

## 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	03/05/2019 13:26
Date Of Accident	02/05/2019 12:20
Exact Location Of Accident	CTE EXIT BALESTIER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDP48G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	FLEXIBLE PACKAGING PTE LTD
Co Reg No	200205199N
Email Address	DAMIAN@FLEXIBLEPACKAGING.COM.SG
Mobile Phone No	(LOCAL) +65-98384884
Alternative Phone No	OFFICE-98384884

### Vehicle Particulars

Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA094761/1
Cover Note Number	

### Driver

Name of Driver	XIAO JIAYI DAMIAN
NRIC No	S8828445C
Date Of Birth	03/08/1988
Occupation	INDOOR
Date Of Driving Pass	16/01/2007
Driving Experience	12 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98384884
Fax Number	
Contact Number	
Email Address	DAMIAN@FLEXIBLEPACKAGING.COM.SG

Address	120 SARACA ROAD
Postcode	807414
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - EMPLOYEE
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?	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)	3
Passenger 1	NAME: : FLORENCE LEE LITING GENDER: : FEMALE
Passenger 2	NAME: : PENELOPE XIAO GENDER: : FEMALE

#### 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

Please refer attachments.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4005E
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG SEE HOCK
NRIC/Passport Number	S1387760B
Contact Number	98159072
Address	BLK 660 HOUGANG AVENUE 8 #12-473
Postcode	1953

Insurance Company NameINDIA INTERNATIONAL INSURANCE PTE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	FLORENCE LEE LITING
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SDP48G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	120 SARACA ROAD
Postcode	807414

**SINGAPORE ACCIDENT STATEMENT****IMPORTANT NOTICE**

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

**ACCIDENT STATEMENT**

Date and Time of Accident	Date: 09/05/19 Time: 1220
Exact Location of Accident	CTE exit Balestier Road

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SDP 48G
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**INSURED / POLICYHOLDER (OWN VEHICLE)**

Name of Registered Owner (See Insurance Cert.)	Flexible Packaging Pte Ltd
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
- Not Applicable	200205199N

**VEHICLE PARTICULARS (OWN VEHICLE)**

Vehicle Make / Model	Manufacturer Land Rover Model Range Rover
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input checked="" type="radio"/> Others, SUV
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?	<input type="radio"/> Yes <input type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company *	Axa Insurance Pte Ltd
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	GA094761/1
Motor CI	

<b>DRIVER</b>	<input type="radio"/> Same as Insured above
Name of Driver	Xiao Jiayi Daiman
Personal Identification - NRIC (Singaporean/PR)	S8828445C
- FIN/Passport Number	
Date of Birth	03 dd/08 mm/1988/yy
Driving Date Pass	16 dd/01 mm/2007/yy
Year of Driving Experience	12 Year(s) 3 Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	9838 4884

**Sketch Plan #2 Pg. 1**

Address of Driver	180 Saraca Road	Postcode (801414)
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)		
Insurance Company of Driver's Own Vehicle (if applicable)		
<b>GENERAL INFORMATION OF THE ACCIDENT</b>		
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head - rear	
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____	
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____	
<b>OTHER INFORMATION</b>		
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No	
Number of Passengers (Including Driver)	3 FLORENCE LEE LITING ? PENELOPE XIAO (†)	
<b>DETAILS OF POLICE ACTION</b>		
Was the Accident reported to the Police?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name		
Police Station Address		
Police Station Contact	Tel No.	Fax No.
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>		
Vehicle Registration Number	SHB 4005E	
Vehicle Make/ Model/ Colour	Hyundai	
Details of Properties		
Name of Driver	Ang See Hock	
Personal Identification - NRIC (Singaporean/PR)	S138 TT60B	
- FIN/Passport Number		
Contact Number	9815 9072	
Address	Blk 660 Hougang Avenue 8 #12-473 (1953)	
Name of Insurance Company	India International Insurance	
Nature of Damage		
No. of Passenger (Including Driver)		
(Note - Please use page 6 if you need to add more vehicles )		

**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' law yers/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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith my claims.

(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

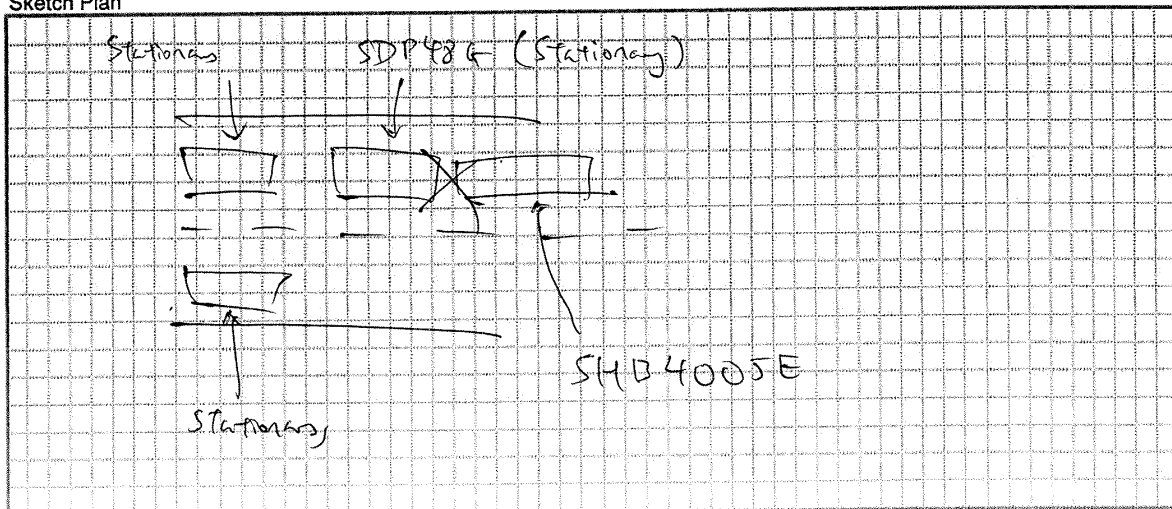
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



# Sketch Plan #4 Pg. 1

## Describe Circumstance of the Accident

I was travelling along the CTE-TOWN ~~Highway~~ Dalestier Road Exit/Sliproad. All vehicles in front of me slowed to a full halt. And I slowed by vehicle to a full stop. A couple of seconds later, SHB 4005E impacted the rear of my vehicle. This caused whiplash to my wife, Florence Lee LITING and she vomited afterwards hence I took her to ~~the~~ I Chao Teck ~~that~~ Put hospital where she spent 6 hours ~~under~~ under observation. CT SCAN and X-ray was done.

## **IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy 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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8828445C**



Name  
**XIAO JIAYI, DAMIAN**

蕭 嘉 毅


Race  
**CHINESE**

Date of birth  
**03-08-1988**

Country/Place of birth  
**SINGAPORE**

Sex  
**M**

**S8828445C**





REPUBLIC OF SINGAPORE **DRIVING LICENCE**

**S8828445C**


**XIAO JIAYI, DAMIAN**

Birth Date: **03 Aug 1988**  
Issue Date: **16 Jan 2007**




001472266G

6165895



NRIC No. **S8828445C**



Date of issue  
**06-04-2019**

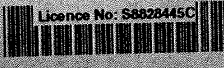
Address  
**120 SARACA ROAD  
SINGAPORE 807414**

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

PASS DATE

Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **16 Jan 2007**

Licence No: **S8828445C**



NP 428A





redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 📠 (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

## Certificate of Insurance

account number  
00914

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)

### Policy details

Policyholder name	FLEXIBLE PACKAGING PTE LTD	Certificate number	GA094751 / 1
Cover	Comprehensive	Chassis number	SALWA2VE9EA336781
Plan name	Flexi+	Engine number	13112019543308PS
WCD applicable	50%		
Vehicle registration number	SDP48G		
Period of insurance	from 11/04/2019 to 10/04/2020 (both dates inclusive)		
Finance loan company	N/A		

### Persons or classes of persons entitled to drive\*

- (a) Any Named Driver as stated in the Policy:  
 1. SEOW KOK HIONG  
 (b) 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.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* 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.

EXCESS      Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

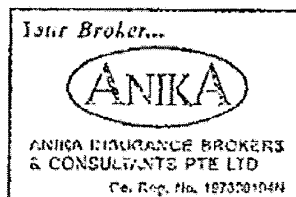
### Additional clauses & endorsements to your policy

N/A

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature



### Important note

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, endorsement etc.

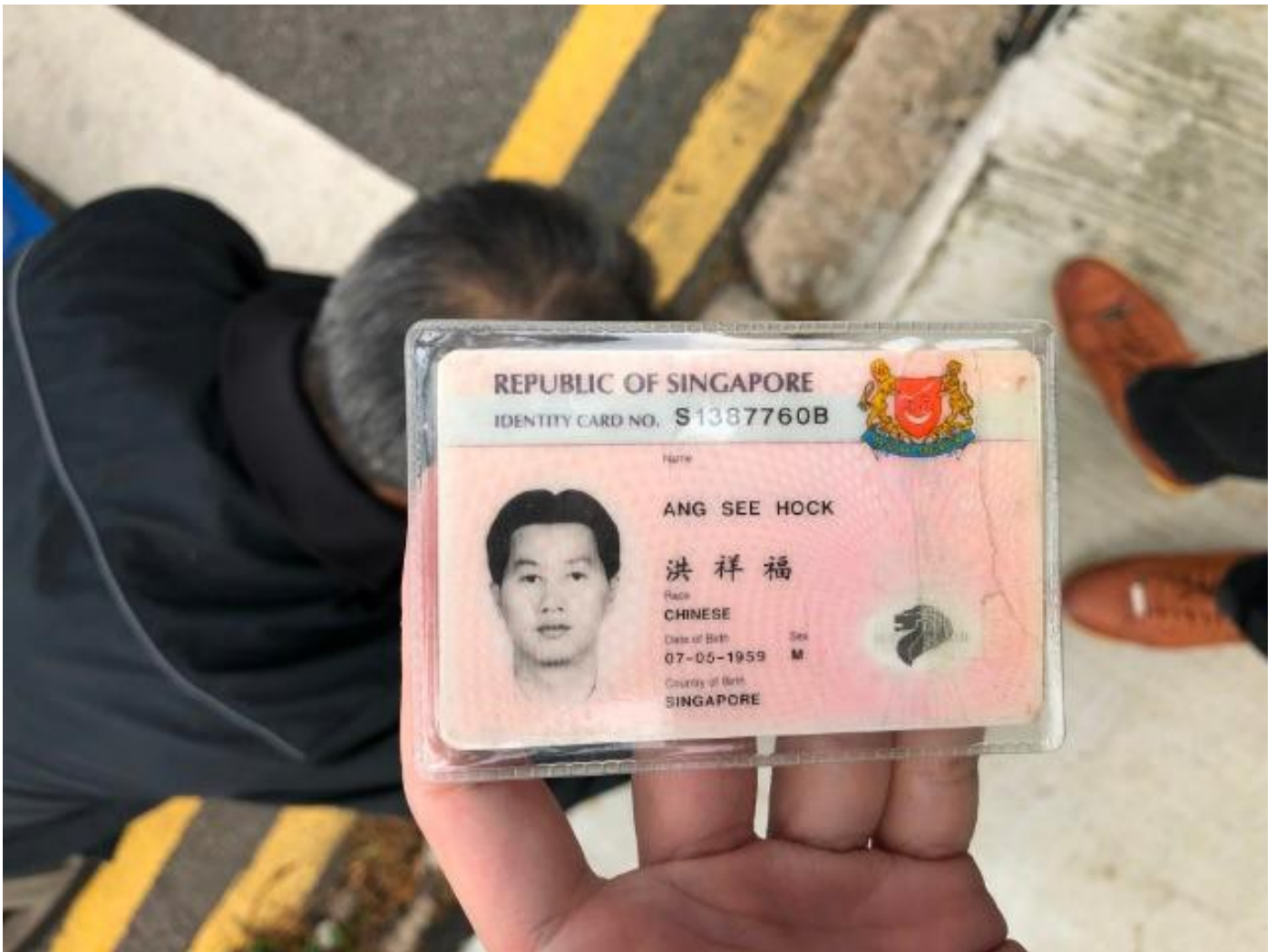
Accident Photo



Accident Photo



Accident Photo





# Accident Photo



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