

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	27/09/2018 13:28
Date Of Accident	25/09/2018 10:20
Exact Location Of Accident	ALONG CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBC770X
Insured/Policyholder	
Name Of Registered Owner	LEONG HIN FOODS PTE LTD
Co Reg No	200410134G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67595556

Vehicle Particulars

Manufacturer	LAND ROVER
Model	DEFENDER 110 HARDTOP
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA336727
Cover Note Number	

Driver

Name of Driver	SANDIE YONG KAH LING
NRIC No	S7477028B
Date Of Birth	29/09/1974
Occupation	INDOOR
Date Of Driving Pass	24/07/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97380344
Fax Number	
Contact Number	
Email Address	SANDIEYONG@YAHOO.COM.SG

Address	BLK 475C UPPER SERANGOON CRESCENT #09-547
Postcode	533475
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

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?	
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
Passenger 1	NAME: : GAN SZU SZU GENDER: : FEMALE

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

REFER TO REPORT ATTACHED

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	SHD67S
Vehicle Make/Model/Colour	TAXI
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

27. Sep. 2018 13:38
27-09-18;13:29 ;

No. 7486 P. 1
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SKETCH PLAN

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B. 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:

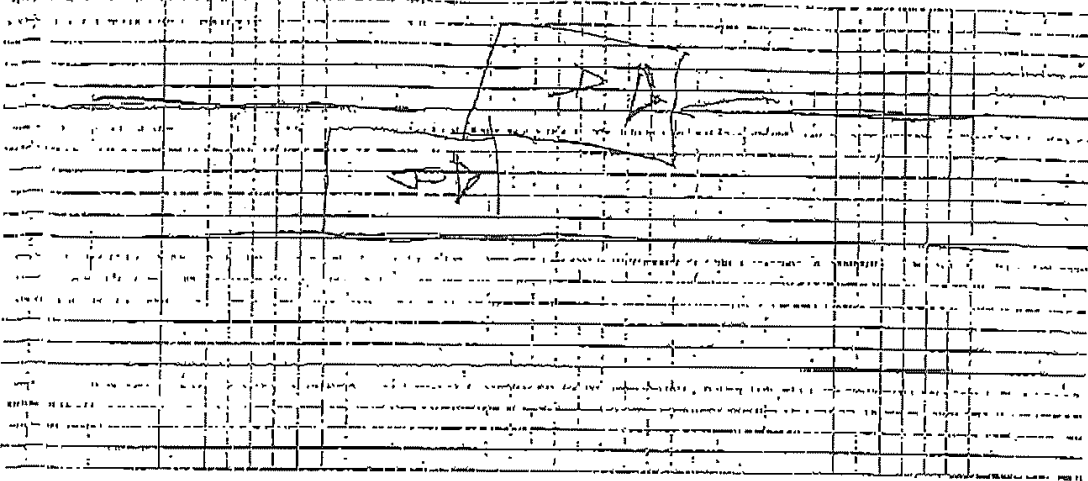
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

27. Sep. 2018 13:38
27-09-18;13:29

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SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REAR mirror was cleared I started to
filled but seen that the taxi
didn't slow down or noticed me
so the tire touch the side of the
taxi.

There was an accident along
CTE, so I was travelling at
a ~~steady~~ slow speed.

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:
NRIC/FIN No.:

27/9/18


REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7477028B**

Name: **SANDIE YONG KAH LING**

Birth Date: **29 Sep 1974**
Issue Date: **15 Dec 2004**

001306725E



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7477028B**



Name: **SANDIE YONG KAH LING**

杨嘉凌

Race: **CHINESE**

Date of Birth: **29-09-1974** Sex: **F**

Country of Birth: **MALAYSIA**

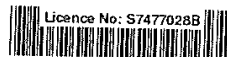


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars \leq 3000 kg with \leq 7 passengers, exclusive of the driver; and motor tractors / vehicles \leq 2500 kg

PASS DATE
24 Jul 1998

NP 428A



2506402

NRIC No: **S7477028B**



Blood Group: **O+** Date of issue: **25-10-1994**

**APT BLK 475C UPPER SERANGOON CRESCENT #09-547
SINGAPORE 533475**

NRIC No: **S7477028B**

Date: **28/12/2014**



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 890 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

date
 26/09/2018

policy number
 CV1 / GA336727

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	LEONG HIN FOODS PTE. LTD.	Certificate number	GA336727 / 1
Cover	Comprehensive	NCD	20%
Engine number	100928143309244DT	Chassis number	SALLDHNS7BA822229
Vehicle Registration number	GBC770X		
Period of Insurance	from 01/04/2018 to 31/03/2019 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	UNITED OVERSEAS BANK LIMITED		

Persons or classes of persons entitled to drive

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

Excess

Section I	SGD700.00
Windscreen	SGD140.00

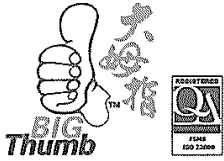
An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who:

- a) Is 22 years old to 24 years old and/or
- b) Is 66 years old to 70 years old and/or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) Is 18 years old to 21 years old and/or
- b) Is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license



Blk 15, Woodlands Loop #04-26 Singapore 738322 Tel: 6759 5556 Fax: 6759 0500 E-mail: admin@bigthumb.com.sg

隆興食品私人有限公司
LEONG HIN FOODS PTE. LTD.

26 September 2018

AXA INSURANCE PTE LTD

Dear Sir or Madam:

Re: GBC 770 X (POLICY NO. CV1/GA336727)

This is to certify that YONG KAH LING SANDIE, NRIC S7477028B, is the authorized driver of above mentioned vehicle.

Please contact the undersigned for further clarification.


Patrick Koh
Managing Director

A circular company stamp for Leong Hin Foods Pte Ltd. The outer ring contains the text 'LEONG HIN FOODS PTE. LTD.' and a small star at the bottom. The center of the stamp is blank.

Sketch Plan Pg. 6

Date: GBC 770X 27/9/18

To: Owner of Vehicle Number: GBC 770X

The following has been advised to you via your workshop, CMBE through their staff, _____.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ The Estimation waiting time for the spare parts to arrive is _____.
The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- ☐ Others _____

Signed and acknowledge by:

[Signature]
Name and signature of policyholder/ authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

Accident Photo

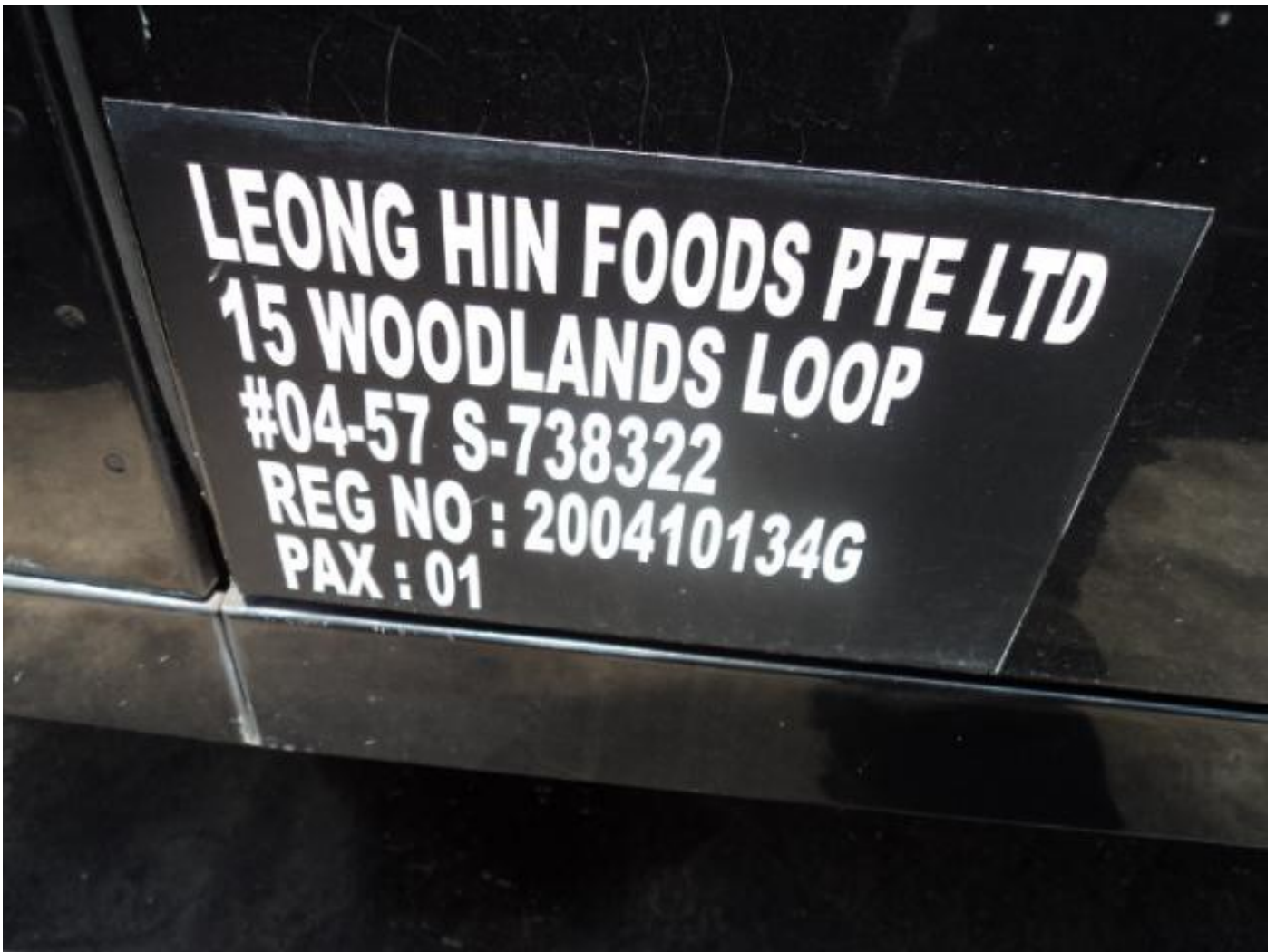


Accident Photo



Accident Photo

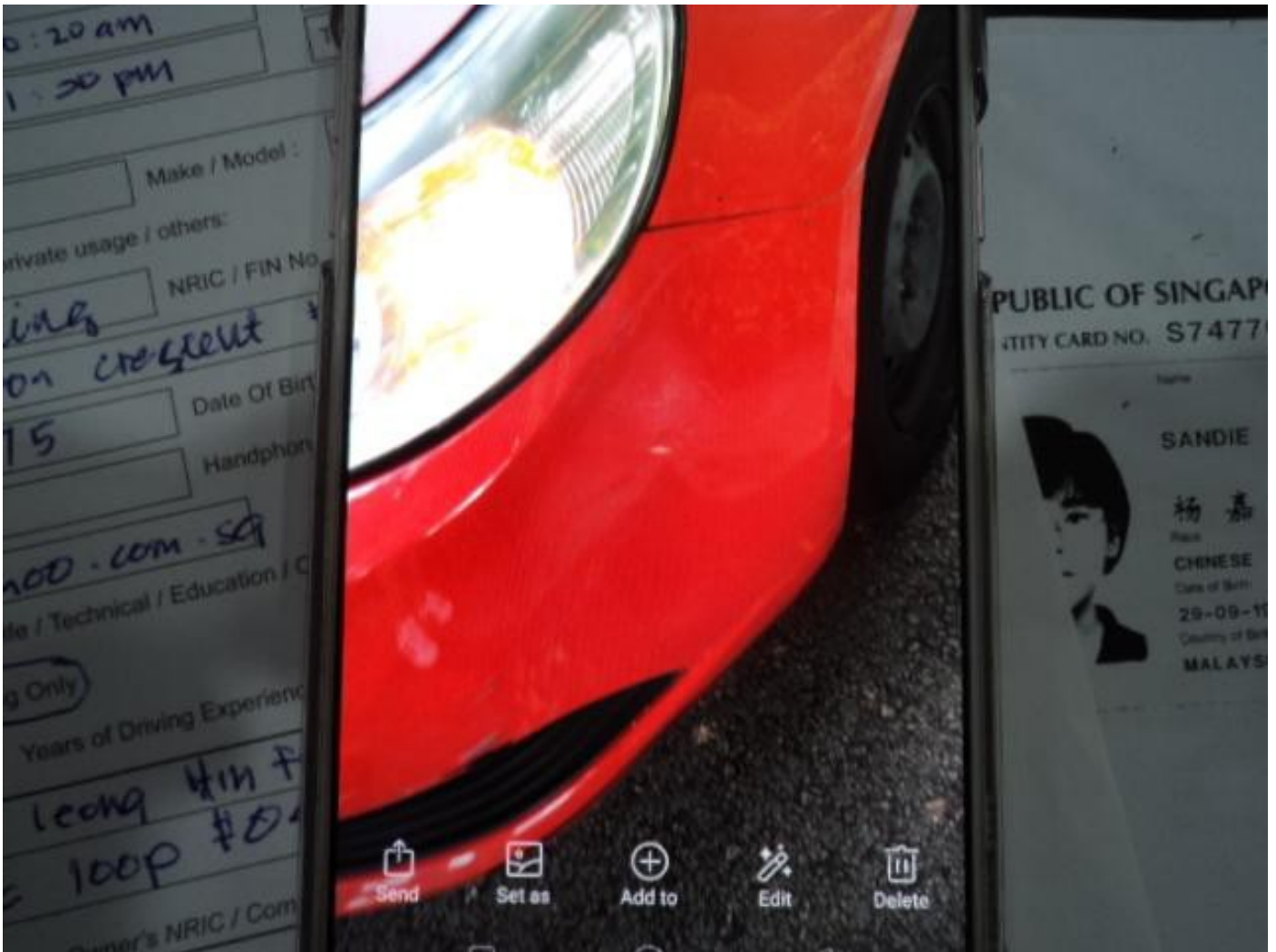




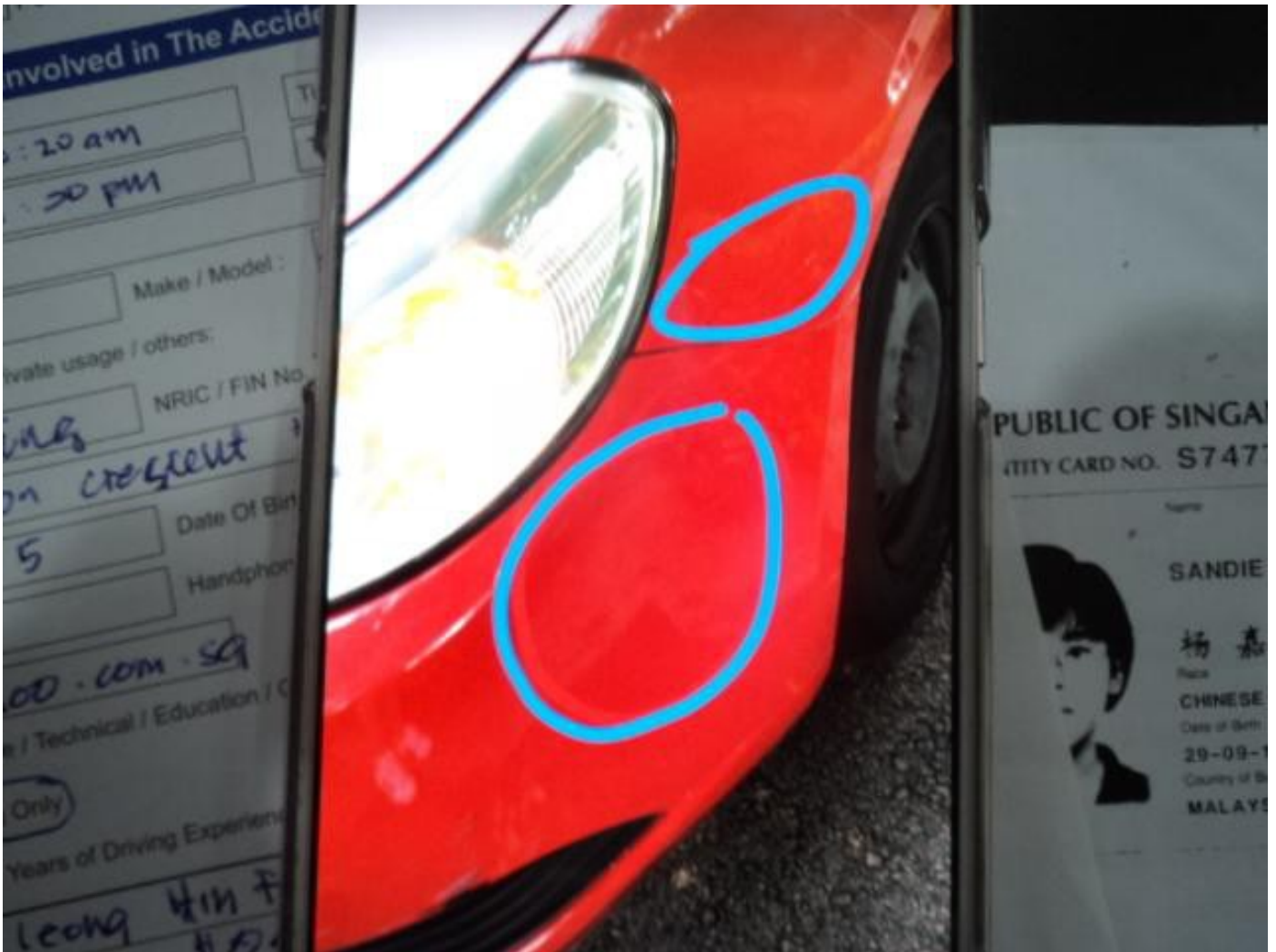
Accident Photo



Accident Photo



Accident Photo



Accident Photo

