

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	13/09/2019 14:54
Date Of Accident	21/02/2019 03:30
Exact Location Of Accident	ALONG UPPER CROSS ST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA145L
Insured/Policyholder	
Name Of Registered Owner	L&L FOOD SUPPLY
Co Reg No	52936771L
Email Address	LLFOODSUPPLY@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-81226704
Alternative Phone No	OFFICE-62621669

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA294673/1
Cover Note Number	29/12/2018 - 28/12/2019

Driver

Name of Driver	LIM SENG HUAT
NRIC No	S1289226H
Date Of Birth	09/09/1958
Occupation	INDOOR
Date Of Driving Pass	13/02/1979
Driving Experience	40 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81226704
Fax Number	
Contact Number	OFFICE-62621669
EMail Address	NOEMAIL

Address	712A JURONG WEST ST 71 #08-181
Postcode	641712
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	COLLIDED INTO PARKED VEHICLE
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 THE SKETCH PLAN BY DRIVER

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	FBN1660R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

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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 Pg. 2

Date of accident: 2/10/19 Time: 03:30 Location: Along Upper Cross St
My Vehicle A: CBA145L Vehicle B: ABN 16602 Vehicle C: -
SKETCH PLAN

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked by the side of the road, when I accidentally hit onto vehicle B.

☐ 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 :

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.

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Officer's Signature

Name:

NRIC/FIN No.:

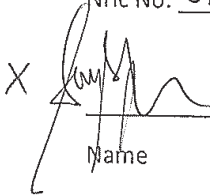

To Whom It May Concern,

Accident involving my vehicle no. GBA145L on 21/02/19 (date) with
F3M1600F (other vehicle no) along Upper Cross St

I, L7L Food Supply Nric No. 52936771L

Owner of vehicle no. GBA145L am aware of the accident of my vehicle on
21/02/19 (Date) while car was driven by Lim Jery Huan


Nric No. 51264221H. I hereby, authorise him / her to make the report.

X  
Name

Date:

.....
..
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X 
Name
Date:

Identification Card Pg. 1

Sketch Plan Pg. 4

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1289226H



Name
LIM SENG HUAT

林成发

Race
CHINESE

Date of birth
09-09-1958

Sex
M

Country/Place of birth
SINGAPORE



STRICTLY
FOR WORKSHOP USAGE

USE FOR ACCIDENT
REPORTING ONLY

Hp. 8122 6704

Email: 11foodsupply@yahoo.com.sg

STRICTLY
FOR WORKSHOP USAGE

USE FOR ACCIDENT
REPORTING ONLY

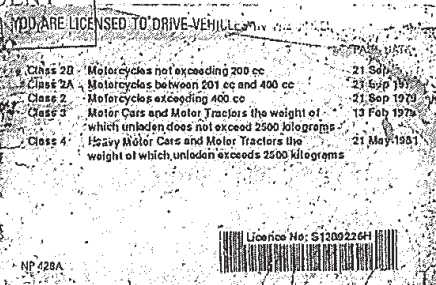


NIC No S1289226H



Date of issue
10-09-2018

Address
APT BLK 712A JURONG WEST STREET 71
#08-181
SINGAPORE 641712



my
inf. No
Cer. No
Total: 1.



redefining / insurance

AXA Insurance Pte Ltd
 1600 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

date
 08/11/2018

policy number
 CV3 / GA294673

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 169) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1989 (Malaysia)

Policy details

52936771L

Policyholder name	L&L FOOD SUPPLY	Certificate number	GA294673 / 1
Cover	Third Party, Fire & Theft	NCB	15%
Engine number	1K01525408	Chassis number	JTFA135Y903000063
Vehicle Registration number	QDA149L		
Period of Insurance	from 29/12/2018 to 28/12/2019 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Finance Loan Company	HONG LEOHNG FINANCE LIMITED		

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 trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 9 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 169) 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 All Risks 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

AXA Insurance Pte Ltd (199903812M)
 6 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

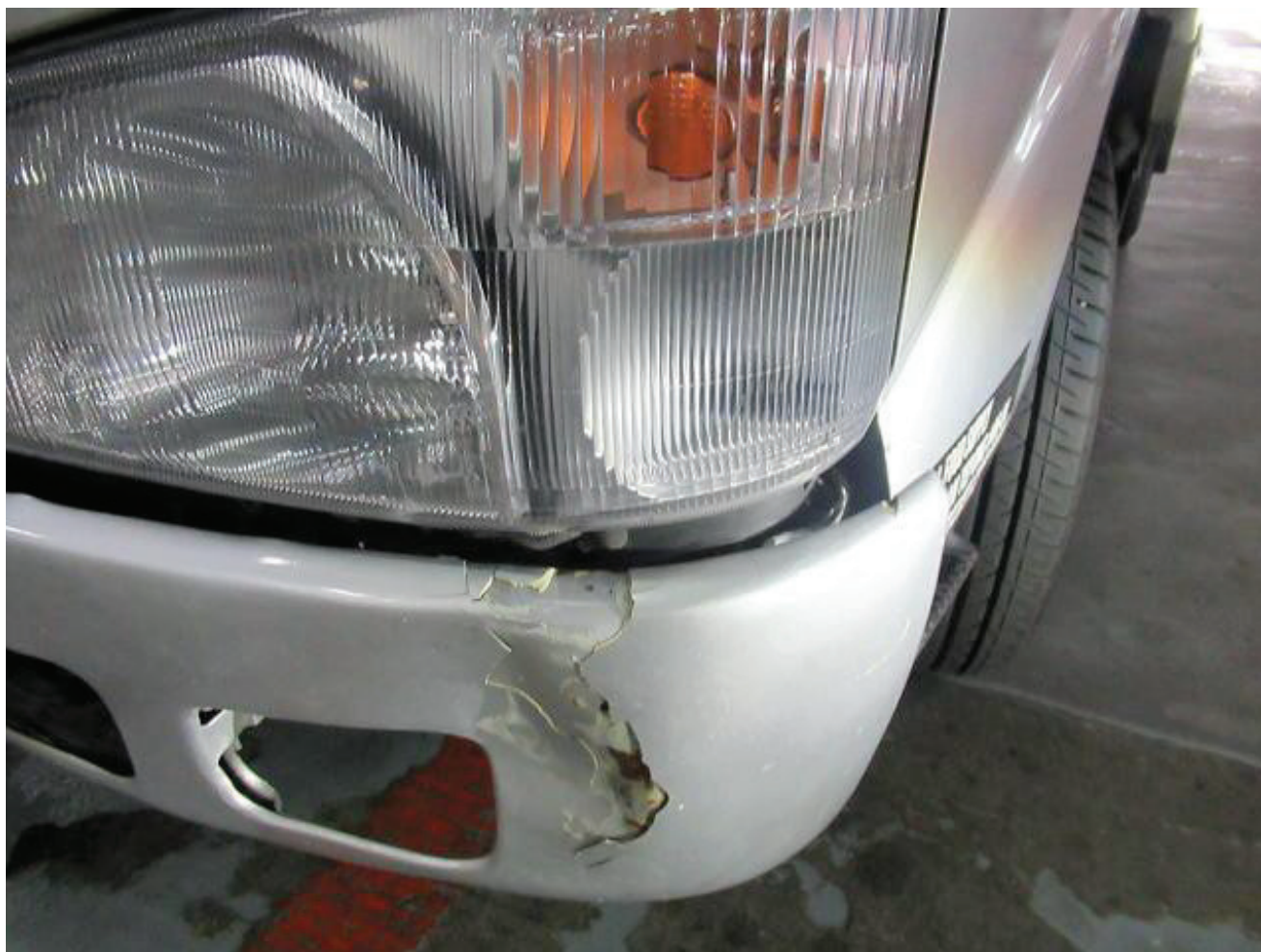
Accident Photo



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