co Reg No	201525169H			
Email Address	NOEMAIL			
Mobile Phone No				
Alternative Phone No	OFFICE-91990308			
Vehicle Particulars				
Manufacturer	RENAULT			
Model	KANGOO			
Exact Purpose for which vehicle was being used at time of accident				
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	THIRD PARTY FIRE AND/OR THEFT			
Fleet Policy	NO			
Policy Number	GA261453			
Cover Note Number				

#### **Driver**

Name of Driver

NRIC No

G8560641M

Date Of Birth

14/09/1984

Occupation

INDOOR

Date Of Driving Pass

18/09/2017

Driving Experience 0 YEAR AND 9 MONTH

Gender MALE

Mobile Number (LOCAL) +65-82062232

Fax Number

Contact Number

EMail Address NOEMAIL

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

-

#### **General Information of the Accident**

Type Of Accident SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

#### **Other Information**

ambulance?

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 YES

Was any other material or property damaged?

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

NO

Number of Passengers (Including Driver)

1

NO

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

I AM TRAVELLING STRAIGHT ON THE RIGHT LANE AND VEHICLE B IS TRAVELLING BEHIND ME. UPON REACHING THE JUNCTION, I ON MY RIGHT SIGNAL AND WAS TURNING RIGHT SLOWLY WHEN SUDDENLY, VEHICLE B FROM MY REAR OVERTAKE MY VEHICLE FROM THE RIGHT AND HIT ONTO MY VEHICLE'S RH PORTION.

## 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 SLV3022J

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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 Pg. 1

#### 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.
- 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.
- S. 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:

- 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)
  - (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
- (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.

ROC No. 201525169 Policyholder's Sign

Date & Time

Oriver's Signature (If driver is not the policyholder)

Weileesq @ gmail. com

Reporting Centre Personnel's Signature

NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

:		
e e e e e e e e e e e e e e e e e e e		
The state of the s		
·*		
->		
A.A.,		
	1677	
DECCDIOE CIDCHAACTA	NCES OF THE ACCIDENT	supplementation of the control of th
DESCRIBE CIRCUIVISTA		
I am t	ravely straight on the	vight lane and vehicle
	verify behind me , Up	on veriching the junction, I on
D () ()2	very termer me , of	or reaching the junction, I on right slowly when suddely lee my vehil from the RH portion.
my vight	signal and was turning	right slowly when sudderly
Vehich B	from my rear Overta	to my vehill from the
Venio (	1 1 4	Put Portion
Vight and	by into my vehilis	- PI
		ε.
		•
IECI A DATION		
We declar & Leo	particulars are true in every respect.	
1 7 80CM \TI	particulars are true in every respect.	
(-1 (201525169H) (7)	$A/\lambda$	
- F		
olicyholder's signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name: .

Date & Time:

GITAGUM WOLFERMENIN VE

NRIC/FIN No.:

Page 4 of 18

## Sketch Plan #3 Pg. 1

# LETTER OF UNDERTAKING

I/We, W. L (WEILEE) GTE. LO	, the owner of vehicl	e no
My/Our Insurance is under M/s AXA In to claim under my/our Policy or against claim to M/s AXA Insurance Singapore 14(fourteen) days of occurrence or	the Third Party and if the f Pte Ltd with all relevant fac	ormer shall submit such a
My/Our Third Party claim is handle by my	//our preferred workshop,	V:
	•••	
Signed and Acknowledge by:	ROC No. 201525169H)	05/07 (2018
Nric no. and signature of policyholder	Company Stamp	Date

PWPOL363e - Notification Letter - Issue (Reporting)





Card Registration Cempleted Please show your employer this latter. We will deliver your cord to the authorised racipionits) 4 to 5 warking days later. They will get the delivery details via SMS the day before.

\*\*Dom: MIN 17



LOW CHIN FOO CITY DESIGN AND CONTRACT PTE LTD 42 MACTAGGART ROAD #02-02 MACTAGGART BUILDING SINCAPORE 388086



For Immigration Use (To clear by FIN) G8550541M

p3 Jul 2018

# You need to make an appointment for Card Registration

Dear LOW CHIN FOO

We have received a request to issue your work permit on 03 Jul 2018. Now you need to come to the MOM Services Centre – Hall C by 10 Jul 2018 for card registration.

Please go to https://services.mom.gov.sg/appointment to make an appointment for Work Pass Card Registration. At registration, we will check your documents (listed on page 2), register your fingerprints and take your photograph. We can only deliver your work permit card to the authorised recipient(s) 4 working days after you have successfully registered. An SMS / email with the delivery details will be sent to your authorised recipient(s) at least 1 working day before the delivery.

This Notification Letter allows you to work and stay in Singapore until you get your card. It is valid from 03 Jul 2018 till 02 Aug 2018.

Yours sincerely

() Mdm Chow Choon Yen for Controller of Work Passes YOUS NAME LOW CHIN FOO

G8560641M WORK PERMIT NO. 4 06253937

DATE OF APPLICATION D4 Jun 2018

DATE OF ISSUE 03 JUL 2018

work PERMIT EXPIRY DATE 18 Sep 2019

DATE OF BIRTH

14 Sep 1984

EX.

MALE

NATIONALITY MALAYSIAN

TRAVEL DOCUMENT NO.

A33719274 / TRAVEL DOCUMENT EXERY DATE

18 Oct 2019

YOUR EMPLOYERS NAME CITY DESIGN AND CONTRACT PTE LTD

SECTOR
CONSTRUCTION

COCUPATION PLUMBER & PIPE FITTER

#### A IMPORTANT

 If you fall to report to the MOM Services Centre – Hall C for card registration, your work permit may be cancelled.

 You must keep this Notification Letter with you until you get your card. If you need to leave / enter Singapore, you will have to show this letter at the immigration Checkpoints.

Ministry of Manpower Work Pass Division
Webhipshww.mon.gov.eg Coroccide http://www.mon.gov.eg/collect

Page 1 of 3

## **Driving License**



JPULG

3. STREET, Transport Control of the Assert Control of the A

#### **INSURANCE**



AXA Insurance Pto 1td 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (65) 6880 4740 ⊠ pustomet.care@axa.com.sg www.пха.сот.ьа

New business

date 28/08/2017

policy number CV3 / GA261453

your servicing distributor JP INSURANCE AGENCY PTE LTD / 04435

your servicing distributor contact 67655609

WUWTHEE, ME. U.D. 14 PAVILION GROVE SINGAPORE 858606

**Policy Schedule** 

Your SmartDrive Commercial Third Party, Fire & Theft.

### Your policy snapshot

Policyholder name

Cover

Period of Insurance Business/Profession

W.L(WEI LEE.) PTE. LTD. Third Party, Fire & Thoft Policy number ACRA code/UEN no.

CV3/GA261453 201525169H

from 28/08/2017 to 09/09/2018 (both dates inclusive) PLUMBING, HEATING (NON-ELECT) & AIR-CON

In the business or profession as declared and no other for the purpose of this insurance

## Premium broakdown

Gross Fremium after 0% NCD

SGD 7% GST SGD

SGD

Final Premium

.1.068,00 74.78

1,142.76

## Your benefits highlights

(refer to Polley Iversing for full terms and conditions)

## SmartDrive Commercial Third Party, Fire & Thaff Benefits

- 24/7 Turking
- Loss of Damage due to Fire and Theft,
- Legal Liability \*

### Vehicle details

Make & Model of vohicle Vehicle registration number

Body type-Tonnage

RENAULT KNG 1.6 6DR

GZ3141L

VAN 0.8

Year of manufacture

Engine number Chassis number

K9KA704DA91983 VF1F007AF34801789

Estimated Market Value Limitation to use

Geographical area Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance Refer to Policy Wordings LIAN HONG PTE LTD

An anditional excess is applicable as follows: Additional Air Craims excess of \$2,000,00 is poplicable for any named/unnamed drivers when n) is 18 years old to 21 years old and/or t) is 71 years old and above and/or c) with driving experience of less than 1 year on the relevant classes of driving fluense.

AXA Insurance Pta Ltd (199903512M) 8 Shanton Way, #24-01, AXA Tower. Bingapore 068840 Customer Centre, #81-01.

1012



















