

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	15/03/2018 12:02
Date Of Accident	14/03/2018 18:15
Exact Location Of Accident	PIE TOWARDS JURONG (19KM) BEFORE ADAM ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGL9693U
Insured/Policyholder	
Name Of Registered Owner	ROBIN TRAVELS
Co Reg No	53346129D
Email Address	ROBIN567@HOTMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-98584450

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 LIMITED A
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P1840440
Cover Note Number	

Driver

Name of Driver	RAGHAVAN PRABHAKARAN
NRIC No	S2661523B
Date Of Birth	01/06/1961
Occupation	INDOOR
Date Of Driving Pass	16/05/2002
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98584450
Fax Number	
Contact Number	
Email Address	ROBIN567@HOTMAIL.COM

Address	BLK 285 BISHAN ST 22 #02-213
Postcode	570285
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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: : ELAINE GENDER: : FEMALE

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 ATTACHED

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	SLD5624D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEONG MEI YAN AMELIA
NRIC/Passport Number	S8843696B
Contact Number	94754274
Address	
Postcode	
Insurance Company Name	AVIVA LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

IMPORTANT NOTICE

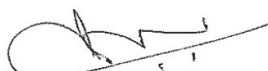
1. Please report correctly the details of the accident to speed up the claims process.
2. This form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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 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:

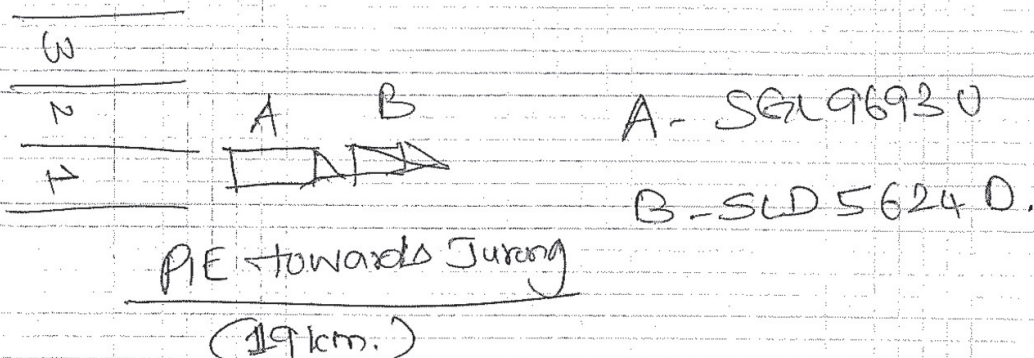


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN

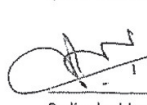



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


I am travelling on PIE towards Jurong near PIE 19 km () before Adm road exit of the front car suddenly stopped use brake due to down steep road, I am trying to apply brake and have enough distance but the road down wards steep unable to avoid. I sorry.. NO one injured in the accident. NO police report made.

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.:

Sketch Plan Pg. 3

AXA INSURANCE PTE LTD
8 Shenton 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, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VCX/P1840440 Account No. : 13861
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : ROBIN TRAVELS
Vehicle Registration No. : SGL9693U
Period of Insurance : From 29/09/2017 To 28/09/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy

1. RAGHAVAN PRABHAKARAN
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.
- 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

(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, 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

Authorized Signature

Issued by - SGOMOHA on 18/09/2017

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.

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2661523B



Name
RAGHAVAN PRABHAKARAN

இராம பிரபாகரன்
Race
INDIAN
Date of Birth Sex
01-06-1961 M
Country of Birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2661523B
Name: RAGHAVAN PRABHAKARAN
Birth Date: 01 Jun 1961
Issue Date: 30 Sep 2016

002615001A



8208086



NRIC No S2661523B

Nationality,
INDIAN
Blood Group Date of issue
O+ 10-07-1996

APT BLK 285 BISHAN STREET 22 #02-213
SINGAPORE 570285

NRIC No: S2661523B Date: 27/06/2012 No: 7045882

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	EFFECTIVE DATE
Class 3		16 May 2002



NP 428A



Our Ref : ACRA 1002B
DATE : 08 Aug 2017

ACRA Website:
Online Filing - BizFile:
Address:

www.acra.gov.sg
www.bizfile.gov.sg
10 Anson Road #05-01/15
International Plaza
Singapore 079903



4615

RAGHAVAN PRABHAKARAN
285 BISHAN STREET 22
#2-213
SINGAPORE 570285

Dear Sir/Madam

YOUR BUSINESS NAME REGISTRATION IS DUE FOR RENEWAL

NAME OF BUSINESS : ROBIN TRAVELS

REGISTRATION NO : 53346129D

EXPIRY DATE : 16/09/2017

The renewal fee for business name registration is \$30 per year. The registration can be renewed for 1 year (\$30) or 3 years (\$90).

2 You may choose to renew online via www.bizfile.gov.sg or via your mobile device through our new ACRA on the Go app.

3 Please ignore this notice if you have already renewed your business name registration.

4 To ensure that you receive ACRA's updates, please inform us of your latest mobile phone number and email address. Please visit www.bizfile.gov.sg > **About BizFile** > **eService Guides** > **Select eService Type** > **Change in particulars** for a guide to update your contact information.

Business Registration Department
Accounting and Corporate Regulatory Authority
[This is computer-generated, hence it bears no signature.]

Action Needed:

Ways to Renew your Business Registration

- 1) Online via www.bizfile.gov.sg
- 2) Download the free ACRA on the Go app now from the Apple App Store (for iOS) or Google Play Store (for android)

If you do not intend to carry on business

Please file a Notice of Cessation of Business online.



ACRA values your feedback

We hope that this letter has been written in a way that is clear to you. To help us improve, please rate the clarity of this letter via our online feedback form <http://surveys.acra.gov.sg/s3/letters?letter=620> or scan the QR code using a suitable mobile application.

We will be happy to hear from you if you have any feedback or suggestions on how we can improve our content.

Important note: For enquiries or other general feedback, please submit your query via www.acra.gov.sg/askacra

Enquiries - Ask ACRA:
ACRA Helpdesk:
Connect with us:

www.acra.gov.sg/askacra
(65) 6248 6028
www.twitter.com/acra_sg
www.facebook.com/sg.acra



Date: 15/03/2018

To: Owner of Vehicle Number: SGL 9693U

The following has been advised to you via your workshop, EDGE through their staff, Brenda

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: 1 month
The estimated arrival time does not include the repair period.

☒ You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.

☒ For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out or 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 repairs on workmanship related to the accident.

☐ For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.

☐ Other: Excess Applicable subject to Insurance Verification



Signed and acknowledge by:

[Signature]

Name and signature of policyholder/ authorised driver

[Signature]

Name and signature of workshop personnel including company stamp