

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	11/01/2019 16:01
Date Of Accident	11/01/2019 09:30
Exact Location Of Accident	EU TONG SENG STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN4799H
Insured/Policyholder	
Name Of Registered Owner	OMNI AQUATIC SUPPLIES PTE .LTD
Co Reg No	200801642D
Email Address	ACCOUNTS@OMNIDORZENFOOD.COM.SG
Mobile Phone No	(LOCAL) +65-91821029
Alternative Phone No	OFFICE-67743059

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO-3.0 D FE83 (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P2117221
Cover Note Number	

Driver

Name of Driver	DU JUN
NRIC No	G2524822N
Date Of Birth	08/06/1987
Occupation	OUTDOOR
Date Of Driving Pass	03/12/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82667808
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	149 PANDAN LOOP
Postcode	128347
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 (including own vehicle) 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)	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

REFER TO ATTACH SKETCH PLAN

Attachment(s)

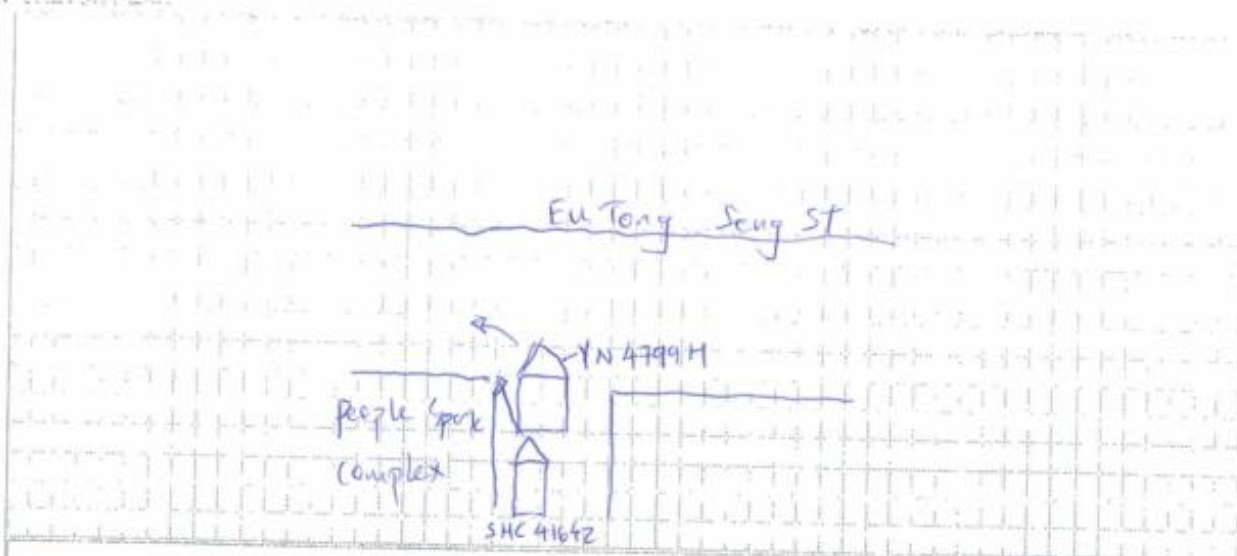
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ4164Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG PETER
NRIC/Passport Number	S1592622H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When turning out of park crescent to Eu tong seng street, a vehicle SHC 41642 attempt to cut my vehicle from the side even though it is a one-way street. The side of his car collided with the side of my lorry.

kindly refer to the pictures.

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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



Policyholder's
Date & Time

11/1/19
15:30

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

11/1/19
1530

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANDAN BRANCH
NAME & SIGNATURE:
DESIGNATION: DATE: 11/1/19

Reporting Centre Personnel's Signature
Name: Chen Chee King
IPIC / Pin No: 60261122

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Sketch Plan #2

IMPORTANT NOTICE

SKETCH PLAN #2

1. Please report correctly the details of the accident to speed up the claims process.
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6. This report will be forwarded by the insurers to 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.
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
Date & Time

11/1/19 15:30

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

11/1/19 15:30

COMFORTDELORO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV, PANJIAN BRANCH

NAME & SIGNATURE: Cy
DESIGNATION: _____ DATE: 11/1/19

Reporting Centre Personnel's Signature

Initials: Chen Han Pion
HRIC / Fin No.: 61601320

DRIVER ID AND LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G 2524822N**

Name: **DU JUN**

Birth Date: **08 Jun 1987**

Issue Date: **03 Dec 2014**

Valid Till: **02 Dec 2019**

002372325G

NAME & SIGNATURE
DESIGNATION
DATE

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

Employer: **BAN HENG AQUATIC SUPPLIES PTE. LTD.**

Sector: **MANUFACTURING**

Name: **DU JUN**

Occupation: **DRIVER**

Work Permit No.: **0 76372950**

Date of Application: **20-03-2017**

Date of Issue: **20-03-2017**

Date of Expiry: **20-03-2019**

L7795468

NAME & SIGNATURE
DESIGNATION
DATE

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS IN PRC
NAME & SIGNATURE
DESIGNATION
DATE

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

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg

EFFECTIVE DATE: 03 Dec 2014

Licence No: **G2524822N**

NP 428A

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS IN PRC
NAME & SIGNATURE
DESIGNATION
DATE

VISIT PASS
Immigration Regulations

Name: **DU JUN**

Date of Birth: **08-06-1987** Sex: **M** Nationality: **CHINESE**

PN: **G2524822N** Date of Issue: **31-03-2017** Date of Expiry: **20-03-2019**

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.

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS IN PRC
NAME & SIGNATURE
DESIGNATION
DATE

CERTIFICATION OF INSURANCE Pg. 1

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

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

CERTIFICATE NO. : VCA/P2117221 Account No. : 03936
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : OMNI AQUATIC SUPPLIES PTE. LTD.
Vehicle Registration No. : YN4799H
Period of Insurance : From 02/06/2018 To 01/06/2019 (Both Dates Inclusive)

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
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

Sect I - Any Authorised Driver : SGD 900.00

Windscreen Excess : SGD 100.00

(Please refer to your policy for Additional Excess)

* Limitations rendered inoperative by Section 8 of the Motor 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.

I/We hereby certify that the 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

Authorized Signature

Issued by - SGOSP on 31/05/2018

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

VIRTUAL INSURANCE AGENCIES PTE LTD
192 Waterloo Street #02-02
Skyline Building, Singapore 127966
Tel: (65) 63380083 Fax: (65) 63380048

Accident Photo



Accident Photo



Accident Photo



Accident Photo



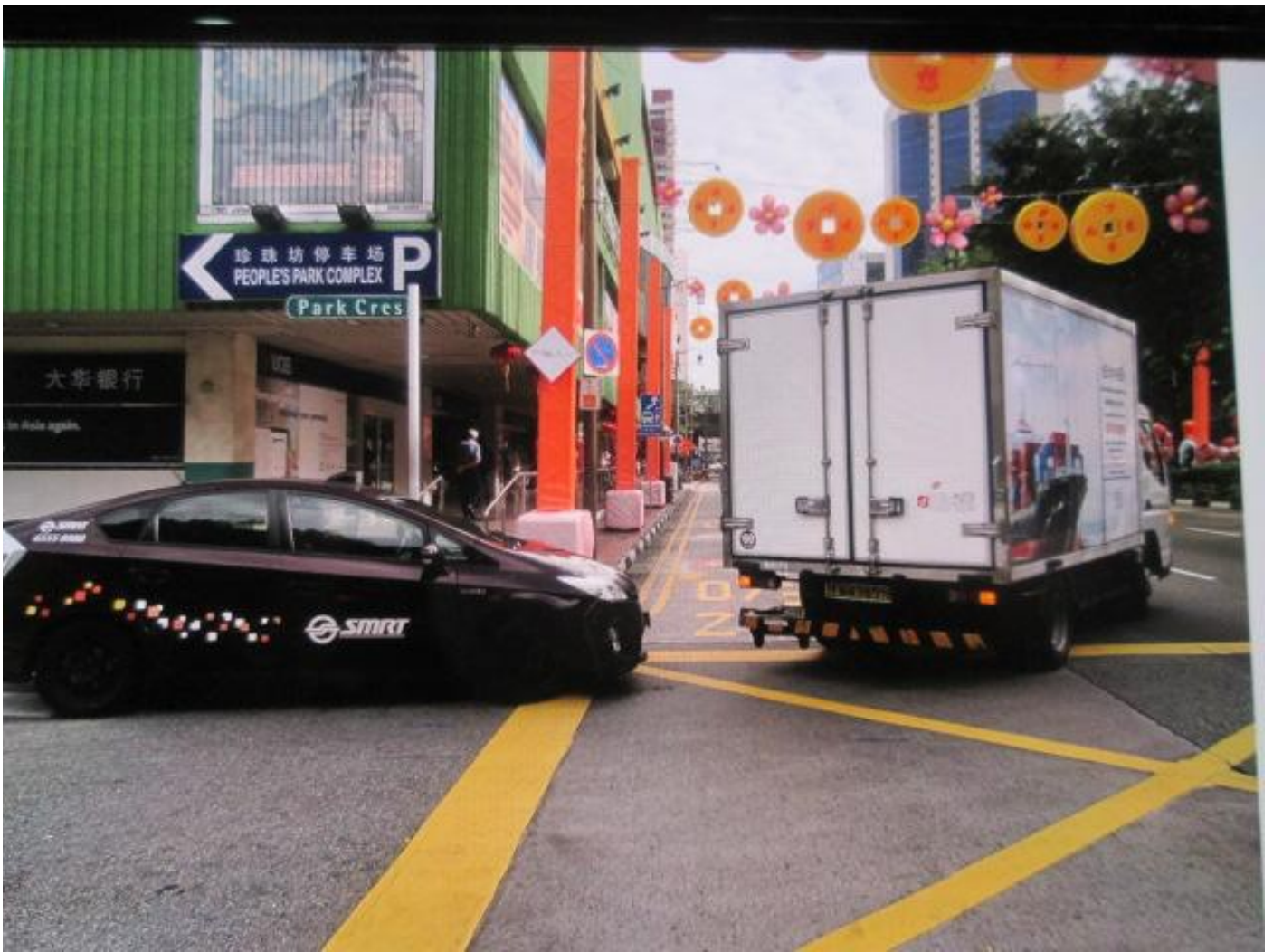
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