

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	26/02/2018 18:07
Date Of Accident	25/02/2018 04:30
Exact Location Of Accident	JUNCT RD OF EUNOS LINK AND AIRPORT RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLF7107G
Insured/Policyholder	
Name Of Registered Owner	AMV PTE. LTD.
Co Reg No	201505825Z
Email Address	MICHAEL@AMV-SINGAPORE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-66944456

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 4 DOOR SEDAN SP (A)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2032048
Cover Note Number	13/12/2017 - 20/11/218

Driver

Name of Driver	ANBALAGAN KATHIRAVAN
Passport No/FIN	G3364995P
Date Of Birth	27/11/1992
Occupation	INDOOR
Date Of Driving Pass	23/05/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	+65-85044391
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 460 SEGAR ROAD #05-189
Postcode	670460
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 - CROSS JUNCTION
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: : PASS GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180225/2042. STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	TAKE FROM DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLL3601R
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZAHD AHMAD BIN MASAUOOD AHMAD
NRIC/Passport Number	S8001897E
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

19-01-13:15:14

SKETCH PLAN


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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.


Policyholder's Signature
Date & Time:


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

26/1/18 1705

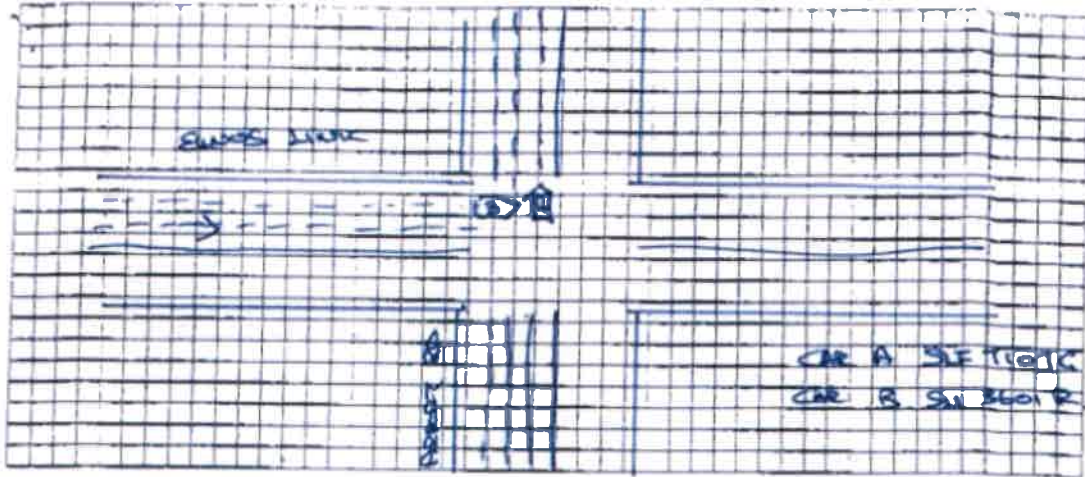

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

19-01-13:15:14

3/4

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO Police Report.

DECLARATION

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

Policyholder's Signature
Date & Time:

SAFMC SketchPlanForm_v3

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

26/4/13 1705

Reporting Centre Personnel's Signature

Name:

NRIC/PIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180225/2042

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20180225/2042

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2018 13:38		Vide Report No.:		Station Diary No.: 55	
Informant's Particulars					
Name of Informant: ANBALAGAN KATHIRAVAN			Address: APT BLK 460 SEGAR ROAD #05-189 SEGAR MEADOWS SINGAPORE 670460		
ID Type / ID No.: NRIC NO / G3364995P			Contact No.: Home/Office: Mobile: 85044391		
Nationality: INDIAN			Email:		
Sex: Male	Age: 25	Date of Birth: 27/11/1992	Type of Informant: Driver		
Race: Indian			Language: English		Institution / School Name:
Occupation: Chauffeur			Driving Licence Information: Class: 2B,3C Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2018 04:30	Type of Location: X-Junction
Location: Along Road 1 HOUGANG AVENUE 3 cross junction Eunus Link Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF7107G	Car				Slightly Damaged	1

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



**SINGAPORE
POLICE FORCE**



T/20180225/2042

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20180225/2042

CONTINUATION OF REPORT

Driver			
Name	ANBALAGAN KATHIRAVAN	ID No.	G3364995P
Related Vehicle	SLF7107G (Car)	Contact No.	85044391
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3C Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 25/02/2018 at 0430hrs, I am an Uber driver driving one car (Mazda 3, Black) registration number: SLF7107G with one male Chinese passenger along Hougang Avenue 3 cross junction of Eunos Link junction. The traffic light turn amber but I was driving at 60 km/h and unable to stop on time. Then there was a car coming from the left has collided onto the front left door of my car. The Traffic Police officer came reference incident F/20180225/0105 and my passenger was conveyed to the hospital because of head injuries. I am not injured. The front left door of my car is damaged. I will be meeting the IO tomorrow for interview. I have an in- vehicle camera installed in my car.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180225/2042

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20180225/2042

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:
J /
Sr Staff Sgt SITI NADIAH BINTE JALALUDIN

Signature Of Informant:

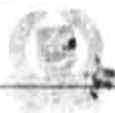
Signature Of Interpreter:
Not applicable

Date/Time:
25/02/2018 13:38

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp
NP168



Singapore Police Force

Common Statement

01-73/13-14

2 1/ 4

Date of Accident : 25/02/18 Accident Time: 0830 (24-HR-Format)
 Accident Place : Junction of Enggor Lun Ave & Avenue 10
 Vehicle No. (Car Plate No.) : SLE 7107 G Make/Model: MAZDA 3
 Insurance Company : AXA Policy No: VFX/P2032018
 Owner or Company Name /IC No. : AMV PTE LTD
 Owner or Company Contact No. : _____ Owner's Hp 66944456 Company Tel _____
 DRIVER'S Name / IC No. : ANBALAGAN K A THIRAVAN (G336495P)
 DRIVER'S Date Of Birth : 21/11/1992 DRIVER'S License Pass Date 23/5/2017
 Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling Employee Others: _____
 DRIVER'S Address : B/H60 SEGAR RD #05-189 (G70460)
 DRIVER'S Contact No / Alt No. : 1) 8504 4391 2) _____
 DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)
 Email Address : Michael@amv-singapore.com
 Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET
 Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance
 Number of Passengers (Including Driver): 02
 Was there any video Captured by car camera: YES \ NO
 Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose
 Any Injury (If YES, Pls state): _____

Other Party Driver's Particular (if any)

Vehicle No: <u>SLE 3601 R</u>	Vehicle No: _____
Vehicle Make/Model: <u>MAZDA 3</u>	Vehicle Make/Model: _____
Name Driver: <u>ZAHID AHMAD BIN HASANAH AHMAD</u>	Name Driver: _____
IC No. Driver/Contact: <u>88001897 E.</u>	IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 088811
 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, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VFX/P2032048	Account No. : 04123
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: AMV PTE LTD	
Vehicle Registration No.	: SLF7107G	
Period of Insurance	: From 13/12/2017 To 20/11/2018 (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 for the carriage of passengers or goods in connection with the Policyholder's business
- (b) Use for social, domestic and pleasure purposes and business purpose of any person to whom the vehicle is hired

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
- (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired

(04)



EXCESS :

Sect I - Any Authorised Driver	: SGD 2,000.00
Sect II-Any Authorised Driver	: SGD 1,500.00
Windscreen Excess	: SGD 100.00

* 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 - SGHYJU2 on 18/12/2017

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).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

DRIVER IC/DL Pg. 1

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

Employer
AMV PTE. LTD.

Sector: SERVICE

Name
ANBALAGAN KATHIRAVAN

Occupation
CHAUFFEUR, PRIVATE MOTOR CAR

S Pass No.
0 37440270

Date of Application
02-10-2017

Date of Issue
06-11-2017

Date of Expiry
06-11-2019

L8427959

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G3364995P**

Name:
ANBALAGAN KATHIRAVAN

Birth Date: 27 Nov 1992

Issue Date: 23 May 2017

Valid Till: 22/05/2022

002686273E

VISIT PASS
Immigration Regulations

Name
ANBALAGAN KATHIRAVAN

	Date of Birth	Sex	Nationality
	27-11-1992	M	INDIAN
	FIN	Date of Issue	Date of Expiry
	G3354995P	06-11-2017	06-11-2019

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 2B	Motorcycles =< 200 cc	23 May 2017
Class 3C	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver	23 May 2017

NP 428A





T/20180505/2045

1 of 3

Report No. T/20180505/2045

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20180225/2042

Report Number T/20180505/2045

Vide Report Number

Date/Time of Report Made 05/05/2018 10:45

Place Report Lodged Traffic Police Division HQ

Type of Informant Driver

Name of Informant Anbalagan Kathiravan

ID Type / ID No. FIN NO / G3364995P

Home/Office

Mobile 85044391

Email

Type of Accident Injury / Government Property

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 25/02/2018 04:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLF7107G	Car				Slightly Damaged	1
UNKNOWN	Car				Slightly Damaged	1

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



T/20180505/2045

2 of 3

Report No. T/20180505/2045

Continuation of CSF For NP168

Driver			
Name	Anbalagan Kathiravan		ID No. G3364995P
Related Vehicle	SLF7107G (Car)		Contact No. 85044391
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	25/02/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	Unknown Driver		ID No. NIL
Related Vehicle	NIL		Contact No. NIL
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

Brief Facts.

On 25/02/2018 at 0430hrs, I am an Uber driver driving one car (Mazda 3, Black) registration number: SLF7107G with one male Chinese passenger along Hougang Avenue 3 cross junction of Eunos Link junction. The traffic light turned amber but I was driving at 60 km/h and unable to stop on time. Then there was a car coming from the left collided onto the front left door of my car. After the collision impact, my car moved forward and hit onto the traffic light pole. The traffic light pole was damaged. The Traffic Police officer came reference incident F/20180225/0105 and my passenger was conveyed to the hospital because of head injuries. I was not injured. The front left door of my car was damaged. I will be meeting the IO tomorrow for interview. I have an in- vehicle camera installed in my car.

AMENDED POLICE REPORT PAGE 3



T/20180505/2045

3 of 3

Report No. T/20180505/2045

Continuation of CSF For NP168

Sketch Plan

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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.

Case Sensitivity No

Officer-In-Charge of Case TP / AEIT /
 ANG YI TING, STEPHANIE

Classification of Case 1) INJURY / GOVERNMENT PROPERTY



Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 6892 9999

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 : MPA218027553 Vehicle Registration No : SLF 7107G
Name(as shown in NRIC): AMV Pte Ltd
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : 2015 058 25Z
Address : _____
Contact (Tel) : 66944456 (H/P) : _____
(Email) : _____
Date of Accident : 25/2/18 Time of Accident : 0430
Place of Accident : Junction Rd of Eunos Link And Airport Road
Insurance Company : AVA Insurance

(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:

Attach Amended Police Report



Signature of Vehicle Owner / Driver

Date:

5/5/18

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm

