

## 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 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	19/12/2017 12:22
Date Of Accident	19/12/2017 07:00
Exact Location Of Accident	ALONG MCE TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN7705J
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#### Insured/Policyholder

Name Of Registered Owner	BEE'S TRANSPORT & SERVICES PTE LTD
Co Reg No	200004567H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97867756

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FIGHTER-7.5 D FK62 SERIES (FK62FMZ1RDEB) (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	VCA/P1606241
Cover Note Number	

#### Driver

Name of Driver	CHANG LIT JENG
Passport No/FIN	G7552898T
Date Of Birth	01/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90593733
Fax Number	
Contact Number	
EEmail 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 COLLISION - CHANGE/CROSS LANE  
 Weather Conditions CLEAR  
 Road Surface DRY

### Other Information

Was any foreign vehicle involved in this accident? NO  
 Was any body injured in the Accident? NO  
 Was any other material or property damaged? YES  
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO  
 Number of Passengers (Including Driver) 2

### 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

ON THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING MY VEHICLE 'A' (YN7705J) ALONG MCE TOWARDS AYE ON THE LEFT MOST LANE. AFTER CHECKED MY BLIND SPOT AND CONFIRMED THE RIGHT LANE WAS CLEAR, I THEN SLOWLY SWERVE MY VEHICLE INTO THE LANE ON MY RIGHT. SUDDENLY, THERE WAS A VEHICLE 'B' (SLC9071C) SWERVED HIS VEHICLE FROM THE THIRD LANE INTO MY LANE. I HAVE NO TIME TO REACT AND 'B' HIT ONTO MY VEHICLE REAR STEP PANEL. NO ONE WAS INJURED.

### 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 SLC9071C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Name of Driver NG SU CHAN (HUANG SHIZHANG)  
 NRIC/Passport Number S8038315J  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver) 2

### Details of Witness

Name  
 Phone Number  
 Email Address

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

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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:

 19/12/17 12.20 p.m

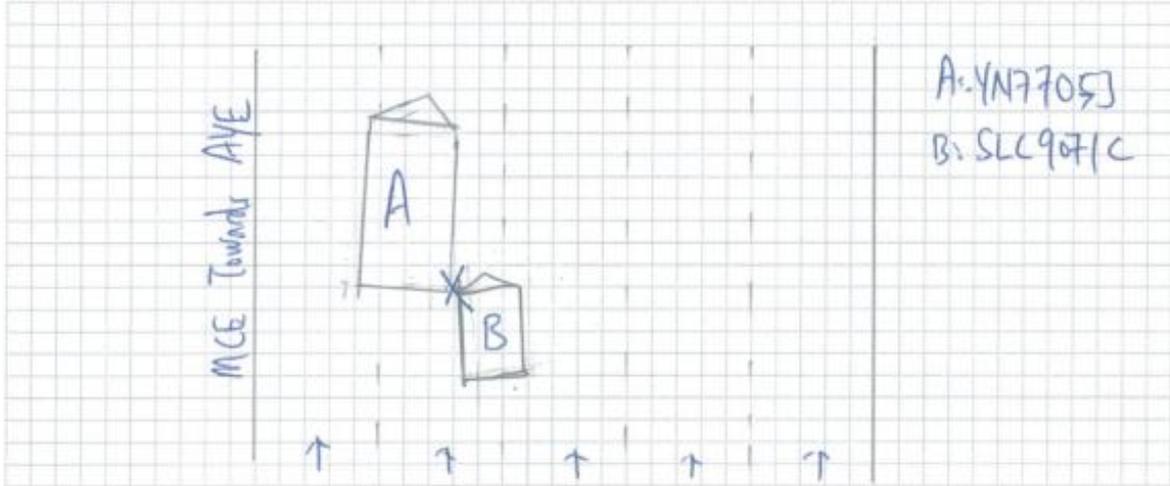
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
William Lim  
Motor Claims Officer  
Tel : 634 0637  
Fax : 634 0425  
williamlim@goldbell.com

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

*[Signature]* 19/12/17 12.20 p.m

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

*[Signature]*  
William Go  
Motor Claims Officer  
Cell: 8564 0637  
Fax: 853 0425  
william.go@goldbell.com

Reporting Centre Personnel's Signature  
Name:  
NIC/FIN No.:

Sketch Plan #3 Pg. 1

19-12-17;12:09 ;

;65464339

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AXA INSURANCE PTE LTD  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 088811  
 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

<b>POLICY INFORMATION</b>		Policy No. : VCA/P1606241	
Source	:	04437 ALLINK INSURANCE AGENCY	
Insured	:	BEE'S TRANSPORT & SERVICES PTE LTD	
Address	:	BEDOK CENTRAL POST OFFICE PO BOX 441 SINGAPORE 614602	
Business/Profession	:	TRANSPORT <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>	
Period of Insurance	:	From 26/03/2017 To 25/03/2018 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
<b>PREMIUM</b>			
Premium After 0.00% NCD	:	SGD 2,039.45	
GST 7.00%	:	SGD 142.76	
Annual Premium	:	SGD 2,182.21	
Total Payable	:	SGD 2,182.21	
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type of Cover	:	Comprehensive	
Regn. No.	:	YN7705J	
Type Of Use	:	Commercial Vehicle	
Make/Model	:	MITSUBISHI FUSO FK62FMZ1RDEB PANEL	
Year of Manufacture	:	2014	
Seating Cap. (Excl.) Driver	:	3	Carrying Cap. (Tons) : 5.16
Body Type	:	VAN	
Engine No.	:	6M60195337	Engine C.C. : 7545
Chassis No.	:	FK62FMA10057	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	:	As specified in Certificate of Insurance	
Hire Purchase	:	MERCEDES BENZ FINANCIAL SERVICES SINGAPORE LTD	
<b>Excess Applicable</b>			
Sect I - Any Authorised Driver	:	SGD 1,000.00	

Continuation page 1

Sketch Plan #4 Pg. 1

**WORK PERMIT**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**BEE'S TRANSPORT & SERVICES PTE LTD**

Sector: **SERVICE**

Name  
**CHANG LIT JENG**

Occupation  
**LORRY / TRUCK DRIVER**

Work Permit No. **4 01612602** Date of Expiry **16-03-2015**

Date of Issue **03-03-2017**

Date of Expiry **05-04-2019**

**L7702484**



**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G7552898T**

Name  
**CHANG LIT JENG**

Birth Date: **01 May 1984**

Issue Date: **29 Jul 2014**

Valid Till **25 Aug 2019**

**002328814G**



**VISIT PASS**  
Immigration Regulations

Name  
**CHANG LIT JENG**

Date of Birth **01-05-1984** Sex **M** Nationality **MALAYSIAN**

FIN **G7552898T** Date of Issue **03-03-2017** Date of Expiry **05-04-2019**

**YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.**



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

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	25 Aug 2009
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	26 Aug 2009
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	03 Dec 2011

NP 428A

Licence No: **G7552898T**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

