

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	02/05/2018 17:12
Date Of Accident	01/05/2018 03:45
Exact Location Of Accident	SCIENCE PARK DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC9125B
Insured/Policyholder	
Name Of Registered Owner	INFINITE LOGISTICS & TRADING PTE LTD
Co Reg No	201311759M
Email Address	OFM.INFINITE@GMAIL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-65471467

Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1647148
Cover Note Number	

Driver

Name of Driver	GOVINDARAJAN SURESHBABU
NRIC No	G7411445N
Date Of Birth	10/07/1976
Occupation	INDOOR
Date Of Driving Pass	20/12/2010
Driving Experience	7 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83074741
Fax Number	
Contact Number	
Email 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 - MAJOR/MINOR RD
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

REFER TO ATTACH.

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	SH6418Y
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 Pg. 1

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:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

REFER TO ATTACHMENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO ATTACHMENT

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.:

00000000000000000000

Accident Report

Date: 01 May 2018

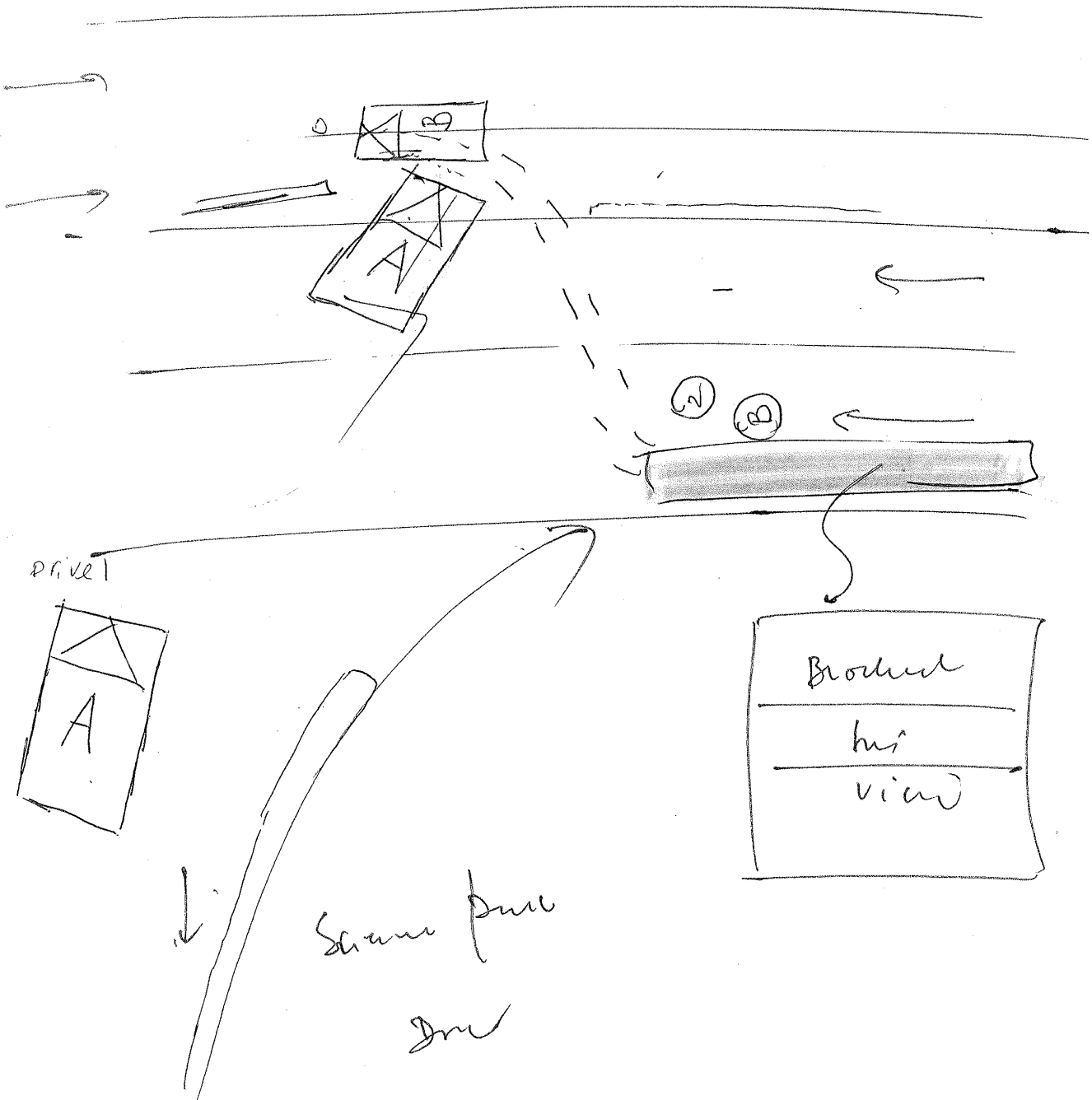
Driver: Govindarajan Sureshbabu

Fin No: G7411445N

- At about 0347hrs, I just ended my casting at Nakano Science Park construction.
- I was driving along Science Park heading towards Science Park Drive 1 in order to return back to Tuas Plant.
- At the junction of Science Park Drive, I stopped, looked to the right and left of Science Park Drive 1.
- Seeing no car, I drove slowly out to make a right turn.
- I was already driving on the 2nd lane of Science Park Drive 1 when suddenly I heard a horn and I saw a taxi speed towards me from the right.
- To avoid my truck, the taxi swerved to the right onto the opposite lane, hitting my left side bumper of my truck.
- There are passengers in the taxi. Police and ambulance came down on scene at that time.

Dr. Suresh R

8/15/10
my 8480



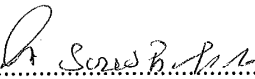
LETTER OF UNDERTAKING

I/We, ^{PTE LTD} INFINITE LOGISTIC & TRADING, the owner of vehicle no. NC 9115E

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:


Nric no. and signature of policyholder


Company Stamp

02/05/2018
Date

Driving License

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

Employer:
LINKFIELD CONSTRUCTION PTE. LTD.

Sector: **CONSTRUCTION**

Name:
GOVINDARAJAN SURESHBABU

Occupation:
TRUCK DRIVER

S Pass No:
0 32739807

Date of Application:
09-05-2017

Date of Issue:
25-05-2017

Date of Expiry:
25-05-2019

L7961385

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **G7411445N**

Name:
GOVINDARAJAN SURESHBABU

Date of Birth: **10 Jul 1976**

Issue Date: **26 Oct 2013**

Valid Till: **16 Jun 2018**

VISIT PASS
Immigration Regulations

Name:
GOVINDARAJAN SURESHBABU

Date of Birth: **10-07-1976** Sex: **M** Nationality: **INDIAN**

FIN: **G7411445N** Date of Issue: **25-05-2017** Date of Expiry: **25-05-2019**

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)

Class	Vehicle Description	Effective Date
Class 2B	Motorcycles <= 200 cc	17 Jun 2008
Class 3	Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	17 Jun 2005
Class 4	*Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	20 Dec 2010

NP 420A

License No: **G7411445N**

INSURANCE

AXA INSURANCE PTE LTD
6 Shenton Way, #24-01
AXA Tower, Singapore 068911
Customer Service Centre #B1-01
Tel: 65 33367288 Fax: 65 33362522
Website: www.axa.com.sg
GST Registration Number: 199603512M
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, 1955 (Malaysia)

CERTIFICATE NO.	: VEX/PL647148	Account No. :	03936
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: INFINITE LOGISTIC & TRADING PTE LTD		
Vehicle Registration No.	: WC9125B		
Period of Insurance	: From 23/07/2017 To 22/07/2018 (Both Dates Inclusive)		

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or is driving on their 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*

Use in connection with the Policyholder's business whilst the Motor Vehicle is being so used, the carriage of passengers is permitted.

This Policy does not cover

- (a) Use for racing, pace-making, reliability trial or speed-testing
- (b) Use for the carriage of passengers for hire or reward
- (c) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(13)

EXCESS :

Sect I - Any Authorized Driver : SGD 3,000.00

Sect II-Any Authorized Driver : SGD 3,000.00

Windscreen Excess : SGD 300.00

(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 - SGT/CAS2 on 13/06/2017

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



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S665500206 / GST Reg. No.: M400017735

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 : MSME18057409 Vehicle Registration No: WC 9125B
Name (as shown in NRIC) : INFINITE LOGISTICS & TRADING PTE LTD NRIC/FIN/Passport No : 201811759M
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : DEM.INFINITE@GMAIL.COM
Date of Accident : 01/05/2018 Time of Accident : 0345HRS
Place of Accident : SCIENCE PARK DRIVE
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:

CHANGE INSURED VEHICLE NUMBER TO WC9125B. INSTEAD OF WC9115E.
POLICY NUMBER - VSX/P1647148.

X G. Suresh Kumar
Policyholder / Driver's Signature
Date:



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