

## 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	24/10/2016 10:53
Date Of Accident	22/10/2016 00:30
Exact Location Of Accident	AIRPORT BOULEVARD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC3303T
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#### Insured/Policyholder

Name Of Registered Owner	INFINITE LOGISTIC & TRADING PTE LTD
Co Reg No	201311759M
Email Address	ofm.infinite@gmail.com
Mobile Phone No	
Alternative Phone No	Office-91861089

#### Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S-15.7 D (M)
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	Comprehensive
Fleet Policy	No
Policy Number	CN786633
Cover Note Number	29/08/2016 - 30/11/2017

#### Driver

Name of Driver	MANDAN NAVANEETHAKRISHNAN
Passport No/FIN	G8127670L
Date Of Birth	03/05/1980
Occupation	Outdoor
Date Of Driving Pass	02/08/2013
Driving Experience	3 Years And 2 Months
Gender	Male
Mobile Number	
Fax Number	
Contact Number	
EEmail Address	ofm.infinite@gmail.com

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? No  
 Was there any video captured by Car Camera? No  
 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? Yes  
 If Yes, Please state which Police Station  
 Police Station Name Yishun North Neighbourhood Police Centre  
 Police Station Address **ROAD:** 31 Yishun Central , **POSTCODE:** 768827 , **COUNTRY:** Singapore  
 Police Station Contact **TEL NO:** 1800-8529999 - **FAX NO:** 68522299  
 Was notice of intended Prosecution given? No  
 If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER ATTACHED  
 Are accident photos available for attachment? Yes

SKETCH PLAN

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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.

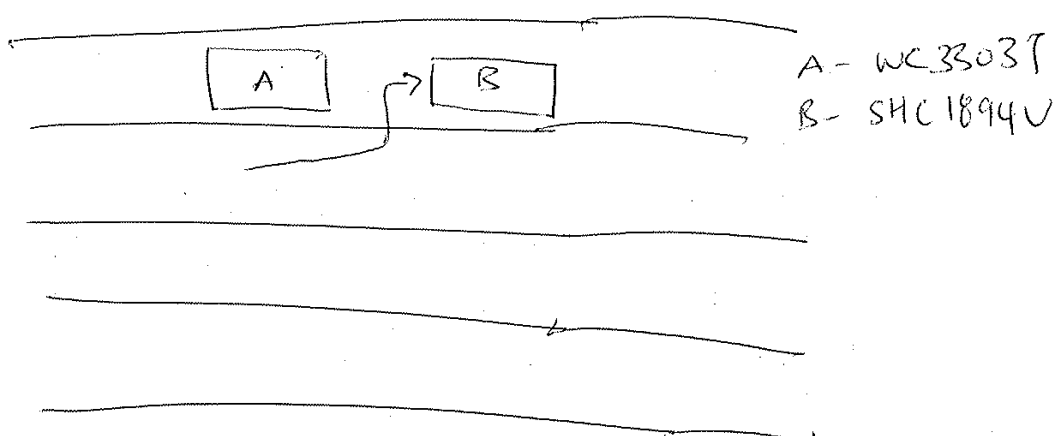


Policyholder's Signature / Date & Time

M. Navarajendran 22/10/16  
Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



## Sketch Plan Pg.2

### Describe Circumstances of the Accident

please refer to police report.

You had been advised by the workshop that in the event that you wish to claim against your own policy (OD claim), there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

<input checked="" type="checkbox"/>	Reporting Only
<input type="checkbox"/>	Claim OD
<input type="checkbox"/>	Claim TP
<input type="checkbox"/>	Claim OD/TP at other workshop

### Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

M. Navaneetha Krishna

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

Witnessed by Reporting Centre Personnel

# Sketch Plan Pg.3

ETHOZ



Date: 22/10/16

To: Owner of Vehicle Number: WC 3303T.

The following has been advised to you via your workshop, EthoZ through their staff, Brian.

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 have been advised by the workshop to check with the local distributor on your warranty status.

Others Reporting Only

Signed and acknowledge by:

Name and signature of policyholder/ authorised driver

Name and signature of workshop personnel including company stamp



**SINGAPORE  
POLICE FORCE**



T/20161022/2039

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No. T/20161022/2039

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 22/10/2016 09:46		Vide Report No.:		Station Diary No.: 30
<b>Informant's Particulars</b>				
Name of Informant: MANDAN NAVANEETHAKRISHNAN		Address: APT BLK 149 PASIR RIS STREET 13 #07-44 COCHRANE LODGE II SINGAPORE 510149		
ID Type / ID No.: FIN NO / G8127670L		Contact No.: Home/Office: Mobile: 82662367		
Nationality: INDIAN		Email:		
Sex: Male	Age: 36	Date of Birth: 03/05/1980	Type of Informant: Driver	
Race: Indian		Language: English		Institution / School Name:
Occupation: TRUCK DRIVER		Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 22/10/2016 00:30	Type of Location: Straight Road
Location: Along Road 1 AIRPORT BOULEVARD  TOWARDS CHANGI AIRPORT BEFORE SLIP ROAD INTO AIRPORT POLICE DIVISION				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of
SHC1894U	Car				Slightly Damaged	0
WC3303T	Lorry				No Damage	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20161022/2039

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20161022/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

F /

Staff Sgt MUHAMMAD IMRAN BIN MESLAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Sr Staff Sgt ESTHER CHONG

Contact No: 65476368

Signature Of Informant:

M. Navaneethan

Date/Time:

22/10/2016 09:46

Classification Of Case:

Authentication Stamp

NP168

Signature:

Singapore Police Force



**SINGAPORE  
POLICE FORCE**



T/20161022/2039

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20161022/2039

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	LIM CHEE KIANG		ID No. S7636785Z
Related Vehicle	SHC1894U (Car)		Contact No. 81184841
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL
<b>Driver</b>			
Name	MANDAN NAVANEETHAKRISHNAN		ID No. G8127670L
Related Vehicle	WC3303T (Lorry)		Contact No. 82662367
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL		Degree of Injury NIL

**Brief Details.**

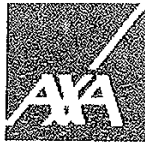
On 22/10/2016 at about 0030hrs, I was driving my company's concrete mixer truck, WC3303T, and travelling on the 4th lane of Airport Boulevard Road towards Changi Airport. All of a sudden, on blue Comfort Delgro taxi, travelling on the 3rd lane, cut into my lane and brake abruptly. My truck then collided into the back of the taxi. No one was injured and no government property was damaged during the accident.

I am lodging this report for my own record and insurance claims.



## AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way, #27-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: M2-0009922-2



Original

Agent Code: 03936

Policy No. (if any):

New Business

SmartDrive Quote Ref:

## MOTOR COVER NOTE

No. CN786633

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

## SCHEDULE

THE COMPANY	AXA INSURANCE SINGAPORE PTE LTD
INSURED	INFINITE LOGISTIC & TRADING PTE. LTD.
INSURED BUSINESS REGISTRATION NO.	201311759M
MAKE AND DESCRIPTION OF VEHICLE	ISUZU CYH52S
VEHICLE REGISTRATION NO.	WC3303T
YEAR OF MANUFACTURE	2009
ENGINE NO.	6WG1412039
CHASSIS NO.	JALCYH52S97000054
ENGINE CAPACITY/TONNAGE	20.31 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 29/08/2016 TO: 30/11/2017
EXCESS (S\$)	S\$1,500 SECTION I, S\$1,500 SECTION II & S\$300 WINDSCREEN
AXA PREMIUM WORKSHOP?	NO



I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

VIRTUAL INSURANCE AGENCIES PTE LTD

192 Waterloo Street #02-02

Skyline Building, Singapore 187966

Tel: (65) 63380083 Fax: (65) 63380048

AXA INSURANCE SINGAPORE PTE LTD

Issued by VIRTUAL INSURANCE on 25/08/2016 10:34am  
 AGENCIES PL

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers.

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers.

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

VTR/C/NOTE/V01/03

# Sketch Plan Pg.8

**S PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore

Employer  
**LETENG (S) PTE. LTD.**

Sector **CONSTRUCTION**

Name  
**MANDAN NAVANEETHAKRISHNAN**

Occupation  
**TRUCK DRIVER**

S Pass No.  
**0 34019487**

Date of Application  
**29-08-2016**

Date of Issue  
**06-09-2016**

Date of Expiry  
**11-05-2017**

**L7174648**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number **G8127670L**

Name  
**MANDAN NAVANEETHAKRISHNAN**

Birth Date **03 May 1980**

Valid Till **03 Jun 2019**

**002311170H**

**VISIT PASS**  
Immigration Regulations

Name  
**MANDAN NAVANEETHAKRISHNAN**

Date of Birth **03-05-1980** Sex **M** Nationality **INDIAN**

FRN **G8127670L** Date of Issue **06-09-2016** Date of Expiry **11-05-2017**

**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 CLASS(ES)

		EFFECTIVE DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver, and other motor vehicles =< 2500kg	29 Apr 2009
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	02 Aug 2013

NP 428A



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

