

## 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 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	10/02/2018 14:45
Date Of Accident	09/02/2018 21:40
Exact Location Of Accident	ALONG MANDAI ESTATE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG1459T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHEN DYNASTY MARKETING
Co Reg No	52977445C
Email Address	RLSHE76@YAHOO.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-67620680

### Vehicle Particulars

Manufacturer	KIA
Model	K2500 6M/T
Exact Purpose for which vehicle was being used at time of accident	WORKING USE
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	VCA/P1970889
Cover Note Number	

### Driver

Name of Driver	KALI PALANIS AMY
Work Permit No	G5404456P
Date Of Birth	16/04/1986
Occupation	OUTDOOR
Date Of Driving Pass	23/12/2013
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97235161
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	19 MANDAI ESTATE #02-04
Postcode	729911
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER
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 ON COLLISION
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?	
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)	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

PLEASE REFER TO STATEMENT

#### Attachment(s)

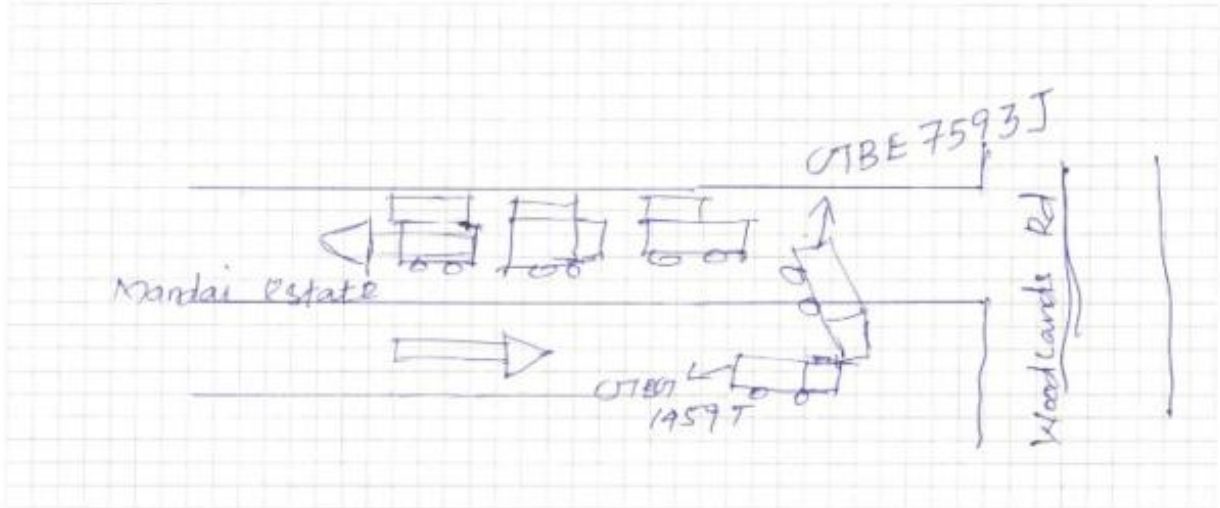
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBE7593J
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RICKY ANAK JARIT
NRIC/Passport Number	G7629341X
Contact Number	9141 4225
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9<sup>th</sup> Feb 2018 9.40 PM night time while I was driving down from 19 Mandai Estate near to 566 Sanford Restaurant left side lane all vehicle parked illegally so I can't drive left side lane so I take right side lane after few minutes suddenly OTBE 7593J hit my vehicle (OTBE 1459T) at left side the entire body of my vehicle (Infront of my vehicle left side got smashed) my vehicle left side mirrors and doors are broken, When this accident took place I immediately took pictures of my vehicle damaged portions as a proof to support argument. before accident OTBE 7593J from left side lane when he was illegally parked without any indicating signal that movement I was crossed over the road suddenly he bang to my vehicle, at the spot Nobody injured.

## DECLARATION

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

Chen Seng Heng  
19 Mandai Estate  
566-567 Sanford Street

Policyholder's Signature

Date & Time:

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Individual Statement

☐ Scene Pic  
☐ Auth Letter

☐ Owner  
☒ Driver

## ACCIDENT STATEMENT

Date of Accident Time (24 HRS)

Location of Accident

9/2/2018 21:40pm Along Mandai Estate

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number

Name of Policyholder

NRIC/ FIN/ Passport/ ROC (if Policyholder is company)

Address

Address

Contact Number

Email Address

9BG1459T  
Chen Dynasty Marketing  
52977445C  
19 Mandai Estate  
#02-04 S1729911  
Tel: 6762 0680 Hp:  
rlshe76@yahoo.com.sg

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model

Type of Vehicle

Are you claiming under your own insurance policy?

Vehicle category

Kia K2500 6M/T  
Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others:  
☐ Yes ☒ No Remarks: TP  
☐ Private ☒ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

AxA  
☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
☐ Yes ☒ No  
VCA/P1970889

### DRIVER

Name of Driver

NRIC/ FIN/ Passport

Date of Birth

Occupation

Driving Pass Date

Gender

Contact Number

Address

Address

Email Address

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured.

No. of Passenger in vehicle (including Driver)

For 2 passengers and above, please state:

Kali Palanis Amy  
G5404456P  
16-04-1986  
outdoor  
23-12-2013  
☒ Male ☐ Female  
Tel: Hp: 9723 5161  
☐ Yes ☒ No  
(including Driver)  
Name: Gender:  
Name: Gender:  
Name: Gender:

Vehicle Number of Driver's Own Vehicle (if applicable)

Insurance of Driver's Own Vehicle (if applicable)

### GENERAL INFORMATION OF THE ACCIDENT

Weather Conditions

Road Surface

1 foot  
☒ Clear ☐ Raining ☐ Others:  
☐ Wet ☒ Dry ☐ Others:

### OTHER INFORMATION

Was there any foreign vehicle(s) involved? (Malaysia car)

Was anybody injured in the accident? (Including Witness)

Was any other vehicle(s) or property damaged?

Was there any video captured?

☒ No ☐ Yes  
☒ No ☐ Yes  
☐ No ☒ Yes  
☒ No ☐ Yes

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No ☐ Yes  
☒ No ☐ Yes

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

GBG1459T

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED (OTHER PARTY INFORMATION)

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

GBE 7593J

Make/ Model/ Others

Kia

Vehicle category

☐ Private

☒ Commercial

☐ Motorcycle

Name of Driver

Ricky Anak Jarit

NRIC/ FIN/ Passport

G 7629341X

Contact Number

8429 2774

#### Other Vehicle or Property 2 (VEHICLE C)

Vehicle Registration Number

Make/ Model/ Others

Vehicle category

☐ Private

☐ Commercial

☐ Motorcycle

Name of Driver

NRIC/ FIN/ Passport

Contact Number

### DETAILS OF WITNESS

Name

Phone / Email Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Contact Number

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

**Chen Dynasty Marketing**

12 Majdel Estate

#02-01 Singapore 728911

Tel: 6762 0080 / Fax: 6462 2830

Date & Time

Signature of Policy Holder  
(Company Chop if applicable)

K. Palani Samy

10/02/2018  
14:30 pm

Date & Time

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)



## Individual Statement

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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.

Green Synergy Marketing  
18 Woodlands Drive  
#02-01 Singapore 737811  
Tel: 6762 0080 / Fax: 6762 2300

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.:

K. Palani samy  
10/02/2018  
11.30 PM

*[Signature]*

## Individual Statement



redefining insurance

Date: 10/02/2018

To: Owner of Vehicle Number: GBG 1459 T

The following has been advised to you via your workshop, \_\_\_\_\_ through their staff, \_\_\_\_\_

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 case 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.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ The estimated 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☒ Others Third Party Claim

Signed and acknowledge by:  
1A Mutual Enquiry  
400-01 Singapore 728811  
Tel: 6762 8888, Fax: 6762 2830

KALI PALANISAMY  
K. Palani Samy

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp

## IDENTITY CARD & DRIVING LICENCE

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **G54Q4456P**

Name: **KALI PALANISAMY**

Birth Date: **16 Apr 1985**

Valid From: **23 Dec 2013**

Valid Till: **22 Dec 2018**

002256349A



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

Employer:  
**CHEN MKTG PTE. LTD.**

Sector: **SERVICE**

Name:  
**KALI PALANISAMY**

Occupation:  
**OPERATIONS SUPERVISOR**


S Pass No:  
**0 35954485**

Date of Application:  
**11-01-2016**

Date of Issue:  
**02-03-2016**

Date of Expiry:  
**02-03-2018**

002256349A



**L6552273**

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)**

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	23 Dec 2013
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	23 Dec 2013

NP 426A

License No: **G54Q4456P**



**VISIT PASS**  
Immigration Regulations

Name:  
**KALI PALANISAMY**

Date of Birth: **16-04-1985** Sex: **M** Nationality: **INDIAN**

FIN: **G54Q4456P** Date of Issue: **02-03-2016** Date of Expiry: **02-03-2018**

**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.**





# CERTIFICATE OF INSURANCE

**AI CAR RENTAL PTE LTD**

陳美錄

Irene Tan

HP: 9100 6838

Email: irentanbc@gmail.com

Blk 623 Aljunied Road #05-03A, Aljunied Industrial Complex  
Singapore 389835 Tel: 6282 3633 / 6284 3706 Fax: 6282 3633

Dealing in New & Used Vehicles - Hire Purchase - Motor & Business Insurance

Self-Drive Vehicles for Daily, Weekly & Long-Term Hire



**CERTIFICATE OF INSURANCE**

Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party  
ad Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-

Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCA/P1970889 Account No. : 04437  
Coverage : Comprehensive  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : CHEN DYNASTY MARKETING  
Vehicle Registration No. : GBG1459T  
Period of Insurance : From 07/06/2017 To 06/06/2018 (Both Dates Inclusive)

## 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
- This Policy does not cover
- (a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
  - (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

## EXCESS :

Own Damage Excess : SGD 600.00  
Windscreen Excess : SGD 100.00

(Please refer to your policy for Additional Excess)

\* 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 PTE LTD**

*[Signature]*  
Authorized Signature

Issued by - SGOSTPR on 15/08/2017

## 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.

AXA INSURANCE PTE LTD  
Blk 153 Bukit Batok Street 17  
#02-290 Singapore 650153  
Tel : 6567 4722  
Fax: 6567 4460

Page 1

Accident Photo



Accident Photo



Accident Photo



Accident Photo





## Work Permit

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

Employer  
**IGM INTEGRATED PTE. LTD.**

Sector: **CONSTRUCTION**

Name  
**RICKY ANAK JARIT**

Occupation  
**CONSTRUCTION SITE SUPERVISOR**

S Pass No.  
**4 01761462**

Date of Application  
**28-03-2016**

Date of Issue  
**11-04-2016**

Date of Expiry  
**11-04-2018**

**L6674088**



Accident Photo



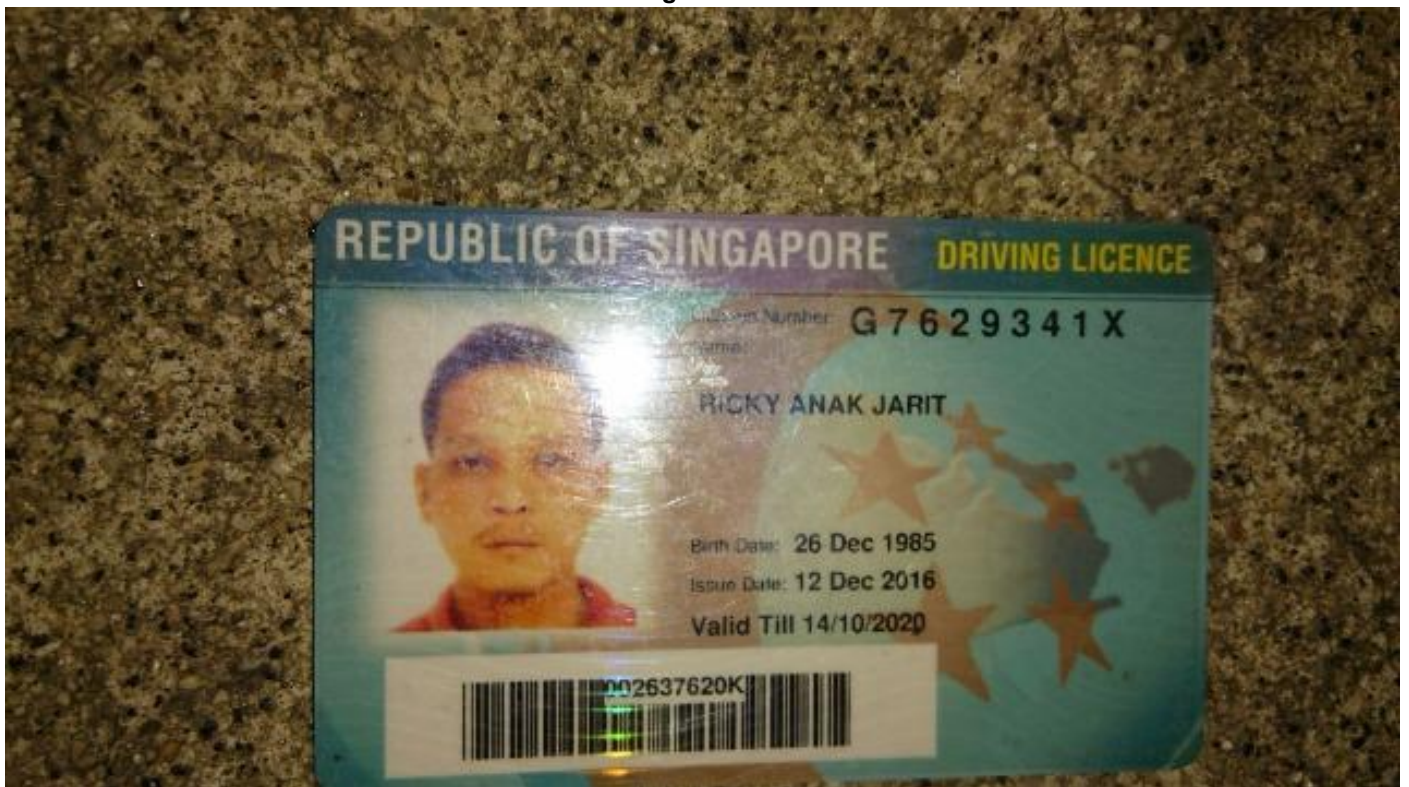
Accident Photo



Accident Photo



Driving License TP







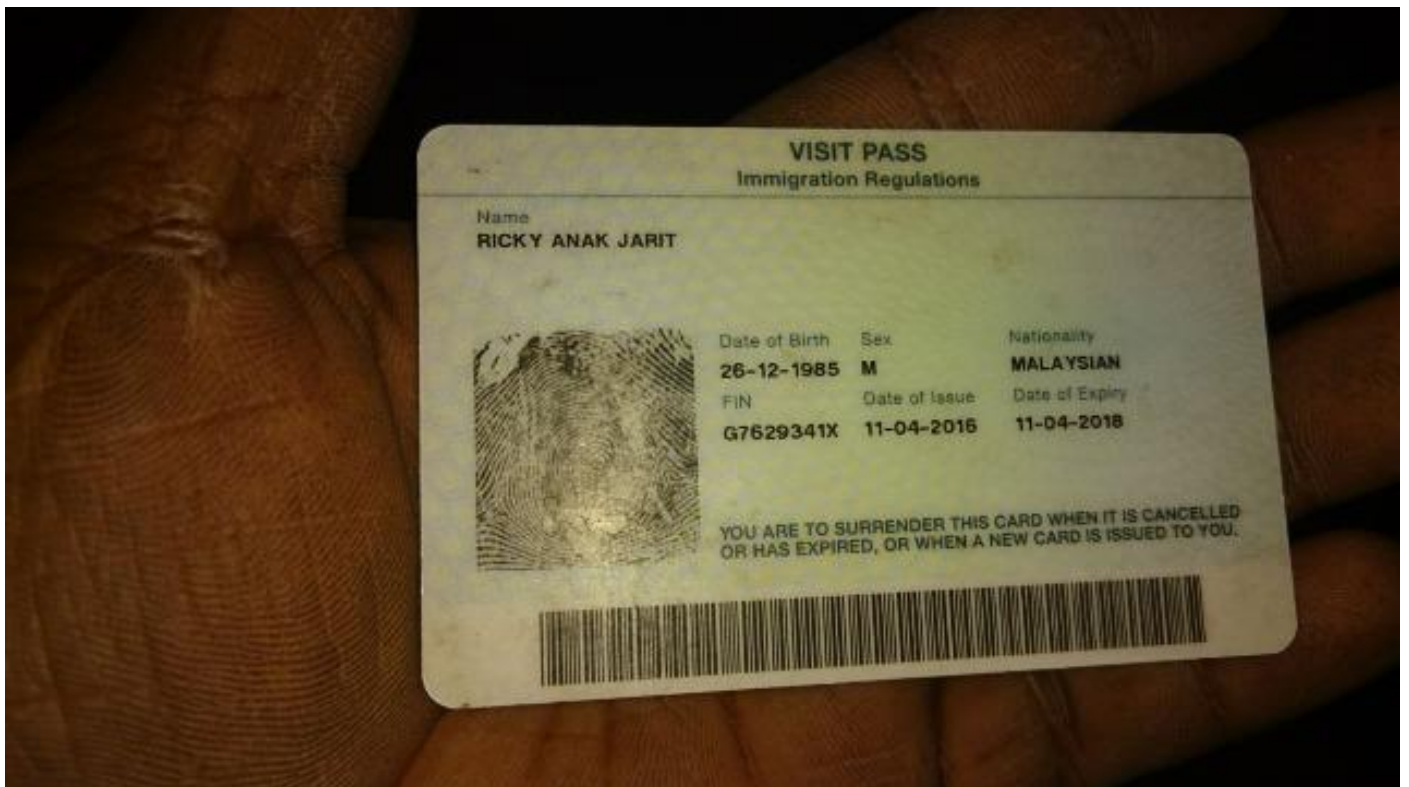
Accident Photo



Accident Photo



Work Permit No TP

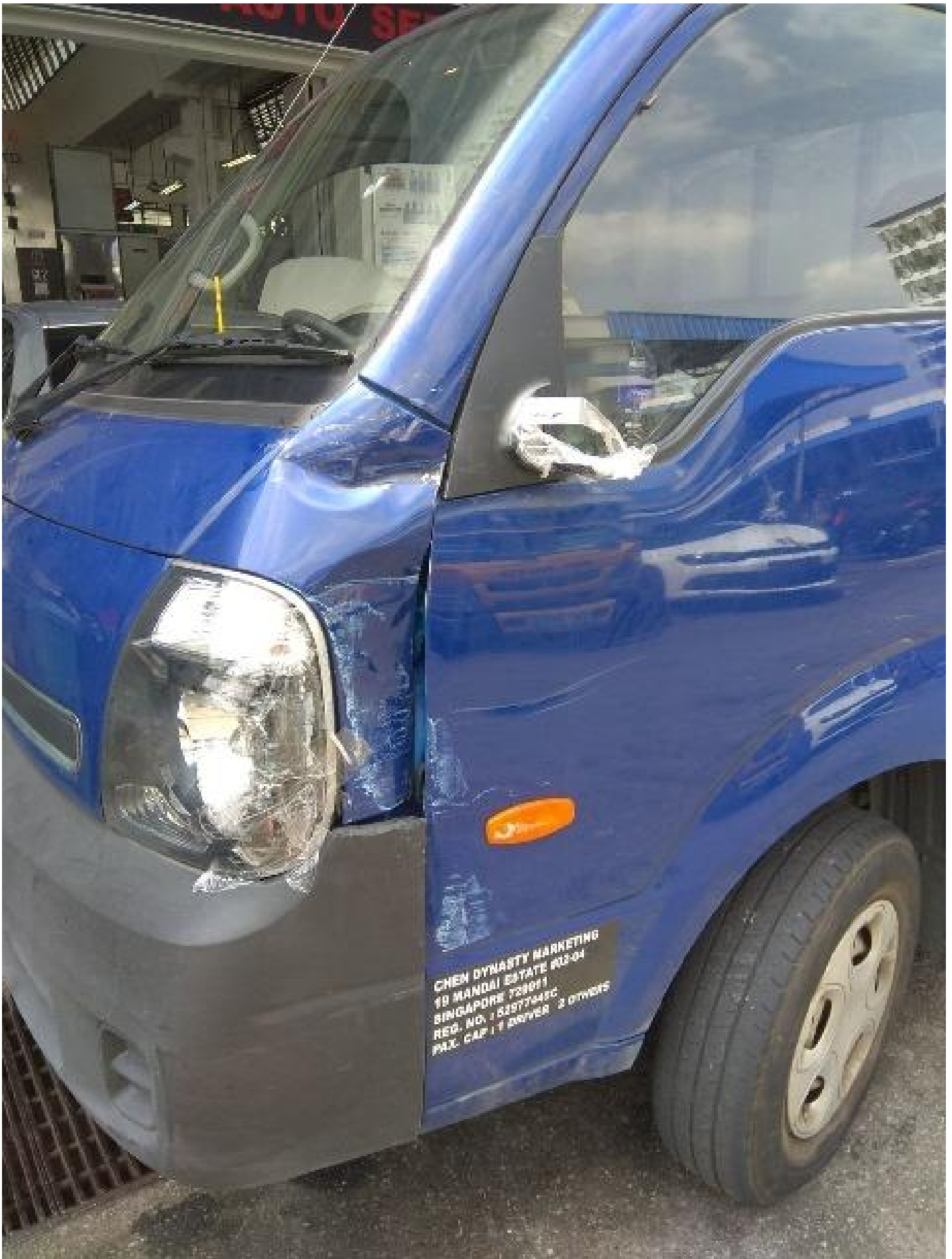


Accident Photo

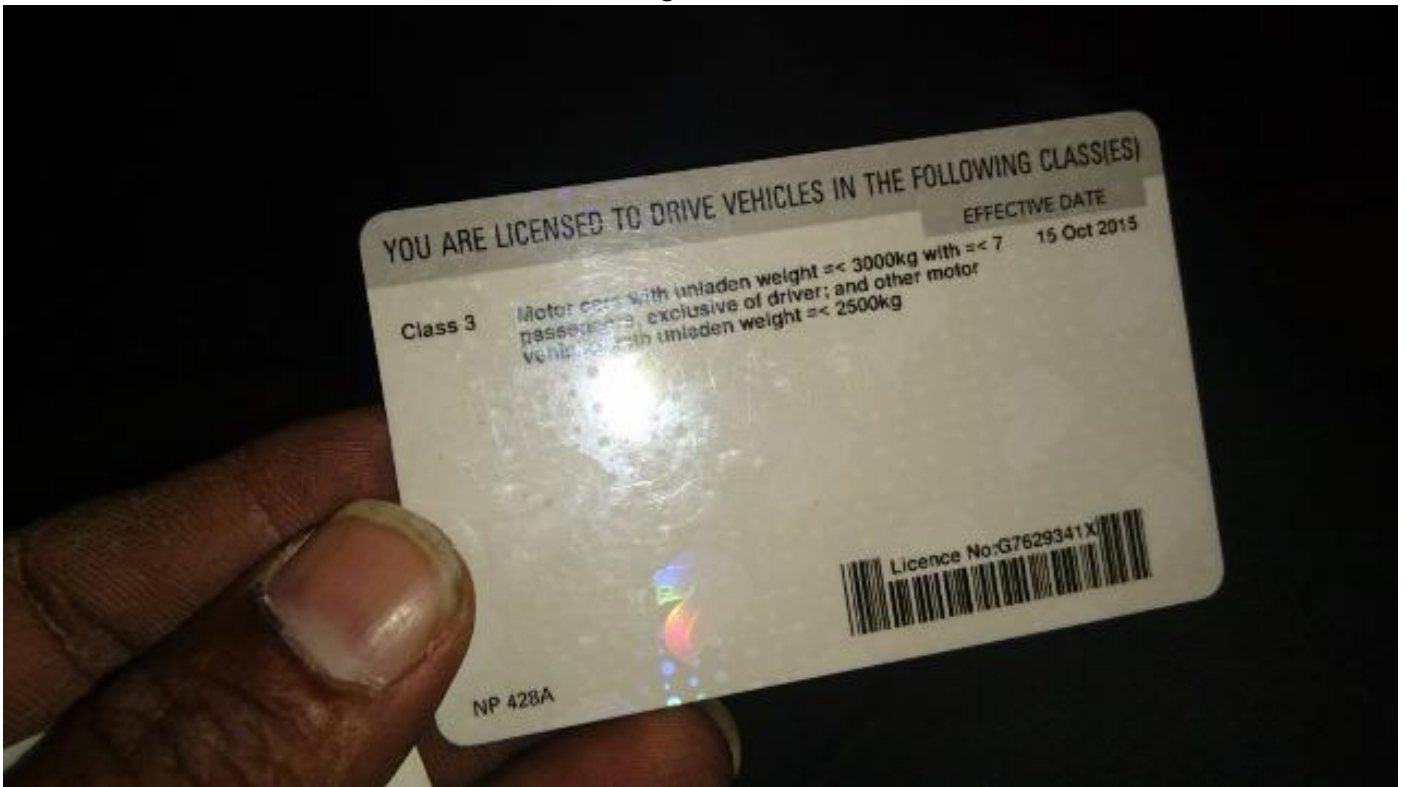




Accident Photo



# Driving License TP



Accident Photo



Accident Photo



## Addendum Sheet

### GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

#### ADDENDUM

##### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MBHA18020637 Vehicle Registration No : GBG1459T  
Name(as shown in NRIC): Kali Palanis Amy  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : G5404456P  
Address : /  
Contact (Tel) : 9723 5161 (H/P) : /  
(Email) : /  
Date of Accident : 09/02/2018 Time of Accident : 2:40pm  
Place of Accident : Along Mandai Estate  
Insurance Company : AXA

##### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend Third Party Contact Number : 9141 4225  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Signature of Vehicle Owner / Driver  
Date: