

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 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.

ACCIDENT STATEMENT

Date Of Report	21/02/2014 17:03
Date Of Accident	20/02/2014 15:20
Exact Location Of Accident	FORT RD NEAR LTA
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XB5471X
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Insured/Policyholder

Name Of Registered Owner	KUBER GLOBAL P/L
Co Reg No	NA

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FV415J

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
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Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	
Cover Note Number	

Driver

Name of Driver	SUNDARA BHARATHI SENTHIKUMAR
Passport No/FIN	G7496304N
Date Of Birth	19/05/1975
Occupation	Outdoor
Date Of Driving Pass	24/11/2012
Driving Experience	1 Year And 2 Months
Gender	Male
Mobile Number	(Local) +65-86682352
Fax Number	
Contact Number	
EEmail 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 Unknown - TP HIT INSURED
Weather Conditions Clear
Road Surface Dry

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

PLEASE REFER TO ATTACHMENT. STATEMENT RECORDED BY DAVID, PROGRESSIVE AUTOMOTIVE PTE LTD. TEL : 67415336

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number XB7335T
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

SKETCH PLAN

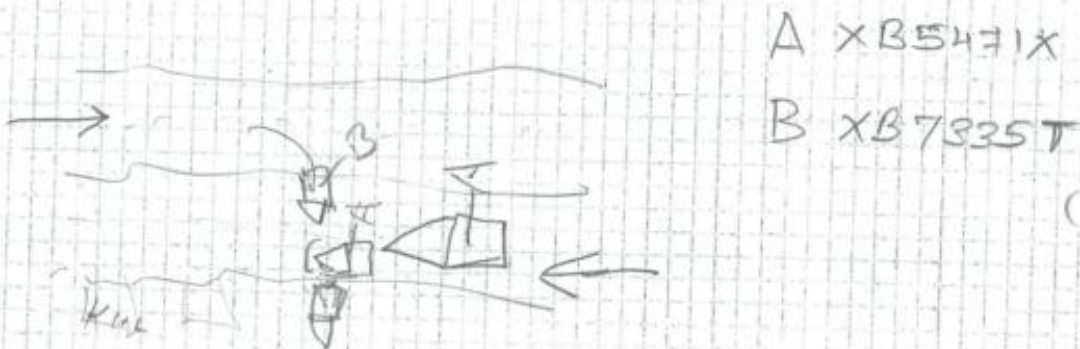


IMPORTANT NOTICE

Pre-Generated Ref No: PRO100400018/1

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Sketch Plan



Describe Circumstance of the Accident.

On 20/12/14 about 1520 hrs. I was driving along Fort Rd near LTA. Car B was turning right and my lorry hit the car B rear portion.

Declaration

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

If space above is insufficient continue on Page 2

Signature

Signature

21/12/14
3:50 pm

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-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCC/P1450576 Account No. : 03936
 Coverage : Third Party Fire & Theft Only
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : KUBER GLOBAL PTE LTD
 Vehicle Registration No. : XB5471X
 Period of Insurance : From 16/12/2013 To 15/12/2014 (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
- This Policy does not cover
- (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 II-Any Authorised Driver : SGD 1,000.00

* 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 SINGAPORE PTE LTD


 Authorized Signature

Issued by - SGPNBIL on 19/12/2013



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.

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

Registration No. **XB 5471 X** ↓
(VEHICLE A)

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop. (Use a separate sheet of paper where necessary)					
Insured	1. Occupation (if more than one, state all)		Email:		
	2. Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity		
	3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4. Exact purpose for which vehicle was being used at time of accident: <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify				
Of which vehicle are you the owner?	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.				
	6. Are you claiming under your own insurance policy for repair to your vehicle? If no, state action to be taken Repairing				
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth	Occupation (if more than one, state all)	Years of driving experience Date / Month / Year	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	19/5/1975		24/11/2012	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability				
Injured persons	9. Full details of all driving convictions including pending prosecutions in the last 36 months				
	Date	Offence	Penalty		
Injured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)	
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station				
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?				
Accident details	14. Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>				
	15. Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>				
	16. Speed of vehicles: A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr				
	17. What warnings were given by driver or other party?				
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19. What lights were displayed on your vehicle/the other vehicle(s)?				
	20. If your vehicle is commercial, state weight of load carried at time of accident				
21. State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)					
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature 		Date 21/2/14		
Driver's signature (if driver is not the policyholder) 		Date 21/2/14			

Accident Photo



Accident Photo



Accident Photo



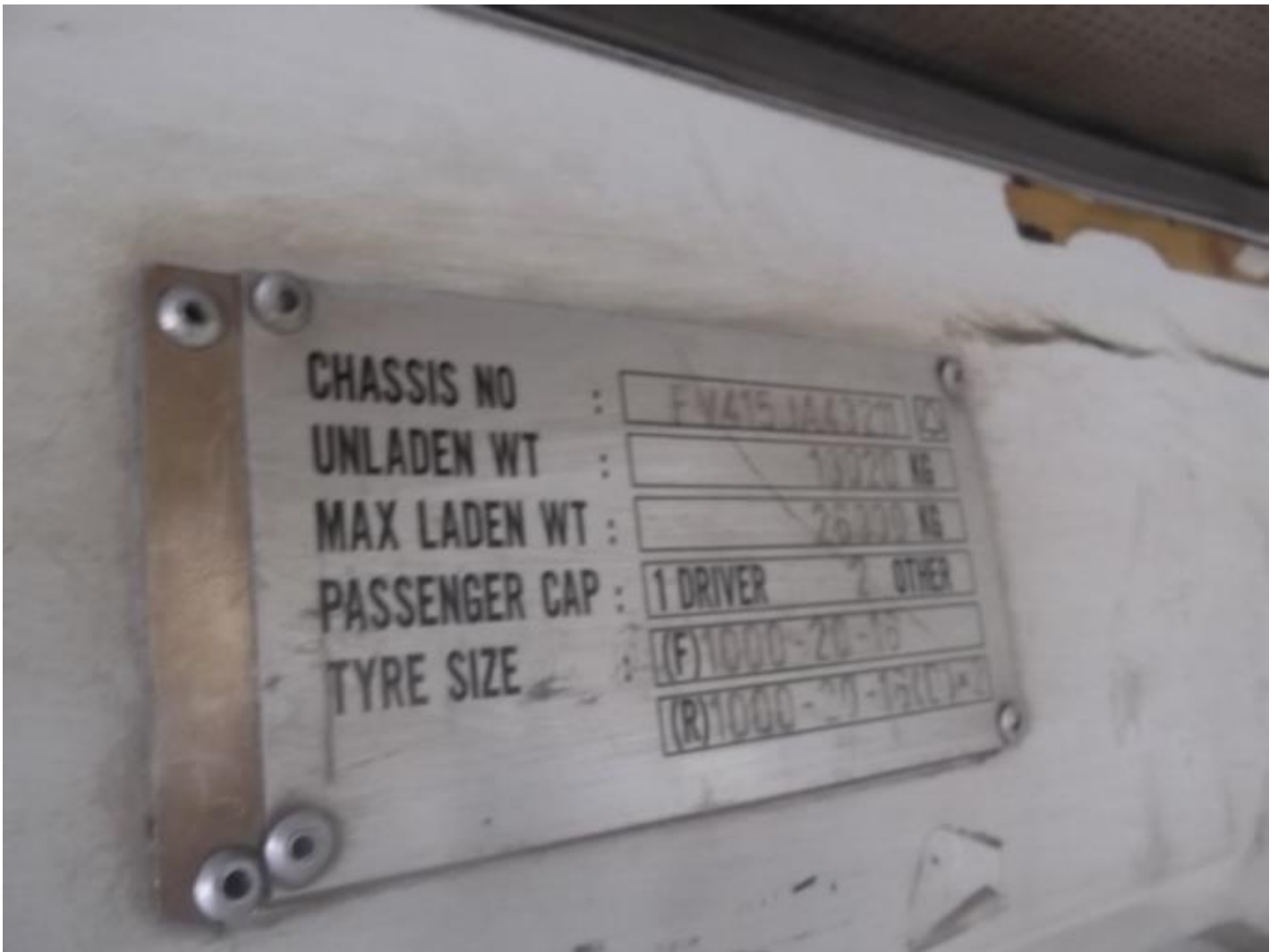
Accident Photo



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Accident Photo

