

MSME17162107 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 09/12/2017 12:06

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	09/12/2017 12:06
Date Of Accident	07/12/2017 15:00
Exact Location Of Accident	DUNEARN RD TOWARDS CITY BEFORE ENG NEO EXIT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7666T
Insured/Policyholder	
Name Of Registered Owner	SSTS MOVER & WAREHOUSING PTE LTD
Co Reg No	201308401N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63684986

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO

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 THIRD PARTY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA139767
Cover Note Number	

Driver

Name of Driver	TAN ZHI XIANG
NRIC No	S8737912D
Date Of Birth	06/11/1987
Occupation	INDOOR
Date Of Driving Pass	12/06/2014
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86696994
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 134 MARSILING ROAD #08-2122
 Postcode 730134
 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 - CHANGE/CROSS LANE
 Weather Conditions CLEAR
 Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 Was any other material or property damaged? YES
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 3

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

I WAS TRAVELLING ALONG DUNEARN ROAD TOWARDS CITY ON THE RIGHT MOST LANE OF 3 LANES, AS I WAS TRAVELLING STRAIGHT, SOME WHERE BEFORE ENG NEO AVE, ONE MOTORCAR SLR6196S SUDDENLY CUT ACROSS THE DOUBLE WHITE LINE ENCROACHED INTO MY PATH AND COLLIDED ONTO THE FRONT AND LEFT SIDE OF MY LORRY. AT THE TIME OF ACCIDENT, I HAD 2 PASSENGER IN MY LORRY : THIBAKAR S/O SOCKALINGAM S7932480I AND NAH TECK HWEE S1815491I.

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLR6196S
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 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

DETAILS OF INJURED PERSON 1

Name TAN ZHI XIANG
Approximate Age
Injuries Sustain
Injured person in which vehicle? YM7666T
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NAH TECK HWEE
Approximate Age
Injuries Sustain
Injured person in which vehicle? YM7666T
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 3

Name THIBAKAR S/O SOCKALINGAM
Approximate Age
Injuries Sustain
Injured person in which vehicle? YM7666T
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan Pg. 1

SKETCH PLAN

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 liability.
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. The report will be forwarded by 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 lodgment 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 issuing 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 situated outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

SSTS MOVER & WAREHOUSING PTE LTD

(Reg No. 201308401N)

31 Bukit Batok Crescent

#01-20 The Splendour

Singapore 658070

Tel: 6339 0039 Fax: 6588 2466

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

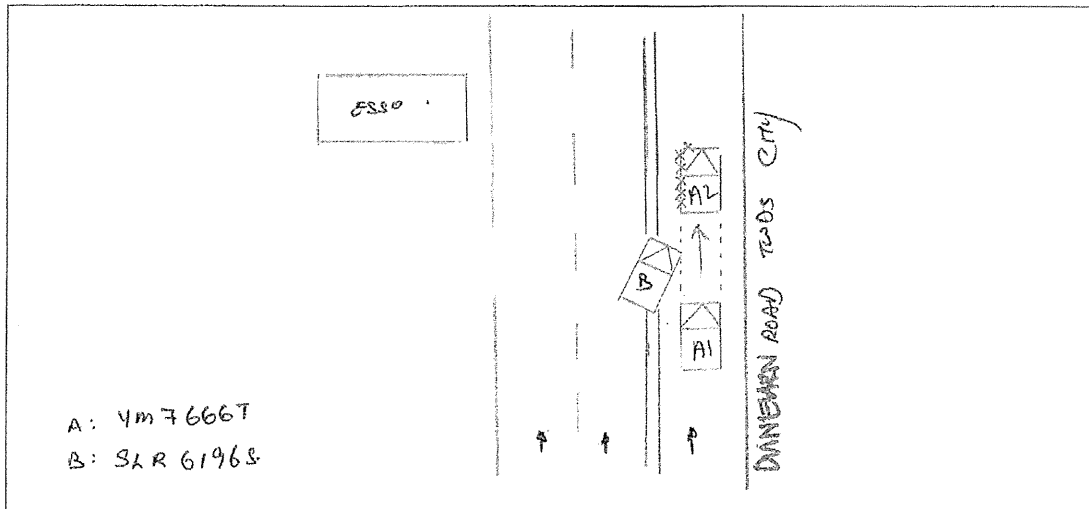
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG DANEMAN ROAD TOWARDS CITY ON THE RIGHT MOST LANE OF 3 LANES. AS I WAS TRAVELLING STRAIGHT, SOMEWHERE BEFORE ENG NEED AVE, ONE M/CAR SLR 6196S SUDDENLY CUT ACROSS THE DOUBLE WHITE LINE ENCRACHED INTO MY PATH AND COLLIDED ONTO THE FRONT AND LEFT SIDE OF MY LORRY. AT THE TIME OF ACCIDENT, I HAD TWO PASSENGERS IN MY LORRY.

1) THIRAKAR S/O SOCKAHNGAM S79324801

2) NAI TECK HWEE S8154911

DECLARATION

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

3010 MOUEN
31-01-2017
#01-20 The Sengkang
Singapore 658070
Tel: 6566 0029 Fax: 6568 2468

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan Pg. 1

LETTER OF UNDERTAKING

I/We SSTS Mover & Warehousing Pte Ltd the owner of vehicle no. YM7666T
 involving in an accident with vehicle no. (TP) SLR6196S on 07/12/2017 along
Dunearn Rd. Towards City before
Eng Neo Ext.

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether
 to claim under my/our Policy or against the Third Party and if the former shall submit such a
 claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within
 14 (fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop.

Rm Automotive

Signed and Acknowledge by:



Name and signature of policyholder

SSTS MOVER & WAREHOUSING PTE LTD

(Reg No. 201328401M)

31 Bukit Satay Crescent

#01-20 The Solendour

Singapore 656070

Tel: 6339 0039 Fax: 6368 2466

Company Stamp

Date

Accident Sketch Plan Pg. 1



redefining / insurance

AXA Insurance Pte Ltd
 ☎ 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 📠 (65) 6880 4740
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

date
 03/11/2017

policy number
 CV1 / GA139767

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1960 (Malaysia)

Policy details

Policyholder name	SSTS MOVER & WAREHOUSING PTE LTD	Certificate number	GA139767 / 1
Cover	Comprehensive	NCD	15%
Engine number	4M42A50719	Chassis number	FE83BEA104S1
Vehicle Registration number	YM766GT		
Period of Insurance	from 26/11/2017 to 25/11/2018 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	Nil		

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.

The Policy does not cover

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

* Limitations rendered inoperative by Section 8 of the Commercial 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.

Excess

Section I	SGD700.00
Windscreen	SGD140.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who:

- a) is 22 years old to 24 years old and/or
- b) is 66 years old to 70 years old and/or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

Nil

Accident Sketch Plan Pg. 1

