

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	31/07/2019 11:45
Date Of Accident	12/07/2019 19:00
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG3816H
Insured/Policyholder	
Name Of Registered Owner	CA M & E ENGINEERING PTE LTD
Co Reg No	200501189G
Email Address	IRENE@CA-ME.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63207861

Vehicle Particulars

Manufacturer	SYM
Model	GTS200
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2234059
Cover Note Number	

Driver

Name of Driver	YUAN HAIJIAN
NRIC No	G2942876Q
Date Of Birth	22/02/1989
Occupation	OUTDOOR
Date Of Driving Pass	08/11/2018
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86998636
Fax Number	
Contact Number	
E-Mail 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 COLLISION - HEAD TO REAR
 Weather Conditions CLEAR
 Road Surface WET

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) 2
 Passenger 1
 NAME: : MR SUN
 GENDER: : MALE

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 JAM BRAKE. I CAN'T STOP IN TIME AND I REAR ENDED VEHICLE B.

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 SJU4248S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE 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)

DETAILS OF INJURED PERSON 1

Name	YUAN HAIJIAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBG3816H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan Pg. 1

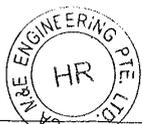
SKETCH PLAN

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. 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:

Yuan Kai Jien

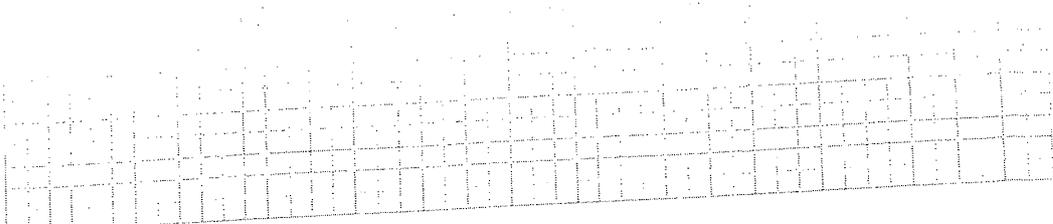
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

SKETCH PLAN



vehicle A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle B jam brake, I can't stop in time and rear ended vehicle B.

DECLARATION

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


Policyholder's Signature
Date & Time:

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

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

Sketch Plan #3 Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G2942876Q**
 Name: **YUAN HAIJIAN**

Birth Date: **22 Feb 1989**
 Issue Date: **08 Nov 2018**
 Valid Till: **07/11/2023**

002867163H




S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer
CA M&E ENGINEERING PTE. LTD.

Name
YUAN HAIJIAN

S Pass No.
0 7737133B

Sector:
CONSTRUCTION

K0568563




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

		EFFECTIVE DATE
Class 2B	Motorcycles =< 200 cc	08 Nov 2018
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	08 Nov 2018

NP 428A

Licence No: G2942876Q



VISIT PASS
 Immigration Regulations

09-07-2018

Name
YUAN HAIJIAN

FIN
G2942876Q

Date of Birth
22-02-1989

Sex
M

Nationality
CHINESE

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.

Download SGWorkPass App to check status





Sketch Plan #4 Pg. 1

1. Jul. 2019 9:44

RECEIVED 01/07/2019 18:07 63447376
ANDA INSURANCE AGENCIES PL THOM

CHONG AIK HO
No. 0724 P. 1 CH0806

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. : VMZ/P2234059 Account No. : 03375
Coverage : Third Party Fire & Theft Only
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : CA M&E ENGINEERING PTE LTD
Vehicle Registration No. : FBG3816H
Period of Insurance : From 22/11/2018 To 04/01/2020 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*
Any other person provided he is in the Policyholder's employ and 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*
(a) Use only for the Policyholder's business or profession
(b) Use for social, domestic, and pleasure purposes by the Policyholder
The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making, reliability trial or speed testing (13)

Fire & Theft - Within Singapore : SGD 300.00
THEFT OUTSIDE SINGAPORE : SGD 600.00
* 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

Authorized Signature

Issued by - MVUELSIE on 28/06/2019

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.

WARRANTED ALL
ACCIDENT REPAIRS
MUST BE CARRIED
OUT ONLY AT OUR
AUTHORISED
WORKSHOPS



CA M&E ENGINEERING PTE. LTD.

50 Ubi Ave 3 #05-03 Frontier Singapore 408866

Website: www.ca-me.com.sg

Tel: 67481155 Fax: 67443747

Date: 25 July 2019

To Whom It May Concern

Dear Sirs / Madam,

RE: AUTHORISATION LETTER

We hereby confirm that Mr. YUAN HAIJIAN of FIN No. G2942876Q will be driving our company motorbike for work.

Vehicle number: FBG3816H

IU Number: 0713330190

Thank You

Yours Faithfully,

A handwritten signature in black ink is written over a circular stamp. The stamp contains the text 'ENGINEERING PTE. LTD.' around the top edge, 'CA M&E' around the bottom edge, and 'HR' in the center. There is a small star symbol at the bottom of the stamp.

WENG XIUFANG

DIRECTOR

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

