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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	03/09/2018 10:16
Date Of Accident	01/09/2018 12:20
Exact Location Of Accident	KPE TWDS MCE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM9347B
Insured/Policyholder	
Name Of Registered Owner	JEAQ DEAN TRADING PTE LTD
Co Reg No	200501343Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62666975
Vehicle Particulars	
Manufacturer	ISUZU
Model	FTR34P-7.8 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1441483
Cover Note Number	
Driver	

 Name of Driver
 CHONG FOOK FUI

 NRIC No
 \$1598208Z

 Date Of Birth
 04/12/1963

 Occupation
 OUTDOOR

 Date Of Driving Pass
 07/09/1992

Driving Experience 25 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98166920

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 225 CHOA CHU KANG CENTRAL #09-209

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 Registration Number of Driver's Own

_

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

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 1

Number of Passengers (Including Driver)

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

ON 01/09/2018 @ ABT 1220HRS. I WAS DRIVING MY COMPANY LORRY ALONG KPE TWDS MCE ON THE 4TH LANE. IT WAS HEAVY TRAFFIC JAMMED ALONG KPE. UPON APPROACHING THE MERGING LANE, SUDDENLY THE TAXI'S DRIVER CAME DOWN & TOOK PHOTO OF MY LORRY. I DID NOT KNOW WHY THE SAID DRIVER TOOK PHOTO OF MY LORRY AS I DID NOT FEEL ANY IMPACT. I CAME DOWN FROM MY LORRY & CHECK ONTO BOTH VEHICLE AND IT LOOKS NOTHING FOR BOTH VEHICLE. I THEN WENT BACK TO MY LORRY & WANT TO TAKE MY PHONE TO TAKE PHOTO & EXCHANGE PARTICULAR WITH THE DRIVER. HOWEVER, THE SAID TAXI'S DRIVER DROVE OFF THE VEHICLE. HENCE, I DID NOT HAVE CHANCE TO GET THE DRIVER'S PARTICULAR. AFTER I ARRIVED MY DESTINATION, I CHECKED MY LORRY AGAIN & FOUND THAT THERE ARE SOME PAINT ON MY LEFT SIDE STEP GARNISH. I'M LODGING THIS REPORT FOR RECORD PURPOSE ONLY. THAT'S ALL.

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 SHC3317B

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

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

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- 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:

Omice

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I AM AWARED THAT MY IN SURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

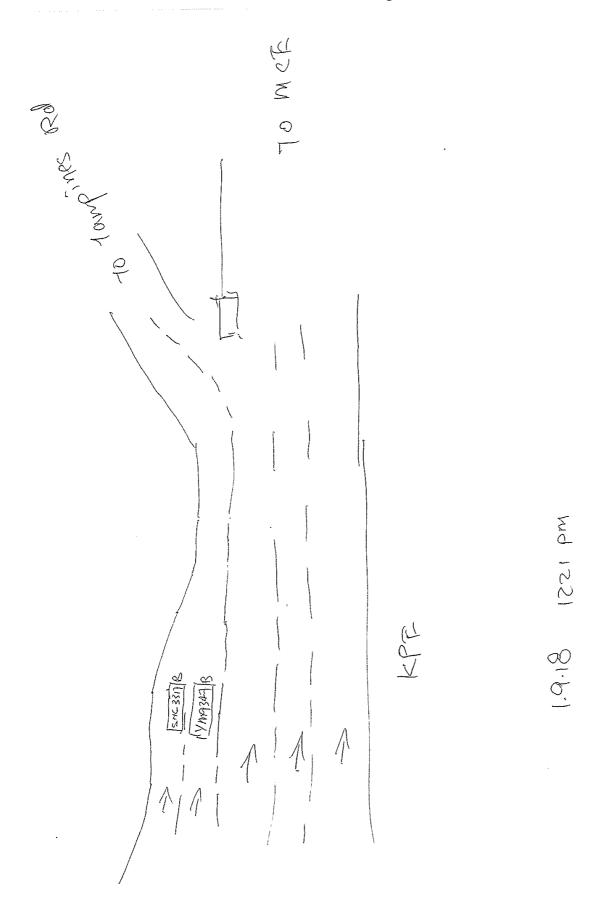
SIZITORE SKETCHPFARFORM 9/3

Sketch Plan Pg. 2

SKETCH PLAN		and the second s
AND		
	Refer to attachment	
ESCRIBE CIRCUMSTANCES C	OF THE ACCIDENT	
orloglosois @ al	of 120 Mrs.	
Refer to circumst	rances of accident.	
•••		
		☐ Claim own policy
		☐ Claim third party
		☐ Claim OD / TP at other works hop
ACCLADATION		Policy No. P1441483
PECLARATION 'We declare the foregoing particu	dars are true in every respect	Insurer AXA (c) Veh.No. YM 9347
we declare the foregoing particu	nais are true in every respect.	
The state of the s	S	\bigcirc
	GK	faring
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Shakhill, ShanaPendamijed

Page 5 of 15



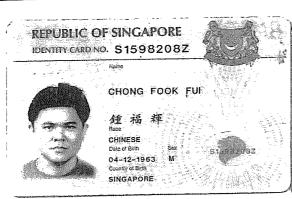
AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg

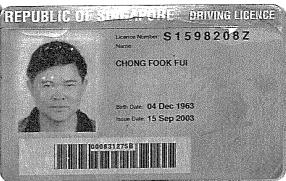


Commercial Vehicles COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION	Policy No. : VCA/P1441483	
Source	: 00083 LOY SHEW WEI	
_	: JEAQ DEAN TRADING PTE.LTD.	
Insured	: 27A JURONG PORT ROAD	
Address	#01-48	
	SINGAPORE 619101	
Business/Profession	: AS PER MEMO	
	Carrying on or engaged in the business or profession last declared a other for the purpose of this insurance.	na no
Period of Insurance	: From 03/11/2017 To 02/11/2018 (Both Dates Incl	lusive)
Any subsequent period	for which the Insured shall pay and the Company	shall
agree to accept a ren	ewal premium.	
PREMIUM		
Premium After 15.00% 1	ICD: SGD 2,643.66	
GST 7.00%	: SGD 185.06	
Annual Premium	: SGD 2,828.72	
Total Payable	: SGD 2,828.72	
RISK DETAILS THE MOTO	R VERICUE	
Type of Cover	: Comprehensive	
Regn. No.	: YM9347B	
Type Of Use	: Commercial Vehicle	
Make/Model	: ISUZU FTR34P	
Year of Manufacture	: 2008 ·	
Seating Cap. (Excl.)	Carrying : 6.90	
Driver	. Lap. (Tons)	
Body Type	: GARBAGE TRUCK	
Engine No.	: 6HK1466505	
Chassis No.	: JALFTR34P87000037	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
	: As specified in Certificate of Insurance	
Limitations as to Use	. III bpoolation in continue to the second	
Hire Purchase	: HUI HUA CREDIT PTE LTD	
<u>Excess Applicable</u>		

Continuation page 1







14-10-1994

APT BLK 225 CHOA CHU KANG CENTRAL #09-209 SINGAPORE 2368

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

PASS DATE 26 Apr 1983 07 Nov 1981

Motorcycles not exceeding 200 cc
Motor Cars and Motor Tractors the weight of
which unladen does not exceed 2500 kilograms
Heavy Motor Cars and Motor Tractors the
weight of which unladen exceeds 2500 kilograms
Motor Vehicles which are not constructed
themselves to carry any load and the weight
of which unladen exceeds 7250 kilograms Class 4

07 Sep 1992

Class 5

NP 428A











