

## 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	22/10/2018 15:35
Date Of Accident	21/10/2018 09:35
Exact Location Of Accident	CANNING WALK CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC1172A
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#### Insured/Policyholder

Name Of Registered Owner	CITYLINE TRAVEL PTE LTD
Co Reg No	201620027D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96606888

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA 4.9L MT 2WD 6T TURBO 4DR 24 SEATER
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
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	CN854919
Cover Note Number	

#### Driver

Name of Driver	QU ZENGXIN
Work Permit No	G2525044W
Date Of Birth	10/12/1982
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94466936
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	38 ANG MO KIO IND PK 2 #04-09
Postcode	569511
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
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)	1

#### 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

PLEASE REFER TO STATEMENT

#### Attachment(s)

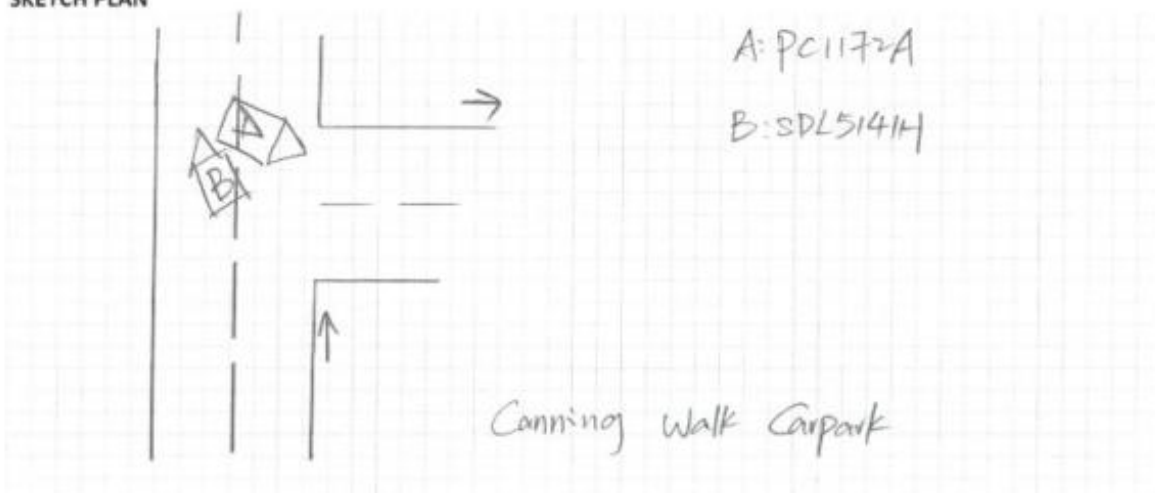
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDL5141H
Vehicle Make/Model/Colour	MERCEDES BENZ
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	9144 4048
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

2018年10月21日 早上9:35分左右,在梅建号公园,倒车撞到  
SDL5141H,右后侧保险杠撞到对方车的右前轮上方

## 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.:

22/10/2018 15.00

# Individual Statement

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident 21/10/2018 Time 07:35am Location of Accident Canning Walk Carpark

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number  
Name of Policyholder  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)  
Address  
Contact Number  
Occupation

FC1172A  
Cityline Travel Pte Ltd  
2016 20027D  
Tel Hp 9660 6888

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model  
Type of Vehicle  
Exact Purpose for which vehicle was being used at the time of accident  
Are you claiming under your own insurance policy?  
Vehicle category

Mitsubishi Rosa 4.9L MT 2WD 6T Turbo 4DR 24  
Saloon, MPV, CRV, Van, Lorry, Bus/Mycle, Others 320 Seater  
working use  
☒ Yes ☒ No Remarks Report-y  
☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company  
Type of Policy  
Fleet Policy  
Policy Number

AXA  
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
☐ Yes ☒ No  
CN854919

### DRIVER

Name of Driver  
NRIC/ FIN/ Passport  
Date of Birth  
Occupation  
Driving Pass Date  
Gender  
Contact Number  
Address  
Email Address

Qu Zengxin  
92525044W  
10-17-1982  
outdoor  
06-11-2014  
☒ Male ☐ Female  
Tel Hp 9446 6936

Was driver an employee of the Insured's Company?  
If No, relationship of Driver with the Insured  
Vehicle Number of Driver's Own Vehicle (if applicable)  
Insurance of Driver's Own Vehicle (if applicable)

☐ Yes ☒ No

### GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc)  
Weather Conditions  
Road Surface  
Damage Area

1 pax  
☒ Clear ☐ Raining ☐ Others  
☐ Wet ☒ Dry ☐ Others

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?  
Was anybody injured in the accident? (Including Witness)  
Was any other vehicle(s) or property damaged?  
Was there any camera video footage (in car)?

☒ No ☐ Yes  
☒ No ☐ Yes  
☐ No ☒ Yes  
☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?  
If Yes, please state which police station & Report No  
Was notice of intended Prosecution given?  
If Yes, against whom?

☒ No ☐ Yes  
☒ No ☐ Yes  
☒ No ☐ Yes

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

PC 1172A

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the particulars & information provided above are true in every aspect.



Signature

Date & Time

Signature of Policy Holder  
(Company Chop if applicable)

Signature

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

22/10/2018 15.00

## Individual Statement

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.:

24/10/2018 15:00



## Individual Statement



Date: 22/10/2018

To: Owner of Vehicle Number PC1172A

The following has been advised to you via your workshop, EH Auto through their staff, Yap-ming

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

- ☐ You had been advised by the workshop that in the case 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.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ The estimated 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

Others Report only

Signed and acknowledge by

  
Name and signature of policyholder/authorized driver

  
Name and signature of workshop personnel including company stamp

## IDENTITY CARD & DRIVING LICENCE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number **G2525044W**

Name **QU ZENGXIN**

Birth Date **10 Dec 1982**

Issue Date **06 Nov 2014**

Valid Till **05 Nov 2019**

**002363214A**



**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**NOT SINGAPORE HOLDING PTE. LTD.**

Passport **SERVICE**

Name  
**QU ZENGXIN**

Occupation  
**BUS DRIVER**

S Pass No.  
**0 76374198**

Date of Application  
**15-03-2017**

Date of Issue  
**24-03-2017**

Date of Expiry  
**24-03-2019**

**L7766793**



**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

		EFFECTIVE DATE
<input checked="" type="checkbox"/> Class 3	Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver, and motor tractor/truck <= 2500 kg	30 Nov 2014
<input type="checkbox"/> Class 4	Heavy motor cars and motor tractor > 2500 kg	17 Jan 2015

G2525044W

S / No. 9000213052

**Licence No: G2525044W**



NP 428A

**VISIT PASS**  
Immigration Regulations

Name  
**QU ZENGXIN**

Date of Birth  
**10-12-1982**

Sex  
**M**

Nationality  
**CHINESE**

PIN  
**G2525044W**

Date of Issue  
**24-03-2017**

Date of Expiry  
**24-03-2019**

**MULTIPLE JOURNEY VISA ISSUED**

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





# CERTIFICATE OF INSURANCE

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel: 6338 7286 Fax: 6338 2522  
Website: www.axa.com.sg  
GST Registration Number: 199903512M



Original

Agent Code: **03165**

Policy No. (if any):

**New Business**

SmartDrive Quote Ref:

## MOTOR COVER NOTE

No. **CN854919**

- 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	CITYLINE TRAVEL PTE LTD
INSURED BUSINESS REGISTRATION NO.	201620027D
MAKE AND DESCRIPTION OF VEHICLE	MITSUBISHI ROSA
VEHICLE REGISTRATION NO.	PC1172A
YEAR OF MANUFACTURE	2009
ENGINE NO.	4M50D42497
CHASSIS NO.	BE63DJF00291
ENGINE CAPACITY/TONNAGE	4899
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	YONG KHIONG CREDIT PTE LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>20/10/2017</b> TO: <b>19/10/2019</b>
EXCESS (S\$)	S\$4,000.00 SECT I, S\$3,000.00 SECT II
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 **TAN INSURANCE BROKERS PTE LTD** on **20/10/2017 9:53am**

\_\_\_\_\_  
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\$26.75 (inclusive of GST) will be charged:
  - o Cover note issued and cancelled before inception
  - o 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 on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

Accident Photo



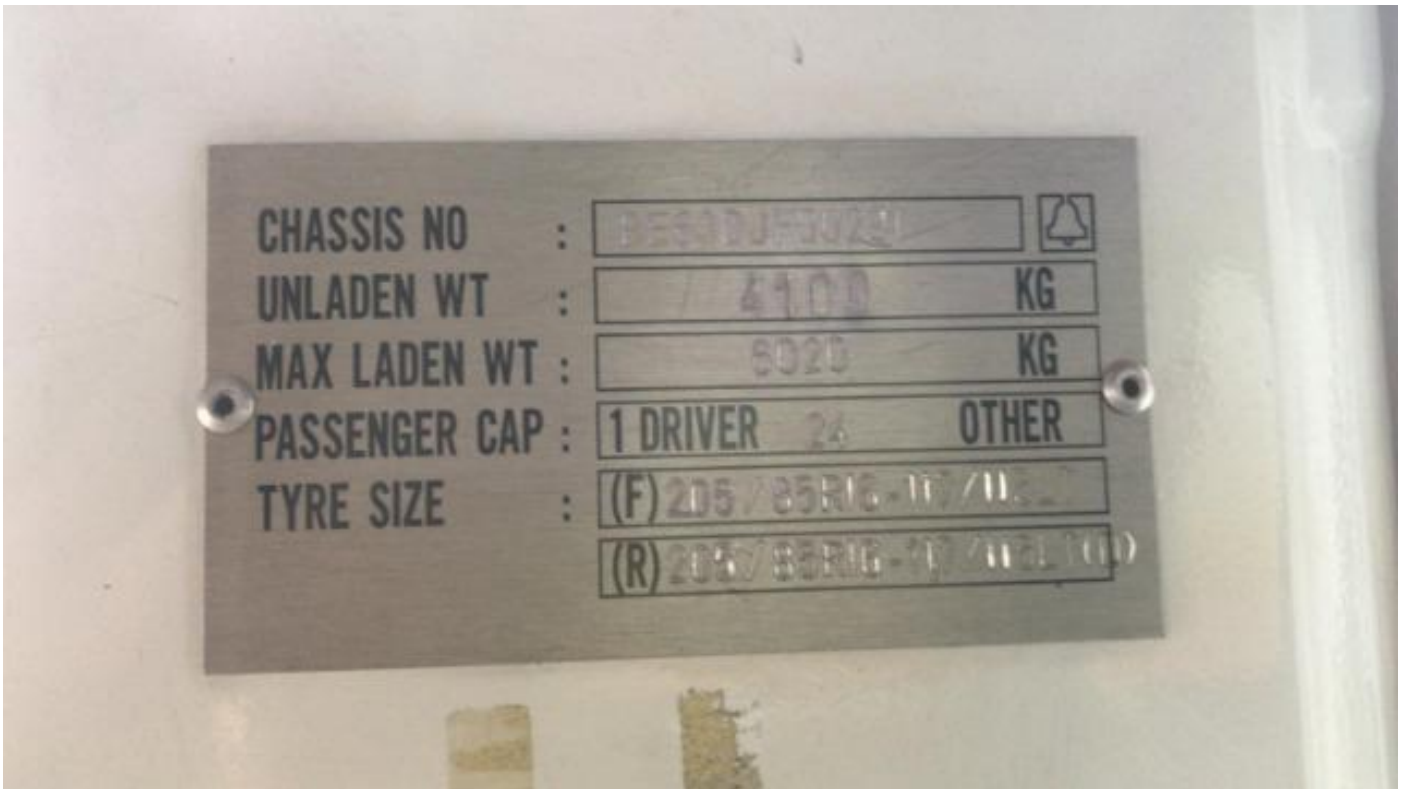
Accident Photo



Accident Photo



Accident Photo



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