

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	10/09/2018 17:06
Date Of Accident	20/07/2018 00:00
Exact Location Of Accident	SENGKANG EAST ROAD TOWARDS PUNGGOL BEFORE TPE(SLE)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7302L
Insured/Policyholder	
Name Of Registered Owner	SFX TRANSPORT SERVICES
Co Reg No	52963394M
Email Address	JACOB@SFXTRANSPORT.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62820262

Vehicle Particulars

Manufacturer	JOYLONG
Model	HKL6540-2.0 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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	CN858098
Cover Note Number	

Driver

Name of Driver	LEOW KOK BENG
NRIC No	S1548701A
Date Of Birth	16/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	22/01/1985
Driving Experience	33 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98960866
Fax Number	
Contact Number	
Email Address	JACOB@SFXTRANSPORT.COM.SG

Address	BLK 180B RIVERVALE CRESCENT #04-349 SINGAPORE 542180
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	NO 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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	YES
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	E/20180720/2094
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT AND STATEMENT.

Attachment(s)

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

Sketch Plan

Jacob@sfxtransport.com.sg

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 20/7/2018
Time -

Location of Accident Along Sengkang East Rd Towards Punggol Before TPE (SLE)

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number CB 7302 L
Name of Policyholder SFX Transport Services
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) 5296339461
Address 31 SIN MING DR #01-299
Contact Number Tel 6282 02862 Hp -
Occupation -

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model Soylong
Type of Vehicle Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others -
Exact Purpose for which vehicle was being used at the time of accident School Bus / Work Use
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks Reporting Only
Vehicle category ☐ Private ☒ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company Axa Insurance
Type of Policy ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy ☐ Yes ☒ No
Policy Number CN858098

DRIVER

Name of Driver Leow Kok Beng
NRIC/ FIN/ Passport S1548701A
Date of Birth 16/1/1962
Occupation Outdoor
Driving Pass Date 22/11/1985
Gender ☒ Male ☐ Female
Contact Number Tel - Hp 98960866
Address -
Email Address -
Was driver an employee of the Insured's Company? ☒ Yes ☐ No
If No, relationship of Driver with the Insured -
Vehicle Number of Driver's Own Vehicle (if applicable) -
Insurance of Driver's Own Vehicle (if applicable) -

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc) No Collision
Weather Conditions ☒ Clear ☐ Raining ☐ Others
Road Surface ☐ Wet ☒ Dry ☐ Others
Damage Area No Collision

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☐ No ☒ Yes
If Yes, please state which police station & Report No. E/20180720/2094
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom? -

Sketch Plan #2

OWN VEHICLE REGISTRATION NUMBER

CB7302L

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLK6855K

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect

Signature of [Name]
(Company Chop Mark)



Date & Time

10/09/2018 @ 14:30 HRS

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

Sketch Plan #3

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:

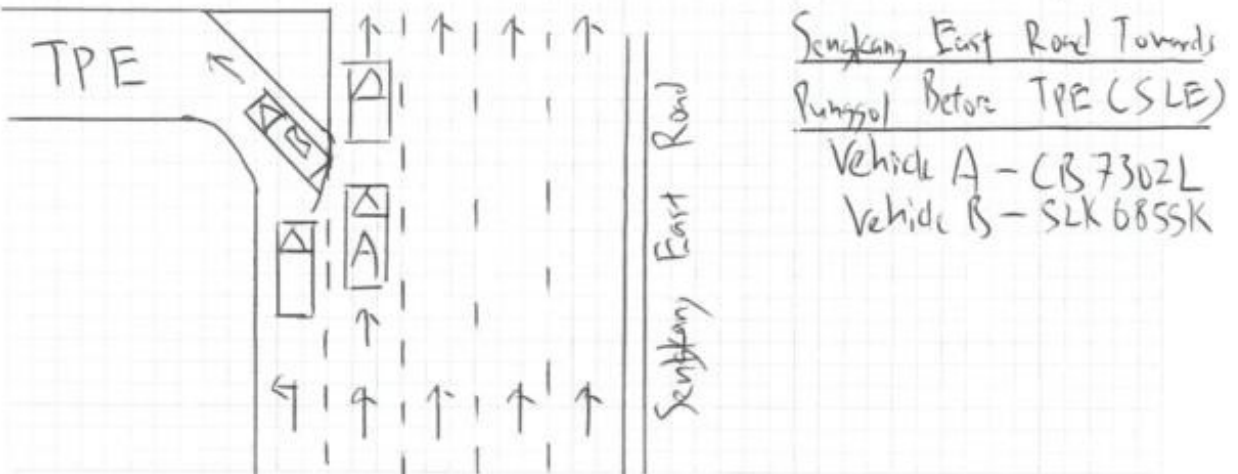
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name: Ngai Kar Kit
NRIC/FIN No.: G27453312

10/09/2018 @ 14:30 HRS

Sketch Plan #4

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Sengkang East Road towards Punggol on the 4th lane of 5-lanes road. The vehicle B was in front of me which suddenly swerve to the left and cutting towards TPE which caused the vehicle on my left which honked against him. Seeing that he had moved completely to the next lane, I proceeded forward and stop at the red light junction in front. I wish to state that there was no collision involve. I made a police report on 20/07/18 regarding this matter. Kindly refer to the police report. (E/20180720/2094).

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 & Time:

Reporting Centre Personnel's Signature
Name: Ngai Kar Kit
NRIC/FIN No.: G2743331L

10/09/2018 @ 14:30 HRS

Sketch Plan #5



Auto
Consultants
Pte Ltd

E120180720/2094

SSGT Wong Sien Lui

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

31 August 2018

1st Reminder

SFX TRANSPORT SERVICES

31 SIN MING DRIVE
#01-299 SIN MING INDUSTRIAL ESTATE
SINGAPORE 575703

Dear Madam,

Your Ref: CB 7302L

Our Ref: CC4/ASM18013331/Dhb3 / S8M00PFA

**ACCIDENT INVOLVING CB 7302L & SLK 6855K ALONG SENGKANG EAST ROAD TO TPE (SLE)
ON 20/07/2018**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA Insurance Singapore Pte Ltd to deal with the third party claim against your motor policy.

We refer to our letter of 23 July 2018 requesting for your reporting of the above accident.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 07 days, i.e by 10 September 2018**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

We are under strict obligations to inform the **Traffic Police** of the non-reporting if we do not hear from you. The Traffic Police may thereafter contact you and or the driver to attend at their office to make a statement or they may commence investigations into the matter.

We hope this would not be necessary and it would only further inconvenience you as well as the driver. We look forward to hearing from you soon.

Moreover, the owner of **SLK 6855K** has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by **10 September 2018**, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

Yours faithfully

Vic Alpeh

Tel : 6841 2096

Email : vicalpeh@lkkauto.com

This is a computer generated letter and no signature is required.

c.c. AXA Insurance Pte Ltd
(Motor Claims Dept)

Driving License

5699019



Identity Card No. S1548701A

Card No.

08-02-2017

APT BLK 1903 RIVERVALE CRESCENT A04-349

SINGAPORE 642100

NRIC No. S1548701A

Date: 30/06/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES)

CLASS DATE

22 May 1996

Class 3 Motor Cars and Motor Tractors the weight of which includes does not exceed 2000 kilograms



License No. S1548701A

NP 428A

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sui Ming Drive, Singapore 575701.

Type	Description	Issue Date
03	BUS VI	08/04/1996
02	TAXI VI	12/10/1999
04	BUS ATTENDANT	08/04/1996



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1548701A



Name: LEOU KOK BENG

Race: 廖國明

Ethnic: CHINESE

Date of Birth: 18-05-1962

Country/Place of Birth: SINGAPORE

Sex: M

Card No.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Card No. S1548701A

Name

LEOU KOK BENG

Valid Date: 16 Jan 1962

Issue Date: 29 Jan 2003

000156171H



Land Transport Authority

VOCATIONAL LICENCE

License No: S1548701A

Name: LEOU KOK BENG

Issue Date: 12/1/2012

Please visit www.lta.gov.sg to check the status of this vocational licence



Insurance Cover Note

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: 199603512M



Original

Agent Code: **03165**

Policy No. (if any):

Extension for RT (for Fleet)

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN858098**

- 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 1975; or
- 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	SFX TRANSPORT SERVICES
INSURED BUSINESS REGISTRATION NO.	52963394M
MAKE AND DESCRIPTION OF VEHICLE	JOYLONG HKL6540RC 2.0 M
VEHICLE REGISTRATION NO.	CB7302L
YEAR OF MANUFACTURE	2013
ENGINE NO.	GW4D20B130486560
CHASSIS NO.	LJKA2BG5DD850045
ENGINE CAPACITY/TONNAGE	1.03
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	UNITED OVERSEAS BANK LIMITED
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 08/11/2017 TO: 07/11/2019
EXCESS (\$)	AS AGREED
AXA PREMIUM WORKSHOP?	NO

I/WE 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).



Issued by **TAN INSURANCE BROKERS PTE LTD**

on 08/11/2017 3:29pm

AXA INSURANCE PTE LTD

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:
 - 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/CNOTE/V01/03