SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

Was driver an employee of the Insured's Company Yes

Address

Postcode

- 1. Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Form must be $\underline{\text{completed by the Policyholder and/or the Authorised Driver}}$
- 3. Information provided must be as <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability
- 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 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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	07/01/2014 10:28
Date Of Accident	06/01/2014 20:00
Exact Location Of Accident	SLE NEAR WOODLANDS ST 12
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YM2290B
Insured/Policyholder	
Name Of Registered Owner	RADHA EXPORTS PTE LTD
Co Reg No	199500018C
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	FK617MSJRDEC
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	VCA/P1337604
Cover Note Number	
Driver	
Name of Driver	LIU HONG JUN
NRIC No	G2040043P
Date Of Birth	03/12/1971
Occupation	Outdoor
Date Of Driving Pass	09/05/2012
Driving Experience	1 Year And 7 Months
Gender	Male
Mobile Number	(Local) +65-91524400
Fax Number	
Contact Number	Office-62202777

NOEMAIL

609282

40 PANDAN ROAD

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 (Insured Hit TP)

Weather Conditions Clear Road Surface Wet

Other Information

Was any foreign vehicle involved in this accident? No Was any body injured in the Accident? No Was any other material or property damaged? Yes Was there any video captured by Car Camera? No

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 TO THE SKETCH PLAN

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9692C

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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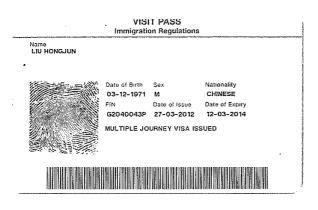
Sketch Plan		
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		A. YM 2290B B-SHD 9692C
		B-SHD 9692C
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Describe Circumstances of t I was twelling glo		at 2000 hours. The traffic along this road was
wite nowded. Suddening rehic and brake in time due to the rehicle B. Aro one injure.	le B in front of me applies surface of rond was wet s	od emergency brake so I braked as well but my viso I accidentally hit on the rear side of
Declaration		Claim own policy
/We declare the foregoing particular	s are true in every respect.	☐ Claim third party ☐ Claim OD / TP at other workshop ☐ For record purpose only
		Policy No VCA / P1337604 Insurer
	Liu Hong Jun	()m
Policyholder's Signature / Date & Time	Driver's Signature (If driver is not & Time	the policyholder) / Date Witnessed by Reporting Centre Personnel

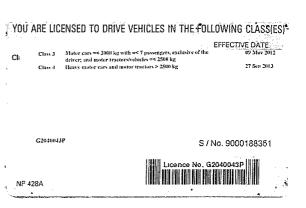
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE A <u>14 DAYS TIMEFRAME</u> FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE INFORMATION.

Sketch Plan Pg.2









AXA INSURANCE SINGAPORE PTE LTD 8 Shenton Way, #27-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: M2-0009922-2 customer.service@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-

CERTIFICATE NO.

: VCA/P1337604

Account No.: 01844

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder

: RADHA EXPORTS PTE LTD

Vehicle Registration No. : YM2290B

Period of Insurance

: From 21/01/2013 To 20/01/2014 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

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.

LIMITATIONS AS TO USE*

(a) Use in connection with the Policyholder's business

(b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (c) Use for social, domestic and pleasure purposes

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

(05)

EXCESS :

Sect I - Any Authorised Driver : SGD 2,500.00 Sect II-Any Authorised Driver : SGD 2,500.00 (Please refer to your policy for Additional Excess)

* 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 SINGAPORE PTE LTD

Authorized Signature

Issued by - SGPMHBS on 30/01/2013

IMPORTANT :

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.

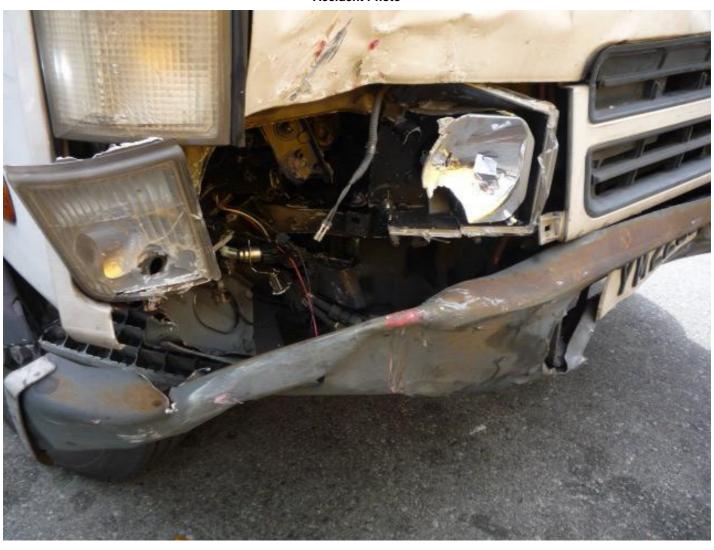
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and

Page 1













Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

	ΔDD	ENDUM	
(¥)		NAKING THE AMENDMENTS:	
		Vehicle Registration No :	YM2290B
Name(as shown in NRIC):	Lin Hong Jun		
		Owner) (*) Please delete as app	лоргiate
NRIC/Passport No:	G2040043P		
Address:	40, pomelan rouel	•	
Contact (Tel):	62202777.	(H/P):	
(Email) :			
Date of Accident :	61/294.	Time of Accident :	sow have.
Place of Accident :	SLE near modland		
insurance Company :	DXA MSUMMCe		
poliny.	o Change myne part fi	om reporting suly to	Claim agamst om
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*			
-			
		Annual An	The state of the s
LIN Hong Jun	ı		
Signature of Vehicle Owner / Date:	Driver		

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : \pm 65 6224 0010 Fax : \pm 65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm

Addendum Sheet Pg.1

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

<u>IMPORTANT NOTE</u>: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

		- Management - Man	
	ADDEN		
(A)	PARTICULARS OF PERSON MAI	ang the amendments:	
Original Report No :	MSAT14002321-02	Vehicle Registration No :	YM229013
	Radha Farport Pte Ctd.		
	(*Vehicle Driver / V ehicle O w	mer)-(*) Please delete as app	propriate
NRIC/Passport No:	199500018C		
Address :	40, panelan wad.	-	
Contact (Tel):	62202377.	(H/P):	
(Email) :			
Date of Accident :	6/1/2014 SLE near woodland	Time of Accident :	you hours.
Place of Accident :	925 near woodlands	Street 12.	
insurance Company:	AXA provine.		
typo enor,	polity under name should	be ladha Export Pte	Hd.
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10 Anson Road #06-16 International Plaza Singapore 079903 Phone : \pm 65 6224 0010 Fax : \pm 65 6224 0030 Operating Hours : Monday to Friday 9am to 5pm