

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	14/03/2019 17:36
Date Of Accident	21/01/2019 08:00
Exact Location Of Accident	HOUGANG AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3429B
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Insured/Policyholder

Name Of Registered Owner	MANDARIN OPTO-MEDIC CO PTE LTD
Co Reg No	197701927G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67478777

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P1492152
Cover Note Number	

Driver

Name of Driver	LIM JIT LAI
NRIC No	S6934651J
Date Of Birth	27/09/1969
Occupation	OUTDOOR
Date Of Driving Pass	27/03/1987
Driving Experience	31 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91113581
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 185D RIVERVALE CRESCENT #13-157
Postcode	544185
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 (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20190124/2175.

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
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	LIM JIT LAI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBJ3429B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

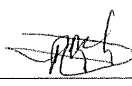
1. Please report **correctly** the details of the accident to speed up the claims process.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available 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.

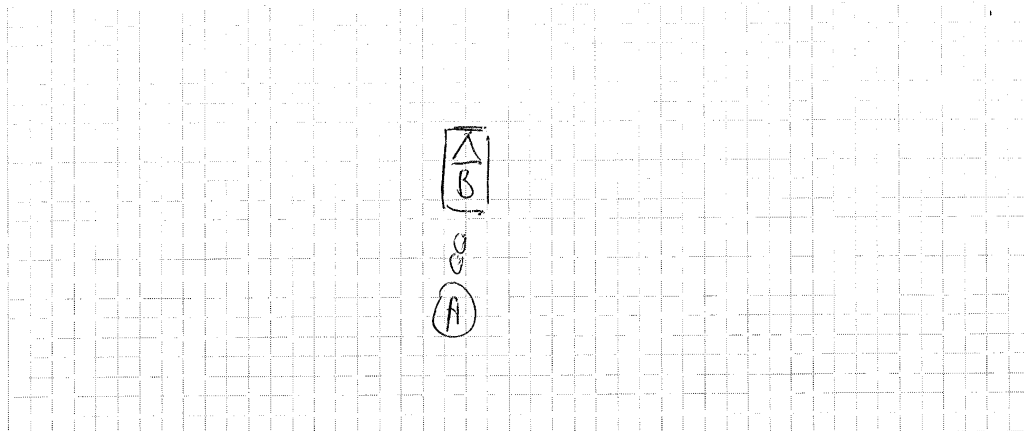
文華光學(私人)有限公司
MANDARIN OPTO-MEDIC CO. PTE. LTD.
30, Kaki Bukit Crescent Kaki Bukit Techpark 1
Singapore 416261
Tel: 65-6747 8777 Fax: 65-6747 9444
GST Reg.No. M2-0027845-3 Co.Reg.No. 197701927G

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT

* VEHICLE IS AT TRAFFIC COMPOUND.

DECLARATION

文華光學(私)有限公司 All the particulars are true in every respect.
MANDARIN OPTO-MEDIC CO. PTE. LTD.
30, Kaki Bukit Crescent Kaki Bukit Techpark 1
Singapore 416261
Tel: 65-6747 8777 Fax: 65-6747 9444
GST Reg. No. M2-0027845-3 Co. Reg. No. 197701927G
Date & Time: _____
Driver's Signature
(If driver is not the policy holder)

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

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

LETTER OF UNDERTAKING

I/We, MANDARIN OPTO-MEDIC CO PTE LTD, the owner of vehicle no. FRJ 2429B

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

文華光學(私人)有限公司
MANDARIN OPTO-MEDIC CO. PTE. LTD.
30, Kaki Bukit Crescent Kaki Bukit Techpark 1
Singapore 416261
Tel: 65-6747 8777 Fax: 65-6747 9444
GST Reg.No. M2-0027845-3 Co.Reg.No. 197701927G

AKB
Nric no. & signature of policyholder

Company stamp

14/03/2009
Date

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190124/2175

1 of 3

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190124/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2019 21:31	Vide Report No.:	Station Diary No.: 108
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Informant's Particulars

Name of Informant: LIM JIT LAI			Address: APT BLK 185D RIVERVALE CRESCENT #13-157 SINGAPORE 544185		
ID Type / ID No.: NRIC NO / S6934651J			Contact No.: Home/Office: 91113581 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 49	Date of Birth: 27/09/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Despatch worker			Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/01/2019 08:00	Type of Location: Straight Road
Location: Along Road 1 HOUGANG AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ3429B	Motorcycle				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20190124/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

2 of 3

Report No. T/20190124/2175

CONTINUATION OF REPORT

Driver			
Name	LIM JIT LAI	ID No.	S6934651J
Related Vehicle	FBJ3429B (Motorcycle)	Contact No.	91113581
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	21/01/2019	Date Discharge	23/01/2019
No. of Days granted Medical Leave	18	Degree of Injury	Slight

Brief Details.

On 21/1/2019 at around 0730hrs, I left home for work and that was the last time I saw my motorcycle intact.

On 21/1/2019 at around 0800hrs, I was riding along Hougang Avenue 3 at around 50km/h, when a taxi in front of me jammed break suddenly. As such I could not react in time, my motorcycle hit the rear of the said taxi and my motorcycle fell sideways. When I woke up I discovered that my head, both arms and legs bleeding. Ambulance came and conveyed me to Sengkang General Hospital.

I wish to inform that I could not recall the exact location of the accident area. I also wish to inform that I could not recall the details of the taxi.

I am lodging this report for Police assistance.



**SINGAPORE
POLICE FORCE**



T/20190124/2175

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999




3 of 3
Report No. T/20190124/2175

CONTINUATION OF REPORT

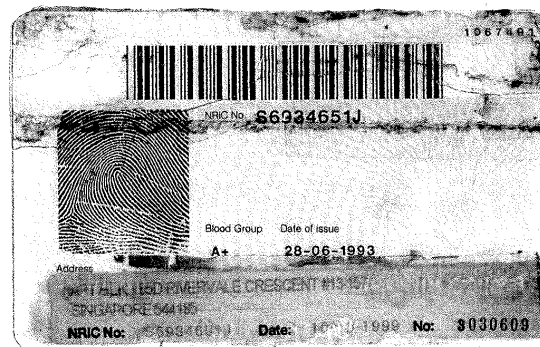
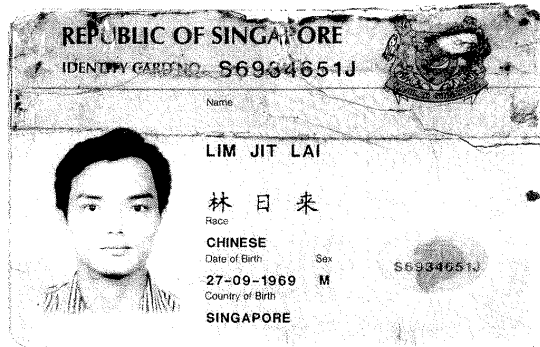
Sketch Plan

Informant is not able to provide sketch plan

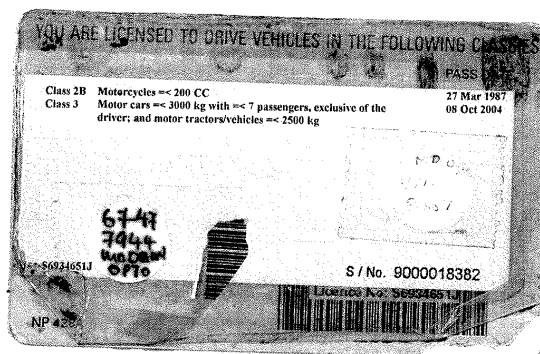
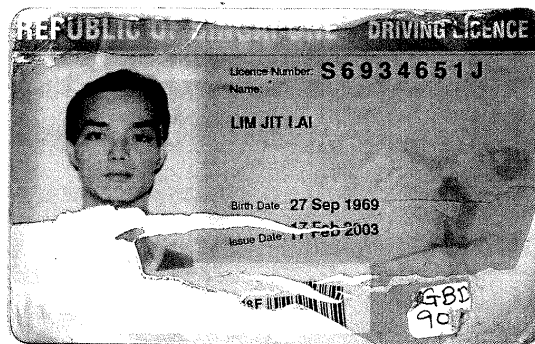
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / Staff Sgt MUHAMMAD JUMARI BIN IBRAHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2019 21:31
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case: <div data-bbox="836 1753 917 1785" data-label="Text"> SN 085 </div>
Authentication Stamp NP168 	Signature:  Singapore Police Force

Accident Sketch Plan Pg. 1



Accident Sketch Plan Pg. 1



Accident Sketch Plan Pg. 1

MEN8C

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. : VMZ/P1492152 Account No. : 03375
Coverage : Third Party Fire & Theft Only
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : MANDARIN OPTO-MEDIC CO PTE LTD
Vehicle Registration No. : FBJ3429B
Period of Insurance : From 08/04/2018 To 07/04/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any other person provided he is in the Policyholder's employ and is driving on their 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 only for the Policyholder's business or profession
(b) Use for social, domestic, and pleasure purposes by the Policyholder
The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making, reliability trial or speed testing (13)

Fire&Theft - Within Singapore : SGD 300.00
THEFT OUTSIDE SINGAPORE : SGD 600.00

* 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

[Signature]
Authorized Signature

Issued by - SGRAN03 on 16/04/2018

IMPORTANT :

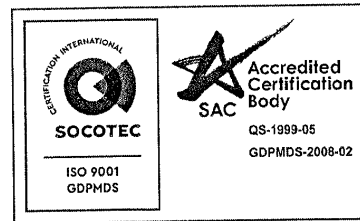
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation 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.

WARRANTED ALL
ACCIDENT REPAIRS
MUST BE CARRIED
OUT ONLY AT OUR
AUTHORISED
WORKSHOPS



文華光學（私人）有限公司
Mandarin Opto-Medic Co Pte Ltd
30 Kaki Bukit Crescent, Kaki Bukit Techpark 1, Singapore 416261
Tel: (65) 6747 8777 Fax: (65) 6747 9444
E-mail: manopt@mandarinoptomedic.com
Co. Reg. No. 197701927G GST Reg. No. M2-0027845-3



LETTER OF AUTHORISATION

To whom it may concern,

We, Mandarin Opto-Medic Co Pte Ltd. (company's name), 197701927G (Co Reg. No.)

are the registered owner of the vehicle FBJ3429B (license plate number).

The vehicle is insured by AXA Insurance Pte Ltd (insurance company).

We Mandarin Opto-Medic Co Pte Ltd. (company's name), hereby authorize
our employee Mr. LIM JIT LAI (employee's name) to drive our vehicle on 21/1/2019
(date of accident).

If you have any questions concerning this matter, please contact me using the
information provided below.

Company Name: Mandarin Opto-Medic Co Pte Ltd.

Company Reg No.: 197701927G

Contact number: 6747 8777 / 6922 0157

Signature (with company stamp):

bizSAFE₄