

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	30/10/2018 09:44
Date Of Accident	29/10/2018 16:10
Exact Location Of Accident	JUNCT RD OF SIMS AVE & JLN EUNOS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC8141K
Insured/Policyholder	
Name Of Registered Owner	TOP-MIX CONCRETE PTE LTD
Co Reg No	198105226D
Email Address	YINHOONG.WONG@ENGRO-GLOBAL.COM
Mobile Phone No	(LOCAL) +65-96319853
Alternative Phone No	OFFICE-68908847

Vehicle Particulars

Manufacturer	ISUZU
Model	CHY52S-15.7 D (M)
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	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	CN857000
Cover Note Number	

Driver

Name of Driver	LIN YINGPIN
Passport No/FIN	G5027897U
Date Of Birth	15/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88767078
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	29 INTERNATIONAL BUSINESS PARK #08-05/06
Postcode	609923
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SDY8830P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

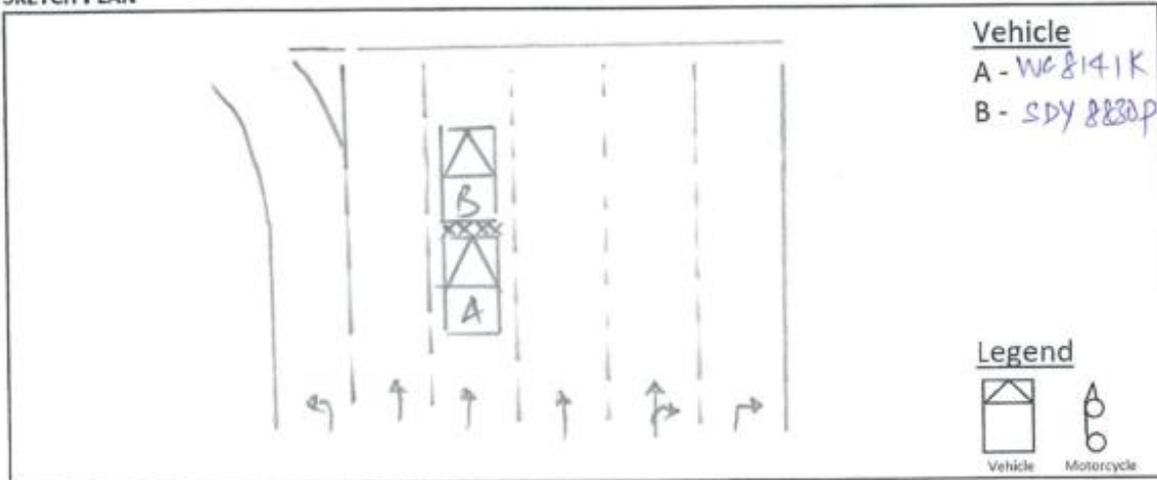


Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary along the Junct Rd of Sims Ave & Jln Ennos. Suddenly I accidentally release my brake and my lorry move forward to hit vehicle B. There nobody injury. That's all. The traffic light was red at the time.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:

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: 199903512M



Original

Agent Code: **03936**

Policy No. (if any):

New Business

SmartDrive Quote Ref.

MOTOR COVER NOTE

No. **CN857000**

- 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	TOP-MIX CONCRETE PTE LTD
INSURED BUSINESS REGISTRATION NO.	198105226D
MAKE AND DESCRIPTION OF VEHICLE	ISUZU CYH52S
VEHICLE REGISTRATION NO.	WC8141K
YEAR OF MANUFACTURE	2014
ENGINE NO.	6WG1422530
CHASSIS NO.	JALCYH52SE7000185
ENGINE CAPACITY/TONNAGE	20.10 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 11/11/2017 TO: 10/11/2018
EXCESS (S\$)	S\$1,000 SECT I
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).

VIRTUAL INSURANCE AGENCIES PTE LTD

192 Waterloo Street #02-02
 Skyline Building, Singapore 187986
 Tel: (65) 63380083 Fax: (65) 63380088
 Issued by VIRTUAL INSURANCE AGENCIES PL

AXA INSURANCE PTE LTD

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.

MTRC/NOTEV0103

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G5027897U**
 Name: **LIN YINGPIN**

Birth Date: **15 Apr 1980**
 Issue Date: **26 Oct 2015**
 Valid Till: **03/11/2020**

002487015C

SG 50




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

Employer: **TOP-MIX CONCRETE PTE LTD**
 Sector: **MANUFACTURING**

Name: **LIN YINGPIN**
 Occupation: **LORRY/ TRUCK DRIVER**

Work Permit No. **D 74022804** Date of Application **19-04-2017**
 Date of Issue **23-05-2017**
 Date of Expiry **09-05-2019**

L7967834




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

		EFFECTIVE DATE
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	04 Nov 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	12 Dec 2013

Licence No:G5027897U



NP 428A

VISIT PASS
 Immigration Regulations

Name
LIN YINGPIN



Date of Birth **15-04-1980** Sex **M** Nationality **CHINESE**
 FIN **G5027897U** Date of Issue **23-05-2017** Date of Expiry **09-05-2019**

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.



Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 29/10/18 Time: 16:10
 2 Exact location of accident: Jct Rd of Sims Ave & Jln Tunos.
 3 Injuries even if slight: No Yes
 4 Material damage: To vehicles other than vehicles A and B: No Yes
 To objects other than vehicles: No Yes
 5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B):
 Vehicle Video Camera Available: No Yes

Registration No. (VEHICLE A) **WC8141K**
 6 Insured / policyholder (see insurance cert.)
 Name: **TOP-MIX CONCRETE**
 (capital letters) **PIL**
 Address: _____
 NRIC / Passport no.: _____
 Tel no. (from 9am till 5pm): **6890 8847**
 HP: **9631 9853**
 7 Vehicle
 Make, type: _____
 8 Insurance company: **Axi. AC** TPFT TPO
 Does the policy cover damage to vehicle A?
 No Yes
 Policy No.: **EN857000**
 9 Driver Same as Owner
 Name: **LIN YINPIN**
 (capital letters)
 NRIC / Passport no.: **A5027892U**
 Class of licence: **88267078**
 HP: _____
 Gender: Male Female

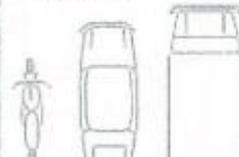
12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

YING HUNGR
PH WEN.

A
 Chain Collision
 Collided into Bicycle
 Collided into Motorcyclist
 Collided into Police Vehicle
 Collided into Pedestrian
 Collided into Property
 Collision - Change/Cross Lane
 Collision - Cross Junction
 Collision - Head on Collision
 Collision - Major/Minor Hit
 Collision - Opening Door of Vehicle
 Collision - Rear-end
 Collision - U-Turn
 Drink Driving / Drug Influence
 Trk, Ejection or Unlatching
 Road
 Hit and Run / Vanishing / Damaged whilst Parked
 Hit by Fallen Tree / Other Objects
 No Collision
 Side Swipe
 Trail

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SDY8830P**
 6 Insured / policyholder (see insurance cert.)
 Name: _____
 (capital letters)
 Address: _____
 NRIC / Passport no.: _____
 Tel no. (from 9am till 5pm): _____
 HP: _____
 7 Vehicle
 Make, type: _____
 8 Insurance company: C TPFT TPO
 Does the policy cover damage to vehicle B?
 No Yes
 Policy No. (if available): _____
 9 Driver (See driving licence)
 (if different from insured B above)
 Name: _____
 (capital letters)
 NRIC / Passport no.: _____
 Class of licence: _____
 HP: _____
 Gender: Male Female

10 Indicate the point of initial impact with an arrow (→)


13 Sketch of accident when impact occurred
 Please indicate: 1, layout of the road - 2, the direction of vehicles A and B with arrows - 3, their positions at the time of impact - 4, the road signs - 5, names of the streets or roads

REFER TO ATTACHED

Accurately indicate make and model as one of the sketches on page 2

10 Indicate the point of initial impact with an arrow (→)


11 Visible damage to vehicle A

11 Visible damage to vehicle B

13 My remarks

15 Signatures of drivers



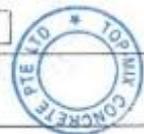
14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II) Own Workshop Email / Fax (if any): _____													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)													
Insured	1 Occupation (if more than one, state all) _____ Email: <u>Yinheong.wong@engco-global.com</u> 2 Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____ 3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Employee</u> State the vehicle number and name of insurer of driver's own vehicle (where applicable) _____ 4 Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____ 5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present _____ Tel no. _____ 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)												
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	7 Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> 8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____ 9 Full details of all driving convictions including pending prosecutions in the last 36 months <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Date	Offence	Penalty									
Date	Offence	Penalty											
Driver or person in charge of vehicle at the time of accident (including insured)	10 Name(s), address(es) and approximate age(s) _____ Injuries sustained _____ If vehicle occupants, state in which vehicle _____ Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
Injured persons	<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 30%;">Name(s) and address(es) of owner(s)</th> <th style="width: 20%;">Vehicle registration no. or details of property</th> <th style="width: 20%;">Nature of damage</th> <th style="width: 30%;">Insurer's name and address (if known)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)								
Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)										
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____ Vehicle registration no. or details of property _____ Nature of damage _____ Insurer's name and address (if known) _____ 12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____ 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____												
Police action	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____ 16 Speed of vehicles: A _____ km/hr B _____ km/hr 17 What warnings were given by driver or other party? _____ 18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 19 What lights were displayed on your vehicle/the other vehicle(s)? _____ 20 If your vehicle is commercial, state weight of load carried at time of accident _____ 21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____ 22 State number of Passengers (Including Driver) _____												
Accident details	Declaration I/We declare the foregoing particulars are true in every respect. Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____												



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO : JALCYH52SE7000185

U/W 13580 KG

M/L/W : 34000KG

PASS CAP : 02

TYRE SIZE : F 295·80R22·5(S)x2

: R 295·80R22·5(D)x2

Accident Photo



Accident Photo



Accident Photo

