

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	12/04/2019 16:55
Date Of Accident	11/04/2019 21:00
Exact Location Of Accident	JUNCTION OF THOMSON RD & THOMSON LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3884R
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Insured/Policyholder

Name Of Registered Owner	TSL LOGISTICS PTE LTD
Co Reg No	201309403M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-86888662

Vehicle Particulars

Manufacturer	MAN
Model	TGS 18.400-10.5 D 4X2 BLS (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	THIRD PARTY
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	P1936398
Cover Note Number	

Driver

Name of Driver	HAN XIAN MIN
NRIC No	G3015197L
Date Of Birth	05/08/1976
Occupation	INDOOR
Date Of Driving Pass	11/02/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96680855
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1294 PANDAN LOOP #05-15
Postcode	128383
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?	
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

ON THE STATED DATE AND TIME, I WAS TRAVELLING ALONG THE STATED VANUE ON THE MIDDLE LANE OF THE 3 CARS CARRIAGEWAY AS I WAS TURNING RIGHT IN MY RIGHTFUL LANE. SUDDENLY A CAR (SKH3042L) ON MY LEFT, SWERVED ONTO MY LANE WHILE IN THE YELLOW BOX AND COLLIDED ONTO MY LEFT FRONT PORTION. CAUSING DAMAGES.

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	SKH3042L
Vehicle Make/Model/Colour	
Details Of Properties	VEH B
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)	

Accident 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.

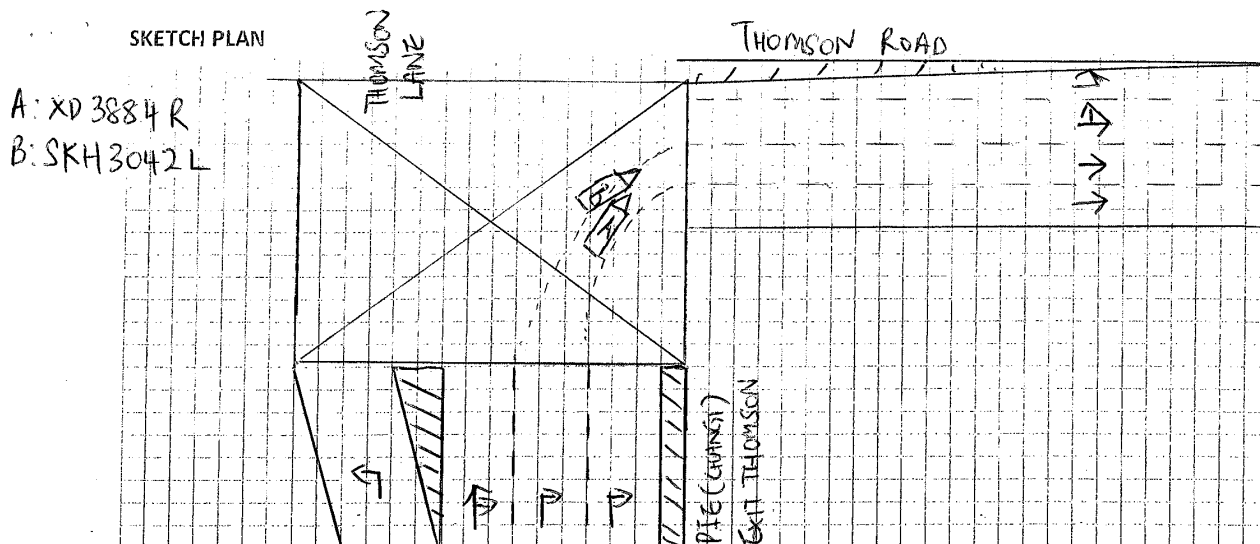


Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE STATED TIME AND DATE, I (XD3884R) WAS TRAVELLING
ALONG THE STATED VENUE ON THE MIDDLE LANE OF THE 3 CAR
CARRIAGEWAY. AS I WAS TURNING RIGHT IN MY RIGHTFUL LANE, SUDDENLY
A CAR (SKH3042L) ON MY LEFT, SWERVED ONTO MY LANE WHILE IN
THE YELLOW BOX AND COLLIDED ONTO MY LEFT FRONT PORTION, CAUSING
DAMAGES.

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

DATE: SketchPlan.com V4

LETTER OF UNDERTAKING

I/We, Han Xian Min, the ^{driver}~~owner~~ of vehicle no. XD3284R

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, my car sg

Signed and Acknowledge by:



[Handwritten signature]

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



.....
Company stamp

.....
Date

Accident Sketch Plan Pg. 1

AXA INSURANCE PTE LTD
Shenton Way, #24-01
XA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65) 63387288 Fax: (65) 63352522
Website: www.axa.com.sg
ST Registration Number: 199903512M
customer.service@axa.com.sg



Commercial Vehicles TPFT
POLICY SCHEDULE
RENEWAL
Duplicate

POLICY INFORMATION		Policy No. : VCC/P1936398	
Source	14314 ALLINK INSURANCE AGENCY		
Insured	TSL LOGISTICS PTE LTD		
Address	194 PANDAN LOOP #05-15 PANTech BUSINESS HUB SINGAPORE 128183		
Business/Profession	LOGISTICS <small>Carrying on or engaged in the business or profession last declared and not altered for the purpose of this insurance.</small>		
Period of Insurance	From 12/05/2018 To 11/05/2019 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 0.00% NCD	SGD 2,822.34		
GST 7.00%	SGD 197.57		
Annual Premium	SGD 3,019.91		
Total Payable	SGD 3,019.91		
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	Third Party Fire & Theft Only		
Regn. No.	XD3884R		
Type Of Use	Commercial Vehicle		
Make/Model	MAN TGS18.400 4X2 BLS		
Year of Manufacture	2008		
Seating Cap. (Excl.)	1	Carrying Cap. (Tons)	67.00
Driver			
Body Type	PRIME MOVER		
Engine No.	50521112422113		
Chassis No.	WMA06SZZ19M538405		
Insured's Estimated Market Value	Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	As specified in Certificate of Insurance		
Hire Purchase	SINGAPURA FINANCE LTD		
CLAUSES, WARRANTIES & ENDORSEMENTS			
The Memoranda, Clauses, Warranties & Endorsements attached hereto:			
THIRD PARTY FIRE AND THEFT			
THE FOLLOWING ENDORSEMENTS AND CLAUSES ARE APPLICABLE TO THIS POLICY :			
Third Party Fire and Theft			
Hire Purchase (If Applicable)			

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HAN XIANMIN_...



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


TSL LOGISTICS PRIVATE LIMITED



Name:
HAN XIANMIN

Work Permit ID:
0 76019363

Category:
SERVICE



K0322047

VISIT PASS
Immigration Regulations

Name:
HAN XIANMIN

ICN:
G3015197L

Date of Birth: 05-08-1976 Gender: M

Nationality:
CHINESE



MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status



YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



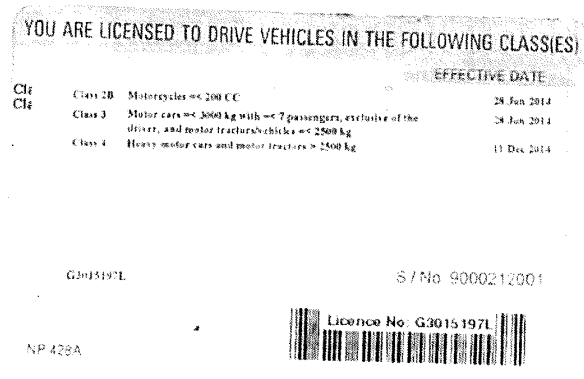
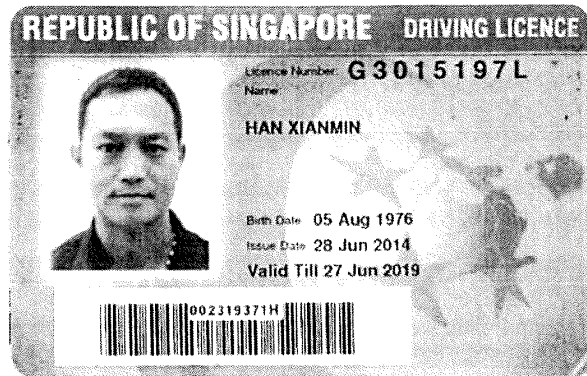
Accident Sketch Plan Pg. 1

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HAN XIANMIN_...



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

