

## 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	20/03/2019 15:35
Date Of Accident	19/03/2019 16:40
Exact Location Of Accident	PIE TO UPP SERANGOON RD (TOA PAYOH)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC8141K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOP-MIX CONCRETE PTE LTD
Co Reg No	198105226D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96319853

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S

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? YES

If No, Please state action to be taken

Vehicle Category	COMMERCIAL VEHICLE
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### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2016915
Cover Note Number	

### Driver

Name of Driver	LIN YINGPIN
NRIC No	G5027897U
Date Of Birth	15/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88767078
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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	CHAIN COLLISION
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	3
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

VEHICLE B WAS STATIONARY. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR.

#### 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	YN7166P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE C
Vehicle Category	PRIVATE CAR
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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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:

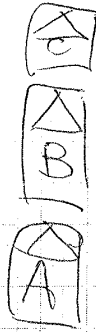
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:  
NRIC/FIN No.:



VEHICLE B WAS STATIONARY. I COULDN'T STOP IN  
TIME AND HIT INTO VEHICLE B REAR

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



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

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## LETTER OF UNDERTAKING

I/We, TOP-MIX CONCRETE PTE LTD, the owner of vehicle no. WCB141K

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:

.....  
Nric no. & signature of policyholder

.....  
Company stamp

.....  
Date



20/02/2019

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

Employer:  
**TOP-MIX CONCRETE PTE LTD**

Sector: **MANUFACTURING**

Name:  
**LIN YINGPIN**

Occupation:  
**LORRY/ TRUCK DRIVER**



Work Permit No.  
**O 74022804**

Date of Application:  
**19-04-2017**

Date of Issue:  
**23-05-2017**

Date of Expiry:  
**09-05-2019**

**L7967834**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Licence Number: **G5027897U**

Name:  
**LIN YINGPIN**



Birth Date: **15 Apr 1980**

Issue Date: **26 Oct 2015**

Valid Till: **03/11/2020**

**002487015C**

**SG 50**

**VISIT PASS**  
Immigration Regulations

Name:  
**LIN YINGPIN**

Date of Birth: **15-04-1980** Sex: **M** Nationality: **CHINESE**

FIN: **G5027897U** Date of Issue: **23-05-2017** Date of Expiry: **09-05-2019**

**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.**





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

Class	Vehicle Description	Effective Date
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	04 Nov 2010
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	12 Dec 2013

**NP 428A**

Licence No: **G5027897U**



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. : VFX/P2016915 Account No. : 03936  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : TOP-MIX CONCRETE PTE LTD  
Vehicle Registration No. : WC8141K  
Period of Insurance : From 10/12/2018 To 10/11/2019 (Both Dates Inclusive)

## PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

Any person provided he is in the Policyholder's employ and/or 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\*

Use in connection with the Policyholder's business

Whilst the Motor Vehicle is being so used, the carriage of passengers is permitted

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing
- (b) Use for the carriage of passengers for hire or reward
- (c) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(10)

## EXCESS :

Sect I - Any Authorised Driver : SGD 1,000.00

\* 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

VIRTUAL INSURANCE AGENCIES PTE LTD

192 Waterloo Street #02-02

Skyline Building, Singapore 187986

Tel: (65) 63380083 Fax: (65) 63380044

  
Authorized Signature

Issued by - SGOSAMY on 13/12/2018

## 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)).

FOR INDIVIDUAL CUSTOMERS

: Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS

: Please refer to the Premium Warranty Clause on the policy



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

