

NILM18120111 / Ah Lim Motor Company - AMK  
ENTRY DATE & TIME: 05/10/2018 09:49  
SUBMITTED BY: Zila

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 05/10/2018 09:59

## 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 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. 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 aforsaid.

## ACCIDENT STATEMENT

Date Of Report	05/10/2018 09:49
Date Of Accident	02/10/2018 10:00
Exact Location Of Accident	ALONG 241 BEACH ROAD
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC275T
Insured/Policyholder	
Name Of Registered Owner	FASTRACK SERVICES & TRADING
Co Reg No	460562008
Email Address	FASTRACK@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-92390717
Alternative Phone No	OFFICE-97520726
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D HIGH-ROOF 14 SEATER (A)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	P1034560
Cover Note Number	21/02/2018 - 20/02/2019
Driver	
Name of Driver	EDWIN YAP HOCK SENG
NRIC No	S0116907F
Date Of Birth	07/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1968
Driving Experience	49 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92390717
Fax Number	
Contact Number	OTHERS-97520726
Email Address	NOEMAIL

Address BLK 336A YISHUN ST 31  
#12-07

Postcode 761336

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 - HEAD TO REAR

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? YES

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) 9

Passenger 1 NAME: : UNKNOWN - PASSENGER 1  
GENDER: : FEMALE

Passenger 2 NAME: : UNKNOWN - PASSENGER 2  
GENDER: : FEMALE

Passenger 3 NAME: : UNKNOWN - PASSENGER 3  
GENDER: : MALE

Passenger 4 NAME: : UNKNOWN - PASSENGER 4  
GENDER: : MALE

Passenger 5 NAME: : UNKNOWN - PASSENGER 5  
GENDER: : FEMALE

Passenger 6 NAME: : UNKNOWN - PASSENGER 6  
GENDER: : FEMALE

Passenger 7 NAME: : UNKNOWN - PASSENGER 7  
GENDER: : MALE

Passenger 8 NAME: : UNKNOWN - PASSENGER 8  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name ROCHER N.P.C

Police Station Address ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2949999 - FAX NO:

Was notice of Intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

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 YN6572G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name LIANG

Approximate Age

Injuries Sustain LEG

Injured person in which vehicle? PC275T

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

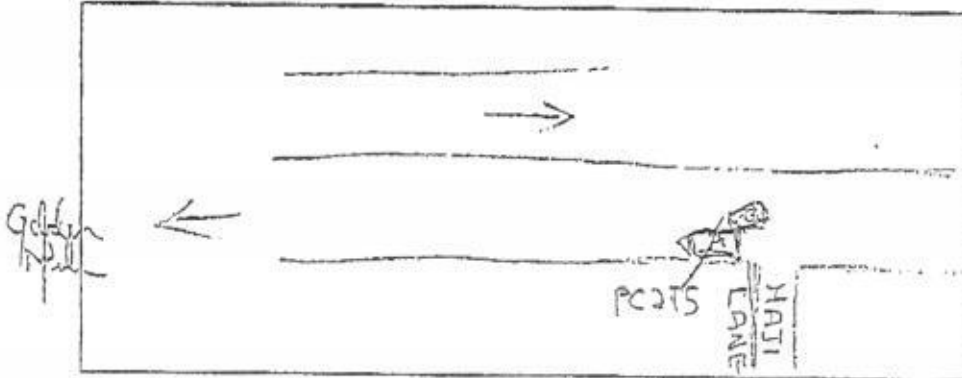
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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.

X  
Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 04/10/18  
0906

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

Date of accident: 02/10/13 Time: 10:00 Location: Highway 241 Baden Rd  
My Vehicle A: PL295T Vehicle B: YN 6926 Vehicle C: —  
SKETCH PLAN



Refer to the police report

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

[illegible]

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20181002/2111

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

1 of 4  
Report No. T/20181002/2111

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/10/2018 15:28		Vide Report No.:		Station Diary No.: 74
<b>Informants Particulars</b>				
Name of Informant: EDWIN YAP HOCK SENG		Address: APT BLK 336A YISHUN STREET 31 #12-07 SINGAPORE 761335		
ID Type / ID No.: NRIC NO / S0116907F		Contact No.: Home/Office: Mobile: 92390717		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 69	Date of Birth: 07/07/1949	Type of Informant: Driver	
Race: Chinese		Language:	Institution / School Name:	
Occupation: MINI BUS DRIVER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 02/10/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD  ALONG 241 BEACH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
PC275T	Van	TOYOTA	TOYOTA HIACE HIROOF AUTO 14 SEATER	White	Slightly Damaged	7
YN6572G	Lorry	MITSUBISHI		White	Slightly Damaged	0

## Sketch Plan Pg. 4



**SINGAPORE  
POLICE FORCE**



T/20181002/2111

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208578  
Tel No: 1800-2949999

2 of 4

Report No. T/20181002/2111

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Passenger			
Name	LIANG LIFENG	ID No.	G52328410
Related Vehicle	PC275T (Van)	Contact No.	NIL
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	EDWIN YAP HOCK SENG	ID No.	S0116807F
Related Vehicle	PC275T (Van)	Contact No.	92390717
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	MAH MOHAMMAD SULAMAN	ID No.	NIL
Related Vehicle	YN8572G (Lorry)	Contact No.	NIL
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

**Brief Details.**

On 2 October 2018 at about 1025hrs I was along 241 Beach Rd alighting 7 of my passengers from my vehicle. After 6 of my passengers alighted from my vehicle bearing the plate number of PC 275T. While my last passenger namely Liang Lifeng was about to alight from my vehicle, suddenly another vehicle from the rear had collided onto my vehicle which led Liang to fall. I immediately came out to make a check and realized my rear right side of my vehicle had suffered damages.

I also make a check on my passenger Liang, he had suffered some scratches on the right side of his right leg however does not require any medical attention. His phone screened was also cracked due to the

Sketch Plan Pg. 5



**SINGAPORE  
POLICE FORCE**



T/20181002/2111

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

3 of 4

Report No. T/20181002/2111

CONTINUATION OF REPORT

Impact and fall. I had suffered no injuries. I then exchanged particulars with the other driver driving the vehicle of YN 6572G whom had collided onto me. Subsequently then left the scene.

I am lodging this report for insurance claims.



## Sketch Plan Pg. 6

**SINGAPORE  
POLICE FORCE**

T/20181002/2111

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

4 of 4

Report No. T/20181002/2111

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:  
A /  
Sgt 1 MOHAMED FEROUZ S/O MOHAMED  
IQBAL

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/10/2018 15:26

Officer In Charge Of Case:  
TP / GIA /  
Staff Sgt WONG SIEU LUI  
Contact No.: 85476151

Classification Of Case:

Authentication Stamp  
NP168