

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	01/06/2016 10:19
Date Of Accident	31/05/2016 12:00
Exact Location Of Accident	Serangoon Rd
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX6397G
Insured/Policyholder	
Name Of Registered Owner	BRIGHTNESS SERVICES
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-91229621

Vehicle Particulars

Manufacturer	NISSAN
Model	URVAN
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 Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	VCC/P1633547
Cover Note Number	

Driver

Name of Driver	KANNAN MANOJ KUMAR
Work Permit No	G2187948M
Date Of Birth	30/05/1990
Occupation	Outdoor
Date Of Driving Pass	18/03/2014
Driving Experience	2 Years And 2 Months
Gender	Male
Mobile Number	
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 (Insured Hit TP)
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
Number of Passengers (Including Driver) 2

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.

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKM3350Y
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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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

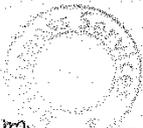
(a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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' 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

★

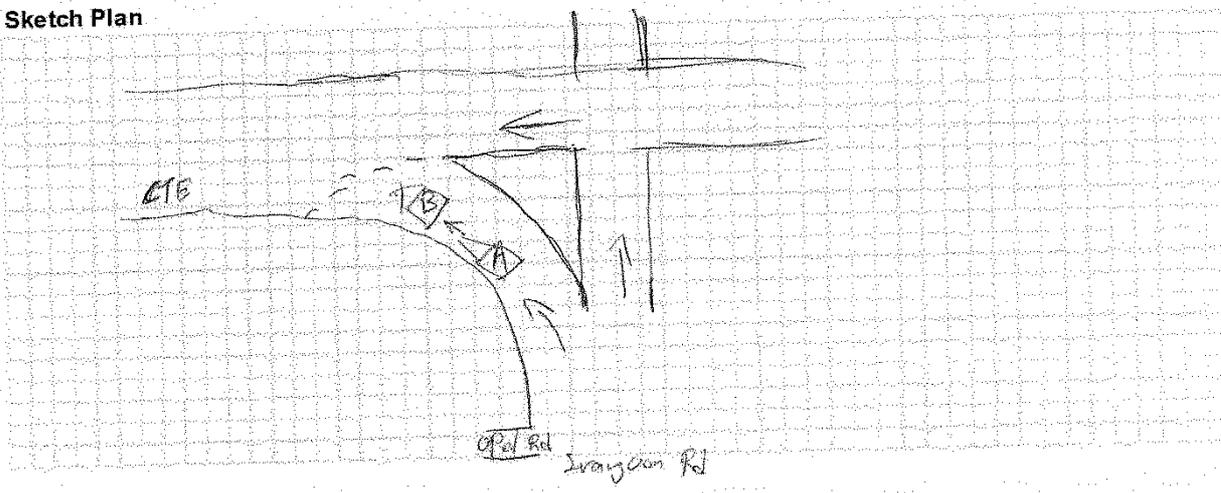


Te Meng Kim
Policyholder's Signature / Date & Time

Te Meng Kim
Driver's Signature (If driver is not the policyholder) / Date & Time

Gy 1/6/16
Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

In front vehicle stopped.
I can't stopped in time and hit on
his rear portion.

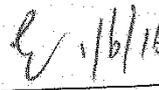
Declaration

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



Jc. Maglar
Policyholder's Signature / Date &
Time

Jc. Maglar
Driver's Signature (If driver is not the policyholder) / Date
& Time


1/6/16
Witnessed by Reporting Centre
Personnel



Date: 11/6/16

To: Owner of Vehicle Number: Gx 6397G

The following has been advised to you via your workshop, S & H motor through their staff, ms along

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the event 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.
- The Estimation 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, your Insurance company will use only genuine original parts to repair your vehicle.
For vehicles above Three (3) years old, your insurance company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- Others: _____

Signed and acknowledge by:

Jc. Along Lim
Name and signature of policyholder/ authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

Sketch Plan #4 Pg.1



WORK PERMIT Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer:
B-H-T AIR-CONDITIONING AND MAINTENANCE SERVICES

Sector: **CONSTRUCTION**



Name:
KANNAN MANOJ KUMAR
Occupation:
CONSTRUCTION WORKER-CUM-DRIVER

Work Permit No. D 3585293-	Date of Application 28-01-2016
	Date of Issue 04-03-2016
	Date of Expiry 14-02-2018



L6555890

REPUBLIC OF SINGAPORE VISITING PERMITS

Work Permit Number: **G2187948M**
Name:
KANNAN MANOJ KUMAR

Birth Date: **30 May 1990**
Issue Date: **18 Mar 2014**
Valid Till: **17 Mar 2019**

002286054J

Sketch Plan #5 Pg.1

Immigration Regulations

Name
KANNAN MANOJ KUMAR



Date of Birth	Sex	Nationality
30-05-1990	M	INDIAN
FIN	Date of Issue	Date of Expiry
G2187948M	04-03-2016	14-02-2018

MULTIPLE JOURNEY VISA ISSUED

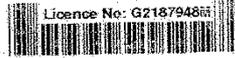
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	18 Mar 2014
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	18 Mar 2014



WP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

CHASSIS NO: JN1MG4E25Z0-711408

U.L.W : 1500 KGS

M.L.W : 3100 KGS

P. CAP : F: 01

R: 00

TYRE SIZE : F: 195Rx15 8PLY

R: 195Rx15 8PLY(S)

Accident Photo



Accident Photo

