

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 | 28/08/2019 17:59 |
| Date Of Accident | 23/08/2019 14:45 |
| Exact Location Of Accident | BEDOK STREET 3 AT THE CARPARK OF BLK 531 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | GZ3336S |
| Insured/Policyholder | |
| Name Of Registered Owner | LAM CHEE HOLDINGS PTE LTD |
| Co Reg No | NA |
| Email Address | LAMCHEE@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-82873337 |
| Alternative Phone No | OFFICE-82873337 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | MITSUBISHI |
| Model | FUSO |
| 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 | 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 | VFX/P2205672 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | LIM MANG LAI |
| NRIC No | S1216457B |
| Date Of Birth | 19/12/1956 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/05/1979 |
| Driving Experience | 40 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-82873337 |
| Fax Number | |
| Contact Number | |
| Email Address | LAMCHEE@SINGNET.COM.SG |

| | |
|---|--|
| Address | 200 JALAN SULTAN #12-01 TEXTILE CENTRE S(199018) |
| 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 | 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 attached report.

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 | SKZ8506M |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| 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

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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.

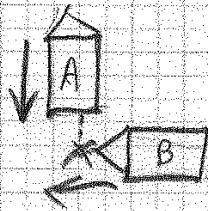


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



A - GZ 3336r

B - SKZ 8506m

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was reversing slowly to exit out of the said Carpark. All of a sudden, I felt a slight touch from behind, vehicle B from nowhere just drove straight behind my vehicle and slightly touched my van's rear portion.

At first.

Footnote: Both parties have agreed not to

report but I had received a call

lately to advise me to file

a report, hence late reporting. I was

driving the said van for work

purposes during the point of ^{minor} accident.

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.:

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1216457B



Name
LIM MANG LAI
林万来

Race
CHINESE

Date of birth
19-12-1956

Sex
M

Country of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number
S1216457B

Name
LIM MANG LAI

Birth Date
19 Dec 1956

Issue Date
22 Aug 2006

001439040F

NRIC No. S1216457B



Date of issue
22-08-2007

APT BLK 601 ANG MO KIO AVENUE 5 #11-2623
SINGAPORE 560601

NRIC No: S1216457B Date: 14/03/2018

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

| CLASS | VEHICLE CLASS | PASS DATE |
|----------|--|-------------|
| Class 2B | Motorcycles <= 200 cc | 27 Dec 1977 |
| Class 2A | Motorcycles between 201 cc and 400 cc | 27 Dec 1977 |
| Class 2 | Motorcycles > 400 cc | 27 Dec 1977 |
| Class 3 | Motor Cars < 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles < 2500kg | 31 May 1979 |

NP 428A

Licence No: S1216457B



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 28/8/19

To: Owner of Vehicle Number: GZ 333 65

The following has been advised to you via your workshop, S & H Motor Pte Ltd through their staff, mel wong

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☒ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☒ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.

- ☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

() Others _____

Signed and acknowledged by:



[Signature]

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

