

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	08/01/2018 11:33
Date Of Accident	04/01/2018 18:45
Exact Location Of Accident	19E EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGN3964S
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Insured/Policyholder

Name Of Registered Owner	MALINDO MARINE LOGISTICS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64499708

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1615745
Cover Note Number	

Driver

Name of Driver	SAMSUDIN BIN ATAN
NRIC No	S0082116J
Date Of Birth	26/06/1952
Occupation	INDOOR
Date Of Driving Pass	20/03/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91077849
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 667 JALAN DAMAI #04-89
Postcode	410667
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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)	2
Passenger 1	NAME: : DASH GENDER: : MALE

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

VEHICLE B STOP. I CANNOT STOP IN TIME AND HIT VEHICLE B FROM BEHIND.

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	SHD3143K
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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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 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.
- (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.

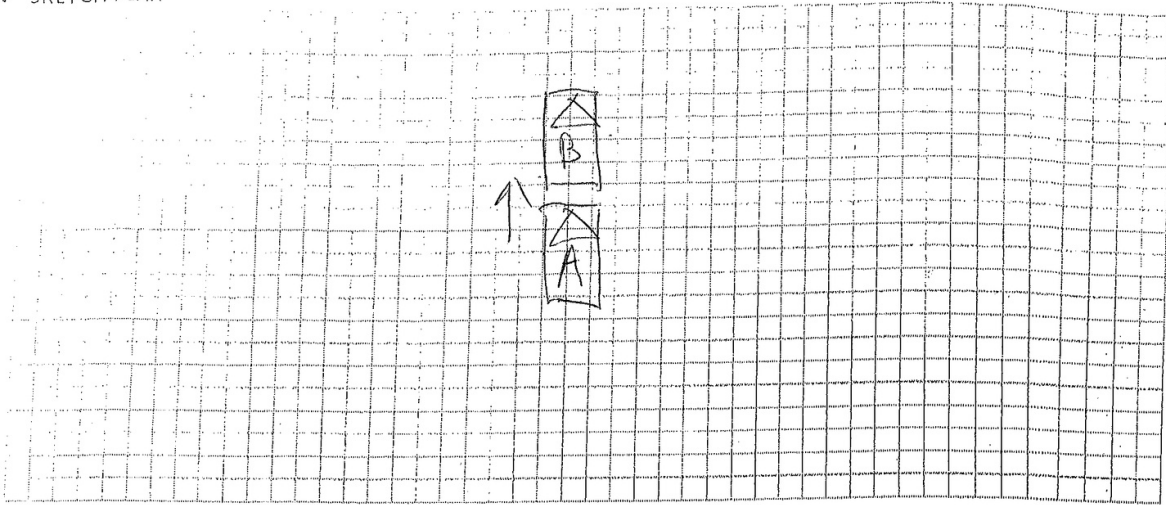
Policyholder's Signature
Date & Time:



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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

veh B stop, A cannot stop in time & hit veh B from behind

DECLARATION

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

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.:

LETTER OF UNDERTAKING

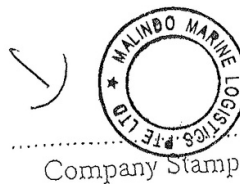
I/We, MALINDO MARINE LOGISTICS PTE LTD, the owner of vehicle no. SGN 39648

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, _____

Signed and Acknowledge by:

Jan
Nric no. and signature of policyholder



08/01/2018
Date

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: **S0082116J**
Name: **SAMSUDIN BIN ATAN**
Date of Birth: **26 Jun 1952**
Date of Issue: **19 Dec 2003**

001055546F

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0082116J



Name: **SAMSUDIN BIN ATAN**
Race: **MALAY**
Date of Birth: **26-06-1952**
Sex: **M**
Country of Birth: **SINGAPORE**

S0082116J

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES!

Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	24 May 1977
Class 2A	Motorcycles between 201 cc and 400 cc	24 May 1977
Class 2	Motorcycles exceeding 400 cc	24 May 1977
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	20 Mar 1975

License No: S0082116J

NF 428A

S0082116J



NTIC No: **S0082116J**



Date of Issue: **25-06-2012**

Address:
APT BLK 567 JALAN DAMAI
#04-89
SINGAPORE 410667

INSURANCE

AXA INSURANCE PTE LTD

8 Shenlon Way, #24-01

AXA Tower, Singapore 068811

Customer Service Centre #B1-01

Tel: (65) 63387288 Fax: (65) 63382522

Website: www.axa.com.sg

GST Registration Number: 199903512M

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, 1963 Road Transport Act, 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCX/P1615745 Account No. : 13201
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : MALINDO MARINE LOGISTICS PTE LTD
 Vehicle Registration No. : SGN3964S
 Period of Insurance : From 16/11/2017 To 15/11/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy

1. SAMSUDIN BIN ATAN
2. ANY AUTHORISED DRIVER

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 for the carriage of passengers or goods in connection with the Policyholder's business.
- (b) Use for social, domestic and pleasure purposes.
- (c) Use for racing, pace making, reliability trial or speed-testing
- (d) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(04)

EXCESS :

All Claims-Any Author'd Driver : SGD 2,000.00

Windscreen Excess : SGD 100.00

(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, 1967 (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, 1967 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMHA on 20/10/2017

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.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

