

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 12:39
Date Of Accident	08/09/2018 14:15
Exact Location Of Accident	AYE TWDS MCE 10.5KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8737A
Insured/Policyholder	
Name Of Registered Owner	ISLAND RECOVERY SERVICES
Co Reg No	53120055L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-91828211

Vehicle Particulars

Manufacturer	ISUZU
Model	FXZ77M
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1624041
Cover Note Number	

Driver

Name of Driver	CHOO LI LOY
NRIC No	F8365331X
Date Of Birth	13/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91397066
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
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
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180908/2122.

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	SMD5158X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	MR ROJI
NRIC/Passport Number	
Contact Number	92368393
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMA3650U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
Name of Driver	MR LOH
NRIC/Passport Number	
Contact Number	91254555
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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.

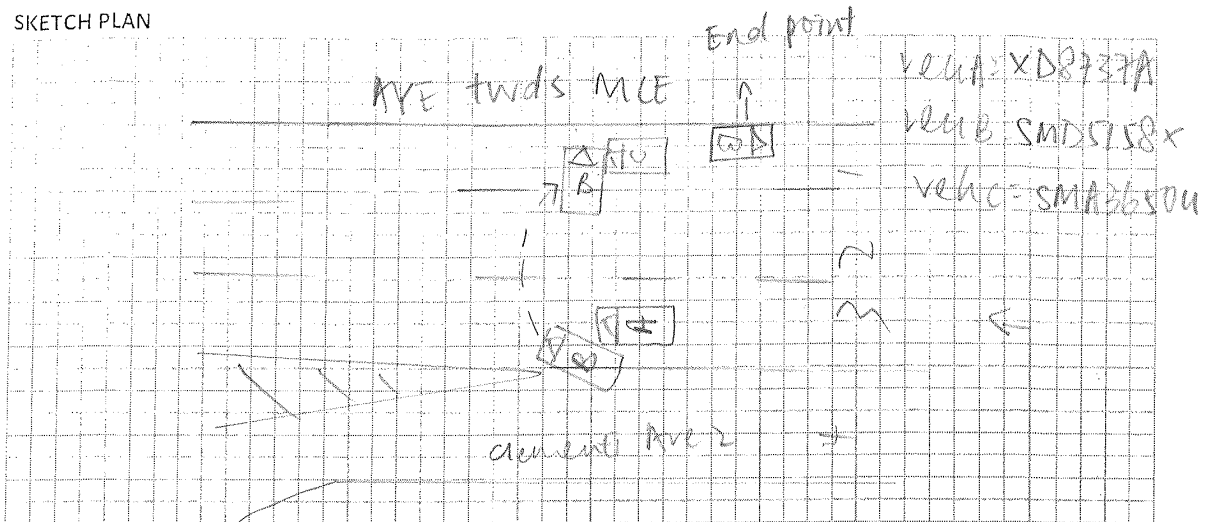


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to police report - 7/202809 08/2122

DECLARATION

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

Policyholder's Signature _____
Date & Time: () _____

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

LETTER OF UNDERTAKING

I/We, Island Recovery Services, the owner of vehicle no. XD8737A

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Hua men
Spray Painting Workshop

Signed and Acknowledge by:

A. 53120 0551
Nric no. and signature of policyholder



Company Stamp

10/09/2018
Date



**SINGAPORE
POLICE FORCE**



T/20180908/2122

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 4

Report No. T/20180908/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/09/2018 17:37		Vide Report No.: D/20180908/0100		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHOO LI LOY			Address: C/O 3026 UBI ROAD 1 #04-146 KAMPONG UBI INDUSTRIAL ESTATE SINGAPORE 408719		
ID Type / ID No.: FIN NO / F8365331X			Contact No.: Home/Office: Mobile: 91397066		
Nationality: MALAYSIAN			Email:		
Sex: Male	Age: 38	Date of Birth: 13/09/1979	Type of Informant: Driver		
Race:			Language:		Institution / School Name:
Occupation: TOW-TRUCK DRIVER			Driving Licence Information: Class: 2B,3,4A,4,5 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2018 14:15	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY towards mce 10.5 km				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA3650U	Car					1
SMD5158X	Car					5
XD8737A	TOW-TRUCK					0



**SINGAPORE
POLICE FORCE**



T/20180908/2122

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180908/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MR LOH	ID No.	NIL
Related Vehicle	SMA3650U (Car)	Contact No.	91254555
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MR ROJI	ID No.	NIL
Related Vehicle	SMD5158X (Car)	Contact No.	92368393
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	CHOO LI LOY	ID No.	F8365331X
Related Vehicle	XD8737A (TOW-TRUCK)	Contact No.	91397066
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3,4A,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION

I WAS DRIVING ALONG AYE(MCE) 10.5KM ON LANE 3 OUT OF 4. THE CAR SMD5158X SKIDDED IN FRONT OF ME FROM LEFT TO RIGHT. I JAM BRAKED BUT STILL MADE SOME CONTACT WITH SMD5158X AND AFTERWARDS THAT CAR CONTINUED TO SKID TO LANE 2 AND HAD A COLLISION WITH THE CAR NO.SMA3650U. THE CAR SKIDDED ALL THE WAY TO THE RIGHT MOST LANE. SOME PEOPLE WERE INJURED. I CALLED FOR POLICE AND AMBULANCE. AT LEAST 4 PEOPLE WERE CONVEYED. ONCE EVERYTHING WAS SETTLED, I EXCHANGED



**SINGAPORE
POLICE FORCE**



T/20180908/2122

Police Station Of Origin:
Traffic Police Division HQ
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Report No. T/20180908/2122

CONTINUATION OF REPORT

PARTICULARS WITH THE DRIVERS AND LEFT THE SCENE.
MY VIDE REPORT NUMBER IS D/20180908/0100



**SINGAPORE
POLICE FORCE**



T/20180908/2122

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20180908/2122

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
TP /
KHALED AMR HASSAN MOHSSEN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/09/2018 17:37

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature:

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **F8365331X**

Name: **CHOO LI LOY**

Birth Date: **13 Sep 1979**

Issue Date: **21 Dec 2015**

Valid Till: **20/12/2020**

SG 50

5051307

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

Employer: **ISLAND TOWING SERVICES**

Worker: **CHOO LI LOY**

Work Permit No: **4 00382902**

Service: **SERVICE**

K0637346

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 cc	07 Jun 2005
Class 3	Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	07 Jun 2005
Class 4A	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	27 Jul 2005
Class 4	Motor vehicles which are not constructed to carry load or passengers and the unladen weight <= 2500kg	26 Feb 2005
Class 5	Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	11 Aug 2005

NF 420A



VISIT PASS Immigration Regulations

31-21-02-05

Name: **CHOO LI LOY**

FIN: **F8365331X**

Date of Birth: **13-09-1979**

Religiosity: **MAJAYSIAN**

Download SGWorkPass App to check status



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



INSURANCE

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: 189903512M



Original

Agent Code: **03936**

Policy No. (if any): **P1624041**

Renewal

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN890274**

- 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	ISLAND RECOVERY SERVICES
INSURED BUSINESS REGISTRATION NO.	53120055L
MAKE AND DESCRIPTION OF VEHICLE	ISUZU FXZ77M
VEHICLE REGISTRATION NO.	XD8737A
YEAR OF MANUFACTURE	2013
ENGINE NO.	6UZ1477478
CHASSIS NO.	JALFXZ77MD7000020
ENGINE CAPACITY/TONNAGE	16.42 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	UNITED OVERSEAS BANK LIMITED
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 27/05/2018 TO: 26/05/2019
EXCESS (\$)	S\$3,000 SECTION I, S\$3,000 SECTION II & S\$300 WINDSCREEN
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).

AXA INSURANCE PTE LTD

Issued by **VIRTUAL INSURANCE AGENCIES P.L.** on **09/05/2018 8:57am**

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\$25.75 (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 of inception (renewal/endorsement). For all other cases, the premium in full should be paid before inception.

WTRC/ACT/EA/01/01

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

