

MALM16132833 / Ah Lim Motor Company - AMK
ENTRY DATE & TIME: 21/10/2016 17:23

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	21/10/2016 17:23
Date Of Accident	21/10/2016 13:20
Exact Location Of Accident	JUNCTION OF YISHUN AVE 9 & AVE 6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC554M
Insured/Policyholder	
Name Of Registered Owner	VSL SINGAPORE PTE LTD
Co Reg No	197501943C
Email Address	IVY.GOH@VSL.COM
Mobile Phone No	(LOCAL) +65-91335864
Alternative Phone No	Office-65591276
Vehicle Particulars	
Manufacturer	NISSAN
Model	URVAN-3.0 D MICROBUS 4DR 5MT ABS AIRBAG (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	P1195160
Cover Note Number	22/07/2016 - 21/07/2017
Driver	
Name of Driver	MUTHU KARUPPAN KUMAR
Passport No/FIN	F8302866K
Date Of Birth	14/05/1975
Occupation	INDOOR
Date Of Driving Pass	11/02/2011
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91335864
Fax Number	

Contact Number	
EMail Address	NOEMAIL
Address	25 SENOKO WAY WOODLANDS EAST INDUSTRIAL ESTATE
Postcode	758047
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- CHAIN COLLISION
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?	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 TO THE SKETCH PLAN BY DRIVER	
Are accident photos available for attachment?	YES

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC404D
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MOHD JUHARI BIN MD JANI
NRIC/Passport Number	S7131510Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJD404D
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver WONG LIT CHONG
NRIC/Passport Number S2638019G
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKX5208D
Vehicle Make/Model/Colour
Details Of Properties
Name of Driver GOH SWEE HENG PETER
NRIC/Passport Number S7006036A
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 PLANIMPORTANT NOTICE

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 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.
 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.

X *Christine*
 Policyholder's Signature / Date & Time

HK. M. H.
 Driver's Signature (If driver is not the policyholder) / Date & Time

[Signature]
 Witnessed by Reporting Centre Personnel

Sketch Plan

<p style="text-align: center;">Witness line</p>	<p>A - PC554M</p> <p>B - GBC404D</p> <p>C - SJD404D</p> <p>D - SKX5208D</p>
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Describe Circumstances of the Accident

On this date 21/10/2016 about 1:20pm I was driving my vehicle number PC554M at Yishun Ave 9.

Traffic Junction at Yishun Ave 9.

I went ~~take~~ Right turn to Yishun Ave 9.
I was Driving at Yishun Ave 9, lane 1.

Before Traffic Junction at Yishun Ave 9,

My Vehicle in front car suddenly stopped "car B, C, D

I will try to stop my vehicle" But can't Halte it!

Car D - Goh Sze Heng Peter
S2006030A

Car C - Wong Lin Chong
S2038019G

Car B - Mohd Julari Bin Abdul Jani
S20215702

☒ Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop
() Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

email address :

& myself : IVY.GOH@VSL.COM

email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.

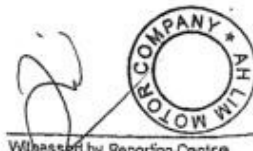
X Christine



Hk Maky

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

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.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. : VBX/P1195160 Account No. : 02960
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : VSL SINGAPORE PTE LTD 1975 01943C
 Vehicle Registration No. : PC554M
 Period of Insurance : From 22/07/2016 To 21/07/2017 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or 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 carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
- b) Use only in the Republic of Singapore.
 The Policy does not cover
 - (a) Use for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(14)

EXCESS :

Sect I - Any Authorised Driver : SGD 2,000.00
 Sect II-Any Authorised Driver : SGD 1,500.00
 Windscreen Excess : SGD 200.00
 (For Unnamed Driver Excess, please refer to your policy)

* 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

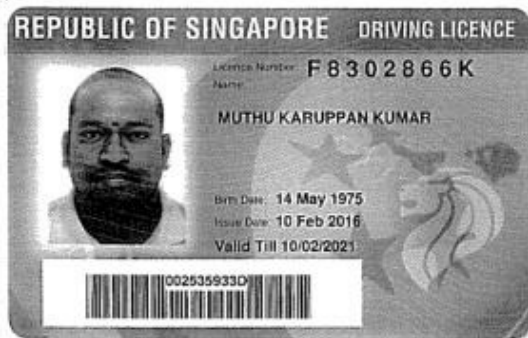
Issued by - SGOAKAS2 on 21/06/2016

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.

LQ INSURANCE AGENCY PTE LTD
 180B BENCOOLEN STREET
 #04-01 THE BENCOOLEN
 SINGAPORE 189648
 TEL: 6-334-0783 FAX: 6-334-0624
 Co. Reg. No: 199005500W



Office - 6559 1276.



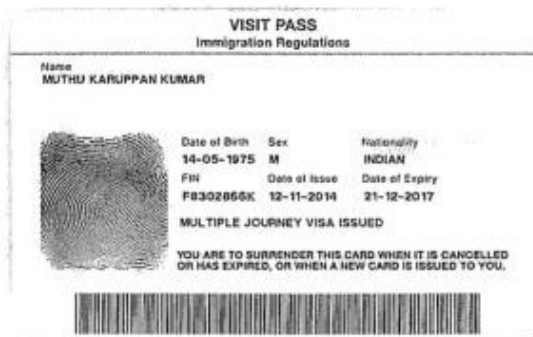
9122 5864.

Day.

Hrs. Yes - Driver

Yes.

1



Ah Lim Motor Company
10, Ang Mo Kio Industrial Park 2A
#01-09 AMK Autopoint Singapore 568047

Date: 24/10/16

To: Owner of Vehicle Number: PCSS4M

The following has been advised to you via AXA Authorised workshop, Ah Lim Motor Company through their staff, Zila / Nancy / Eileen / Mui Hong.

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.

☐ As you have opted to repair your car and claim via your own workshop, please check with your own workshop on the claim procedures, liability & merits of the case.

☐ If you opt to claim third party at AXA authorised workshop instead, AXA will grant you up to 30 days to revert to own damage claim should your TP claim be not successful.

☐ Others : _____

Signed and acknowledge by:

Mic. [Signature]

Name and signature of policyholder/ authorised driver

Mia [Signature]

Name and signature of workshop personnel including company stamp

To Whom It May Concern,

Accident involving my vehicle no. PC554M on 21/10/2016 (date) with
GBG404D
3JD404D (other vehicle no) along Yishun Ave 9
SKX5208D

I, Christine Lai Nric No. S7627531I

Owner of vehicle no. PC554M am aware of the accident of my vehicle on
21/10/2016 (Date) while car was driven by Muthu Karuppan Kumar

Nric No. F8302866K. I hereby, authorise him / ~~her~~ to make the report.

X

Christine



Name Christine Lai

Date: 24/10/16

..

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X

Christine



Name Christine Lai

Date: 24/10/16

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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