

## 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	09/04/2018 17:29
Date Of Accident	07/04/2018 22:30
Exact Location Of Accident	ALONG MANDAI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE4293U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RASA RASA GROUP CATERING SERVICES LLP
Co Reg No	T10LL0433K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-84681118

### Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA
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	GA140725/1
Cover Note Number	

### Driver

Name of Driver	RAMANATHAN THIRUPPATHI
NRIC No	G8137483Q
Date Of Birth	26/10/1985
Occupation	INDOOR
Date Of Driving Pass	14/02/2014
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81667982
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
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)	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

ON SAID DATE AND TIME OF THE ACCIDENT, I WAS STATIONARY ALONG MANDAI ROAD ON THE LEFT MOST LANE WITH HAZARD LIGHTS ON WAITING FOR MY COMPANY OTHER TRUCK FOLLOWING. SUDDENLY, I FELT AN IMPACT COMING FROM BEHIND AND I REALISED THAT VEHICLE B (SKD1319Z) DID NOT STOP IN TIME AND COLLIDED ONTO REAR PORTION OF MY LORRY. HENCE, I HERE TO LODGE THIS REPORT TO CLAIM AGAINST VEHICLE B (SKD1319Z)'S INSURANCE FOR MY ACCIDENT DAMAGES.

#### 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	SKD1319Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
Name of Driver	TAN GUAN YU
NRIC/Passport Number	S9546988D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SKETCH PLAN**

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**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.

Rasa Borneo Group Catering Services LLP

A Admiralty St  
8 FLOOR CH/

Singapore 7574

Tel: 6770 1169

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

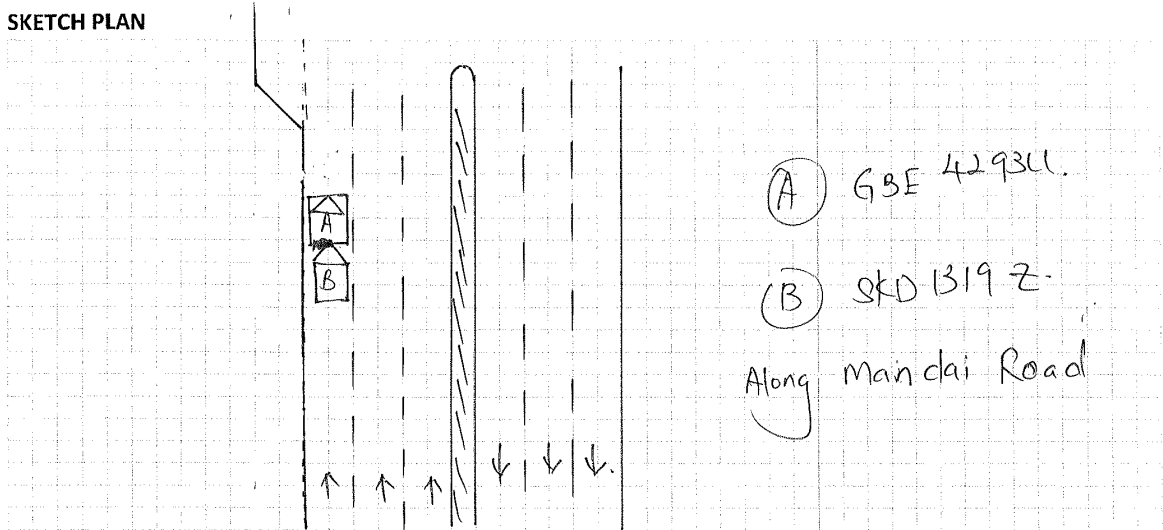
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On said date and time of the accident, I was stationary along Mandai Road on the left most lane with hazard light on waiting for my company <sup>other</sup> truck following. Suddenly I felt an impact come from behind & I realized that vehicle B (SKD 1319 Z) did not stop in time and collided onto rear portion of my lorry. Hence I hereto lodge this report to claimant vehicle B (SKD 1319 Z)'s insurance for accident damages.

Rasa **DECLARATION** **LLP**

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

Tel:

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 9/4/18  
11.46am

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

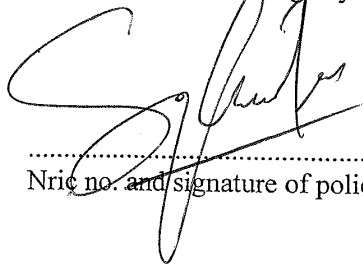
**LETTER OF UNDERTAKING**

I/We, Rasa Rasa Group Catering Services LLP, the owner of vehicle no. GBF 429311.

**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, Precise Auto Service.

Signed and Acknowledge by:



.....  
Nric no. and signature of policyholder

Rasa Rasa Group Catering Services LLP  
Rasa Rasa Group Catering Services LLP  
8A Admiralty St  
#08-001  
Singapore 757416  
Tel: 65701067 Fax: 65701069

.....  
Company Stamp

.....  
Date

09/04/18

## Driving License

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

or Agent:  
**RASA RASA GROUP CATERING SERVICES LLP**

Section: **SERVICE**



Name:  
**RAMANATHAN THIRUPATHI**

Occupation:  
**MAINTENANCE SUPERVISOR**

R Pass No:  
**0 24050082**

Date of Application:  
**27-11-2017**

Date of Issue:  
**12-12-2017**

Date of Expiry:  
**12-12-2019**



**L5504003**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Identification No: **GB137483Q**

Name:  
**RAMANATHAN THIRUPATHI**

Date of Birth: **26 Oct 1985**


Issue Date: **14 Feb 2014**

Valid Till: **13 Feb 2019**



**VISIT PASS**  
Immigration Regulations

Name:  
**RAMANATHAN THIRUPATHI**




Date of Birth: **26-10-1985** Sex: **M** Nationality: **INDIAN**

IR No: **GB137483Q** Date of Issue: **12-12-2017** Date of Expiry: **12-12-2019**

**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 CLASSES**

		EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	14 Feb 2014
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	14 Feb 2014

NP 42RA

Licence No: **GB137483Q**



## INSURANCE



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  
30/11/2017

policy number  
CV1 / GA140725

# Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 183) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1990 - Road Transport Act, 1997 (Malaysia) - Commercial Vehicles (Third-Party Risks) Rules, 1999 (Malaysia)

### Policy details

Policyholder name	RASA RASA GROUP CATERING SERVICES LLP	Certificate number	GA140725 / 1
Cover	Comprehensive	NCD	30%
Engine number	1KD2569965	Chassis number	JTFAT35Y9CK205467
Vehicle Registration number	GBE4293U		
Period of Insurance	From 08/12/2017 to 07/12/2018 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Lender Company	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD		

### 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 trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of any disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 183) and Section 95 of the Road Transport Act, 1997 (Malaysia), are not to be included under these headings.

### Excess

Section 1	SGD700.00
Windscreen	SGD140.00

An additional excess is applicable as follows:

Additional Own Damage Excess of \$53,000 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.

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

