

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	12/02/2019 17:02
Date Of Accident	10/02/2019 14:30
Exact Location Of Accident	ALONG CANBERRA LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE2918P
Insured/Policyholder	
Name Of Registered Owner	THOW YEN FOODSTUFFS PTE. LTD.
Co Reg No	200308688R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86667791
Alternative Phone No	OFFICE-62459949

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350-2.5 5MT 5DR EURO V (A)
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	VCA/P1836254
Cover Note Number	

Driver

Name of Driver	LIM YEW HUAT
NRIC No	S1500624B
Date Of Birth	30/12/1961
Occupation	OUTDOOR
Date Of Driving Pass	24/03/1986
Driving Experience	32 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83604942
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 44 SIMS DRIVE #14-151
Postcode	380044
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 - CHANGE/CROSS LANE
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

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	SH7044K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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.

桃源食品私人有限公司
THOW YEN FOODSTUFFS PTE. LTD.
Blk 3017 Bedok North St 5
#02-25/26 Singapore 488121
Tel: 6245 0015 Fax: 6245 0022

Policyholder's Signature
Date & Time:

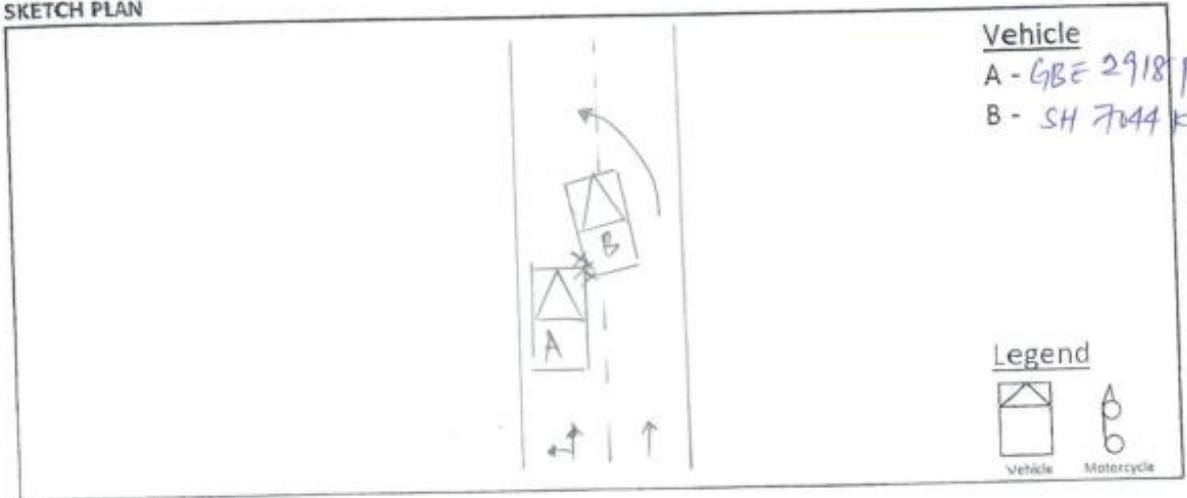
桃源食品私人有限公司
THOW YEN FOODSTUFFS PTE. LTD.
Blk 3017 Bedok North St 5
#02-25/26 Singapore 488121
Tel: 6245 0015 Fax: 6245 0022

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



Vehicle
 A - GBE 2918 P
 B - SH 7044 K

Legend

 Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along Canberra Link in the left lane. Suddenly a vehicle B from my right out into my lane and hit onto my vehicle right front portion.

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.

桃源食品私人有限公司
 THO WYEN FOODSTUFFS PTE. LTD.
 Policyholder's Signature: [Signature]
 Date & Time: [Signature]
 Tel: 6246 5515 Fax: 6245 0122

THO WYEN FOODSTUFFS PTE. LTD.
 3017 Bedok North St 5
 #01-25/28 Singapore 480121
 Tel: 6246 5515 Fax: 6245 0122
 Driver's Signature: [Signature]
 (if driver is not the policyholder)
 Date & Time:

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

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@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/P1836254
Coverage	: Comprehensive
Sum Insured	: Market Value At The Time Of Loss
Name of Policy Holder	: THOW YEN FOODSTUFFS PTE LTD
Vehicle Registration No.	: GBE2918P
Period of Insurance	: From 17/10/2018 To 16/10/2019 (Both Dates Inclusive)
Account No. : 04155	
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 700.00 (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 - SGOYMT on 11/09/2018	
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.	

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1500624B



Name
LIM YEW HUAT
林 友 发
Race
CHINESE
Date of birth Sex
30-12-1961 M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S1500624B**
Name
LIM YEW HUAT

Birth Date: **30 Dec 1961**
Issue Date: **07 May 2003**

000472569E



NRIC No **S1500624B**



Date of issue
12-06-2004

Address
**APT BLK 44 SIMS DRIVE
#14-151
SINGAPORE 380044**

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

		PASS DATE
Class 2B	Motorcycles not exceeding 200 cc	11 May 1984
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Dec 1984
Class 4	Heavy Motor Cars and Motor Tractors the weight of which unladen exceeds 2500 kilograms	24 Mar 1986

NP 428A



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: 10/2/2019 Time: 1430
 2 Exact location of accident: Along Canberra Link
 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) **GBE2918P**
 6 Insured / policyholder (see insurance cert.)
 Name: **Thow Yen Foodstuffs**
 (capital letters) **P/L**
 Address: _____
 NRIC / Passport no.: _____
 Tel no. (from 6am till 5pm): **6245 9949**
8666 9991
 HP: _____
 7 Vehicle
 Make, type: _____
 8 Insurance company: **AXA**
 Does the policy cover damage to vehicle A?
 No Yes
 Policy No.: **VCA/P1836254**
 9 Driver State as Owner
 Name: **Lim Yew Hui**
 (capital letters)
 NRIC / Passport no.: **S1500624B**
 Class of licence: **83604942**
 HP: _____
 Gender: Male Female

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

D1	Chain Collision
D2	Collided into Object
D3	Collided into Motorcycle
D4	Collided into Parked Vehicle
D5	Collided into Pedestrian
D6	Collided into Property
D7	Collision - Change/Dress Lane
D8	Collision - Cross Junction
D9	Collision - Head on Collision
D10	Collision - Head to Tail
D11	Collision - Major/Minor Hit
D12	Collision - Opening Door of Vehicle
D13	Collision - Roundabout
D14	Collision - U-Turn
D15	Distraction / Drug Influence
D16	Fire, Explosion or Lightning
D17	Flood
D18	Hit and Run / Vanishing / Damaged and Not Reported
D19	Hit by Fallen Tree / Other Object
D20	No Collision
D21	Side Swipe
D22	Turn

Handwritten: **Hang Jie**

Registration No. (VEHICLE B) **SH 7044K**
 6 Insured / policyholder (see insurance cert.)
 Name: _____
 (capital letters)
 Address: _____
 NRIC / Passport no.: _____
 Tel no. (from 6am till 5pm): _____
 HP: _____
 7 Vehicle
 Make, type: _____
 8 Insurance company:
 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 (→)

11 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

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

13 Visible damage to vehicle A

13 Visible damage to vehicle B

14 My remarks

Signature of driver A
桃源食品私人有限公司
THOW YEN FOODSTUFFS PTE. LTD.
 Blk 307 Bedok North St 6
 #02-25/26 Singapore 48121
 Tel: 6246 5515 Fax: 6246 0222

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>whatsapp</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 checked="" type="checkbox"/> No <input 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)																															
Driver or person in charge of vehicle at the time of accident (including listed)	7 Date of birth	Occupation	Date of license pass																													
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>																													
			Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input 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;"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>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																														
Type of person	10 Name(s), address(es) and approximate age(s)	Injuries sustained?	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">If vehicle occupants, state in which vehicle</th> <th colspan="2">Were seat belts being worn?</th> <th colspan="2">Was injured conveyed to hospital by ambulance?</th> </tr> <tr> <th>Yes</th> <th>No</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?		Yes	No	Yes	No																				
	If vehicle occupants, state in which vehicle	Were seat belts being worn?			Was injured conveyed to hospital by ambulance?																											
		Yes	No	Yes	No																											
11 Name(s) and address(es) of owner(s)	Vehicle registration no. & 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? _____																																
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>																														
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>																														
	16 Speed of vehicle	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr																														
	17 What warnings were given by driver or other party? _____																															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>																															
	19 What lights were deployed 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) <input type="checkbox"/>																																
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 _____																													

桃源食品私人有限公司
 THOW YEN FOODSTUFFS PTE. LTD.
 Blk 2017 Bedok North St 5
 #02-03/20 Singapore 469121
 Tel: 6246 5515 Fax: 6246 5522

Accident Photo



Accident Photo



Accident Photo

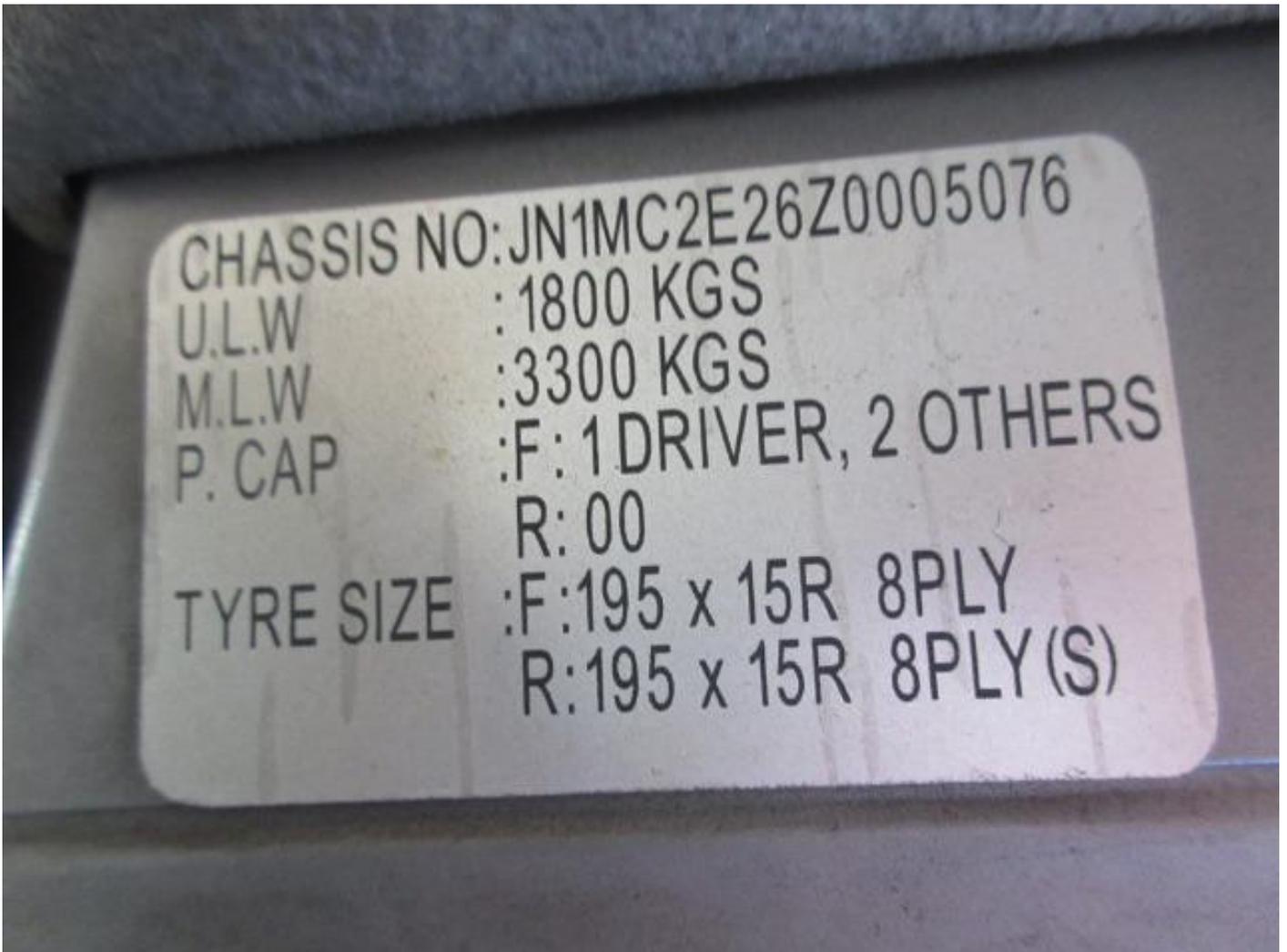


Accident Photo



บริษัท เวนโปรดักส์ จำกัด
เลขที่ 253/253/1 หมู่ 10 ต.บ้านใหม่ อ.เมือง จ.นนทบุรี
เลขที่ 253/253/1 หมู่ 10 ต.บ้านใหม่ อ.เมือง จ.นนทบุรี
เลขที่ 253/253/1 หมู่ 10 ต.บ้านใหม่ อ.เมือง จ.นนทบุรี

Accident Photo



Accident Photo

