

ASS. REC. BY:

REF:

CS3/ASM18022761/K1d3<sup>92</sup>

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

Smart claim  
From (Person):

Tan Wancong

of

ASM

Date/Time:

22/03/2019...

Estimated Cost:

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

FBM 1340U

Insured:

YNI 2056G

at Workshop m/s

MI Miduring

Tel:

6743 7030

of

411 Changi Road

Policy No:

19.26438 PD-0

Claim No:

SBMD175K

Sum Insured:

Excess:

Make of Veh:

D.O.A. 18.11.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time:

19/2/2018 2:09pm

Person Contacted:

Edwin

Vehicle IN / OUT

Date/Time	Action/Instruction ( X ) Estimate	Paper Survey only. PRS not conducted.
	FBM 1340U - X	
	YNI 2056G - X	
7/1/19-	YNI will arrange	
12/02/19-	called 3 times no answer	
27/2/19-	called more than 3 times no answer.	
	NO PRS was conducted, Receive instruction from chek lei ong to conduct papersurvey.	



## ◀ Service Request Details

Claim

S8M0175K

Reference

None 

Loss Date

18 November 2018

Request Date

19 December 2018

Due Date

27 December 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

### Actions

---

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

---

Incident Vehicle Registration #

FBM1340U

Make

TPVD

Service Address

---

...

Primary Contact/Insured

---

FOOD LINE PTE LTD  
8A ADMIRALTY STREET, #01-03 FOOD XCHANGE @ADMIRALTY, 757437, Singapore  
63380083  
JEUNESSE@VIRTUALINVEST.BIZ

Claim Handler

---

TAN Wancong

tan.wancong@axa.com.sg

Additional Instructions

---

[Messages](#)   [Invoices](#)   [History](#)   [Documents](#)   [Assessment](#)   [Metrics](#)   [Notes](#)

---

New Message

## 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	13/12/2018 13:53
Date Of Accident	18/11/2018 10:30
Exact Location Of Accident	SINGAPORE INSTITUTE OF TECHNOLOGY (10 DOVER DRIVE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1340U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TAN LI YE
NRIC No	S9320841B
Email Address	SHIKA_LIYE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91873245
Alternative Phone No	OTHERS-91873245

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3170679
Cover Note Number	

### Driver

Name of Driver	TAN LI YE
NRIC No	S9320841B
Date Of Birth	09/06/1993
Occupation	INDOOR
Date Of Driving Pass	26/07/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91873245
Fax Number	
Contact Number	OTHERS-91873245
EMail Address	SHIKA_LIYE@HOTMAIL.COM

Address BLK 12 YORK HILL #05-48  
SINGAPORE  
Postcode 163012  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured OWNER  
Vehicle Registration Number of Driver's Own Vehicle -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

**General Information of the Accident**

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
Weather Conditions CLEAR  
Road Surface DRY

**Other Information**

Was any foreign vehicle involved in this accident? NO  
Number of vehicles involved in the accident 2  
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) 0

**Details of Police Action**

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name CLEMENTI POLICE DIVISIONAL HQ (D DIVISION )  
Police Station Address ROAD: 20 CLEMENTI AVENUE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: 1800-7740000 - FAX NO: 67741705  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

**Circumstances of Accident**

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

**Attachment(s)**

Are accident photos available for attachment? YES  
Was there any video captured by Car Camera? YES  
Remarks/ Reasons: SCHOOL CCTV  
Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour LORRY  
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)

# Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please submit **correctly** the details of the standard or special on the claim form.
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 willful misrepresentation or withholding of material facts may allow the insurance company to **repudiate policy liability**.
4. The report will be prepared by the third party, however, the details of the admission of liability are to be dealt with the relevant companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. The report will be made using the 'Loss' form. The 'Accident Management' form is endorsed by the insurer, must not be tampered with and is not to be used for any other purpose. It is for the use of the insurer only.
7. Some claims are not covered by the policy. Please refer to the 'Notes' section of the policy for details of what is covered and what is not covered.
8. Consent under the Personal Data (Protection) Act 2004 by:

Policyholder and Authorised Driver: \_\_\_\_\_

I, the undersigned, hereby certify that the information given in this report is true and correct to the best of my knowledge and belief. I understand that any false or misleading information given in this report may be referred to the Police for investigation and may result in the policy being voided.

I, the undersigned, hereby certify that the information given in this report is true and correct to the best of my knowledge and belief.

I, the undersigned, hereby certify that:

1. I am the Policyholder of the vehicle involved in the accident.

2. I am the Authorised Driver of the vehicle involved in the accident.

3. I am the owner of the vehicle involved in the accident.

4. I am the driver of the vehicle involved in the accident.

5. I am the person who was injured in the accident.

6. I am the person who was killed in the accident.

7. I am the person who was damaged in the accident.

8. I am the person who was damaged in the accident.

9. I am the person who was damaged in the accident.

10. I am the person who was damaged in the accident.

Policyholder's Signature

Date & Time

13/12/18

Authorised Driver's Signature

(If different to the Policyholder)

Date & Time

Accepting on the Insurer's behalf

Name

NRCC/PS No:

perman

Sketch Plan #2

SKETCH PLAN

Vehicle  
A -  
B -

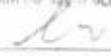
Legend  
  
Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

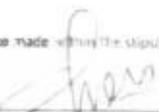
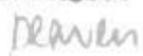
Refer to police report

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: 13/12/18

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

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

**Common Statement**

**ACCIDENT STATEMENT (Part 1)**

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

1) Date of accident: 8/11/18 Time: 16:30 2) Exact location of accident: Singapore Institute of Technology 10 Dover Drive

To be signed by BOTH drivers

3) Injuries even if slight: No  Yes

4) Material damage: To vehicle other than vehicles A and B: No  Yes  To object other than vehicles: No  Yes

5) Witness name, address and tel no. (to be underlined if he/she is a passenger in vehicle A or vehicle B):

Vehicle Video:  Captured / recorded:

Registration No. (VEHICLE A): **FBM13401**

1) Insured / policyholder (see insurance card):  
Name: **Tan Li Ye**  
Address:  
MRC / Passport No: **S9320841B**  
Tel No. (Home): **91973245**

2) Vehicle:  
Make / Model: **Yamaha Jupiter MX 110**

3) Insurance company:  
**AAA**  
**AN370679**

4) Driver:  
Name:  
Licence No. / Class:  
City of issue: **3**

12) CIRCUMSTANCES

State TOTAL number of roads marked with a cross: **0**

13) Details of accident (date, time, place, etc.):

Registration No. (VEHICLE B): **unknown**

1) Insured / policyholder (see insurance card):  
Name:  
Address:  
MRC / Passport No:  
Tel no. (Home / Office / Fax):

2) Vehicle:  
Make / Model:  
Insurance company:  
Licence No. / Class:  
City of issue:

3) Driver (See driving licence):  
Name:  
Licence No. / Class:  
City of issue:

**REFER TO ATTACHED**

14) Vehicle A (make / model / colour):

15) Vehicle B (make / model / colour):

16) Details of accident (date, time, place, etc.):

17) Details of accident (date, time, place, etc.):

18) Details of accident (date, time, place, etc.):

19) Details of accident (date, time, place, etc.):

20) Details of accident (date, time, place, etc.):

21) Details of accident (date, time, place, etc.):

22) Details of accident (date, time, place, etc.):

23) Details of accident (date, time, place, etc.):

24) Details of accident (date, time, place, etc.):

25) Details of accident (date, time, place, etc.):

26) Details of accident (date, time, place, etc.):

27) Details of accident (date, time, place, etc.):

28) Details of accident (date, time, place, etc.):

29) Details of accident (date, time, place, etc.):

30) Details of accident (date, time, place, etc.):

31) Details of accident (date, time, place, etc.):

32) Details of accident (date, time, place, etc.):

33) Details of accident (date, time, place, etc.):

34) Details of accident (date, time, place, etc.):

35) Details of accident (date, time, place, etc.):

36) Details of accident (date, time, place, etc.):

37) Details of accident (date, time, place, etc.):

38) Details of accident (date, time, place, etc.):

39) Details of accident (date, time, place, etc.):

40) Details of accident (date, time, place, etc.):

41) Details of accident (date, time, place, etc.):

42) Details of accident (date, time, place, etc.):

43) Details of accident (date, time, place, etc.):

44) Details of accident (date, time, place, etc.):

45) Details of accident (date, time, place, etc.):

46) Details of accident (date, time, place, etc.):

47) Details of accident (date, time, place, etc.):

48) Details of accident (date, time, place, etc.):

49) Details of accident (date, time, place, etc.):

50) Details of accident (date, time, place, etc.):

1) In the event of a dispute, it is the driver's responsibility to provide a copy of this statement to the relevant authorities. 2) Do not alter anything in this statement when signing. 3) For insurance's use only. Retain this statement.

## Individual Statement

Own Workshop (tick / / as if any)  
To be completed and submitted within 24 hours to your insurer or ICA or appointed workshop (Use a separate sheet of paper where necessary)

Email: shka-lye@dot.govt.nz

**1** Occupation (if more than one, state all) \_\_\_\_\_

**2** Vehicle registration no. CC If commercial vehicle, state permissible carrying capacity \_\_\_\_\_

**3** Is driver the owner?  Yes  No If no, state relationship or Dr with owner \_\_\_\_\_ Use the vehicle number and type of insurer of driver's own vehicle (where applicable) \_\_\_\_\_

**4** Exact purpose for which vehicle was being used at time of accident  Private use  Commercial use  Hire & reward  Private hire  
 Others - please specify \_\_\_\_\_

**5** Is the vehicle still in use?  Yes  No 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  No  
If no, state action to be taken  Third Party  Reporting Only  Third Party (Own Workshop)

**7** Date of birth 9/6/93 Occupation Indoor Date of license pass 26/7/2017 Was vehicle driven with the insured's permission?  Yes  No Was driver an employee of the insured's company?  Yes  No

**8** Give details of any pre-existing impairments of sight or hearing and of any other disability \_\_\_\_\_

**9** Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Office	Penalty

**10** Name(s), address(es) and mobile phone number(s) \_\_\_\_\_ Injuries sustained \_\_\_\_\_ If vehicle occupants, state in which vehicle \_\_\_\_\_ Were seat belts being worn?  Yes  No Was injured conveyed to hospital by ambulance?  Yes  No

**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  No  
If yes, please state which Police station Clementi Division HQ

**13** Was notice of intended prosecution given?  Yes  No  
If yes, against whom? \_\_\_\_\_

**14** Weather conditions  Fine  Rainy  Others \_\_\_\_\_

**15** Road surface  Wet  Dry  Others \_\_\_\_\_

**16** Speed of vehicles  A  B  C  D  Others \_\_\_\_\_

**17** What warnings were given by driver or other party? \_\_\_\_\_

**18** Were street lights illuminated?  Yes  No

**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) 0

**Declaration**  
I/We declare the foregoing particulars are true in every respect  
Policyholder's signature \_\_\_\_\_ Date 13/10/18 11:30pm  
Driver's signature (if driver is not the policyholder) \_\_\_\_\_ Date \_\_\_\_\_

POLICE REPORT PAGE 1 Pg. 1



**SINGAPORE  
POLICE FORCE**



D/20181206/7025

1 of 2

**POLICE REPORT (NP299)**

Report No. D/20181206/7025

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 06/12/2018 14:40	Vide Report No.	Station Diary No.
Name Of Informant TAN LI YE	Address APT BLK 12 YORK HILL #05-48 SINGAPORE 163012	
ID Type / ID No. NRIC NO / S9320841B	Contact No. Home/Office:	Mobile: 91873245
Nationality SINGAPORE CITIZEN	Email Address shika_llye@hotmail.com	
Occupation Student	Sex Male	Age 25
Institution/School Name	Date of Birth 09/06/1993	Race Chinese
Date/Time Of Incident 18/11/2018 10:30 - 18/11/2018 10:40	Language English	
	Location Of Incident 10 DOVER DRIVE Singapore Institute of Technology SINGAPORE 138683	

**Brief details.**

My motorbike was parked at the carpark overnight from 17th Nov, Saturday to 18th Nov, Sunday. When i returned to it on 18th Nov evening, i noticed that my bike was moved from its original place and there were damages on the right side. After relating this case to the relevant department from the school, the CCTV footages had disclosed that my bike was hit by a lorry on 18th 10.31 am. Its was a hit-and-run case.

<b>Subjects Involved</b>	
Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2018 14:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE  
POLICE FORCE**



D/20181206/7025

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181206/7025

Victim			
Person Name	TAN LI YE		
ID Type	NRIC NO	ID No	S9320841B
Gender	Male	Age	25
Race	Chinese	Language	English
Occupation	Student	Address Type	
Address	APT BLK 12 YORK HILL #05-48 SINGAPORE 163012	Mobile No	91873245
Is Informant A Victim?	Yes		
Person Name	TAN LI YE (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 06/12/2018 14:40
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

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: 199403512M



Original

A/c No: <b>03375</b>
Policy No (fany):
<b>Renewal</b>
SmartDrive Quote Ref:

**MOTOR COVER NOTE**

No. **AN3170679 ( )**

- 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.

**NR-SEAH LI SUNG WILSON**

**SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	TAN LI YE
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA JUPITER MX (HC)
VEHICLE REGISTRATION NO.	FBM1340U
YEAR OF MANUFACTURE	2013
ENGINE NO.	50C564723
CHASSIS NO.	MH350C003DK564682
ENGINE CAPACITY/TONNAGE	134
COVER TYPE	THIRD PARTY ONLY
HIRE PURCHASE	YEW HENG CREDIT ENTERPRISE PTE LTD
VALUE (S\$)	-
PERIOD OF INSURANCE	FROM: <b>17-Dec-2018</b> TO: <b>16-Dec-2019</b>
EXCESS (S\$)	NIL
AXA PREMIUM WORKSHOP?	No

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

AXA INSURANCE PTE LTD

Authorised Signature

Issued by: AXA INSURANCE AGENTURE PTE LTD on 12-Dec-2018 4:48:18 PM

- 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 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:
    - Cover note issued and cancelled before inception
    - Retaining the old registration number for a new vehicle insuring with AXA

PREMIUM WARRANTY

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE



TAN LI YE

Issued: 09 Jun 1993  
Valid: 15 May 2017

002802942J



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9320841B



Name  
TAN LI YE

陳立業

Race  
CHINESE

Date of birth  
09-06-1993

Sex  
M

Country/Place of birth  
SINGAPORE



99320841B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 1B	Motorcycles < 250 CC	26 Jul 2007
Class 2A	Motorcycles between 251 CC and 400 CC	11 Oct 2010
Class 2	Motor cars up to 2000 cc, up to 7 passengers, and mass < 3500 kg Jeeps, and motor passenger vehicles < 2500 kg	19 Oct 2014

S / No. 9000319063

59320841B

License No. S9320841B



NP 428A

5302000




NRIC No. S9320841B

Date of issue  
15-04-2014

APT BLK 12 YORK HILL #05-48  
SINGAPORE 183012

NRIC No: S9320841B Date: 04/02/2018



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





### 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	29/12/2018 14:47
Date Of Accident	18/11/2018 06:30
Exact Location Of Accident	SINGAPORE INSTITUTE OF TECHNOLOGY
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN2056G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FOOD LINE PTE LTD
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	FUSO LORRY
Vehicle Category	COMMERCIAL VEHICLE
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA151771/1
Cover Note Number	13/01/2018 TO 12/01/2019
<b>Driver</b>	
Name of Driver	KUEK JU LING
Passport No/FIN	F8076848Q
Address	8A ADMIRALTY STREET #01-03 FOOD XCHANGE @ADMIRALTY

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	2

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### 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	FBM1340U
-----------------------------	----------

Vehicle Make/Model/Colour

Name of Driver

Insurance Company Name

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

AXA  
Vehicle: - YN  
2056 G

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 reputate 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. 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.



Policyholder's Signature  
Date & Time:

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

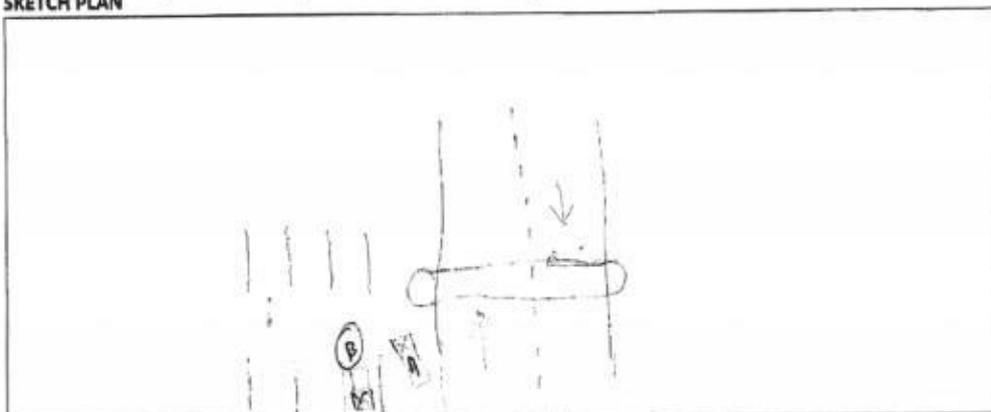


Reporting Centre Personnel's Signature  
Name: Male  
NRIC/FIN No.: 2112/18

Sketch Plan Pg. 2

Date of accident: 18/11/2018 Time: 6:30 am Location: Spore Institute of Technology  
 My Vehicle A: YN 2056G Vehicle B: FBM 1340 U Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

有托在旁停车位停放, 我们男厘经过时  
 不小心碰上, 倒下。然后我们把它扶起  
 来了。

Claim OD/TP at Ah Lim Motor  Claim OD/TP at other workshop  Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: foodline.ptc.ltd@gmail.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own Insurer for more information.

DECLARATION

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

Vehicle YN 2056G

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.:

AH LIM MOTOR COMPANY



redefining / insurance

AIA Insurance Pte Ltd  
 1800 850 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

date  
 06/01/2018

policy number  
 CV1 / GA151771

## 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

<b>Policyholder name</b>	FOOD LINE PTE LTD	<b>Certificate number</b>	0A151771 / 1
<b>Cover</b>	Comprehensive	<b>NCD</b>	10%
<b>Engine number</b>	4M42A78029	<b>Chassis number</b>	FER3BEA20408
<b>Vehicle Registration number</b>	YN20560		
<b>Period of Insurance</b>	from 13/01/2018 to 12/01/2019 (both dates inclusive)		
<b>Sum Insured</b>	Market Value at The Time of Loss		
<b>Finance Loan Company</b>	Nil		

### 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 6 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

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 65 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

### Additional clauses & endorsements to your policy

Nil

**FOOD LINE PTE LTD**  
8A ADMIRALTY STREET # 01-03  
FOOD XCHANGE @ ADMIRALTY  
SINGAPORE 757437  
Tel : 6858 5360 Fax : 6858 5359  
E-MAIL : [foodline.pte.ltd@gmail.com](mailto:foodline.pte.ltd@gmail.com)  
GST REG.NO. 200900424W

29/12/2018

To Whom It May Concern,

Accident involving my vehicle no YN2056G on 18/11/2018 with FBM1340U along Singapore Institute Of Technology.

I, Food Line Pte Ltd Roc.No. 200900424W owner of vehicle no. YN2056G am aware of the accident of my vehicle on 18/11/2018 while car was driven by Kuek Ju Ling IC.No. F8076848Q. I hereby authorise him to make a report.



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**Chew Peng Wah**  
29/12/2018  
FOOD LINE PTE LTD  
8A Admiralty Street #01-03  
Food Xchange @ Admiralty  
Singapore 757437  
Tel: 68585360 Fax: 68585359

Policy Holder's LA & Briefings Pg. 2



redefining / insurance

Date: 21/12/18

To: Owner of Vehicle Number: VN 20569

The following has been advised to you via your workshop, Ah Lim Motor Co through their staff, Mei Lu

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 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.

Reported only

Signed and acknowledged:

Name and signature of policy holder/authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo

