

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	08/05/2018 11:40
Date Of Accident	08/05/2018 08:40
Exact Location Of Accident	TPE BEFORE EXIT PASIR RIS DRIVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP5718A
Insured/Policyholder	
Name Of Registered Owner	METEORITE LOGISTICS SERVICES PTE LTD
Co Reg No	201330768W
Email Address	GANESH@METEORITELOGISTICS.COM
Mobile Phone No	
Alternative Phone No	OFFICE-86605095

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER (P-TAILBAORD)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA325161/1
Cover Note Number	

Driver

Name of Driver	BALASUPRAMANIAM S/O SELVARAJ
NRIC No	S9031785G
Date Of Birth	31/08/1990
Occupation	OUTDOOR
Date Of Driving Pass	24/02/2017
Driving Experience	1 YEAR AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86605095
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 330 SAMBAWANG CLOSE #05-389
Postcode	750330
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	CHAIN 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	3
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 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	GBB8921E-B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJU2705H-C
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	PRIVATE CAR
Name of Driver	KOH KENG ANN
NRIC/Passport Number	S7670842H
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

TPR Before Point Pass 2.5 Unit 8

A - YP 5718A



B - GSB 993R



C - SJU 2705H



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving on the third lane, vehicle in front of me C and R suddenly stopped, I ~~was~~ could not brake on time which caused the collision.

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.:

Individual Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 8/5/2018 Time: 8:30am Location of Accident: TPE before Post Pass Ria Dune P.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: YP 5718A (A)
Name of Policyholder: Meteorite Logistics Services Pte Ltd
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 20133718W
Address:
Contact Number:
Occupation:

Tel: Outdoor Hp: 8660 5095

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Miti Lantau (P/Tailboard)
Type of Vehicle: Sedan, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others
Exact Purpose for which vehicle was being used at the time of accident: Work Purpose

Remarks: Reporting

Are you claiming under your own insurance policy?

☐ Yes ☒ No ☐ Private ☐ Commercial ☐ Motorcycle

Vehicle category

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company

Type of Policy

Fleet Policy

Policy Number

Comprehensive ☒ TP Fire & Theft ☐ Third party
☐ Yes ☒ No

GA 325-161/1

DRIVER

Name of Driver: Balasupramaniam S/o Selvaraj
NRIC/ FIN/ Passport: S903128561
Date of Birth: 31/8/1990
Occupation: outdoor
Driving Pass Date: 24/2/2019
Gender: Male
Contact Number:
Address:
Email Address:

Tel: Hp: 8660 5095
21830, Subangway Close 05-289 5750230

Was driver an employee of the Insured's Company?

If No, relationship of Driver with the Insured:

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

Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head On, etc):

Weather Conditions:

Road Surface:

Damage Area:

Yes ☒ No ☐
Driver ☒ Passenger

Chain Collision

☒ Clear ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others

OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

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

☒ No ☐ Yes
☒ No ☐ Yes

☒ No ☐ Yes
☒ No ☐ Yes

gaurish@meteoritelogistics.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

G16B 8921K (B)

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

SJU 2705H (C)

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

Eda Hong Ann
S 7670842H

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

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

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes ☐ No
☐ Yes ☐ No

Was Injured conveyed to hospital by Ambulance?

Declaration

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



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

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

Date & Time

Ann
1045 am
2/5/12

Individual Statement

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.



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.:

AUTHORIZE FORM

Authorization Form

I (Name) Meteorite Logistic of (NRIC) 201337660 authorized

(Name) Satishprakashan of (NRIC) 890317856 to Repair/Reporting at

BH AUTO SERVICES PTE LTD located at Blk1 Sin Ming Industrial Estate Sector C #01-111/113/115/117

5575636

On behalf of me for my vehicle number 1P 5718A

My residential address is _____ and

contact number is _____



Signature
Owner Name

Signature
Witness Name: Satish



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
 23/02/2018

policy number
 CV1 / GA325161

Certificate of Insurance

Commercial Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia) - Commercial Vehicles (Third Party Risks) Rules, 1999 (Malaysia)

Policy details

Policyholder name	METEORITE LOGISTICS SERVICES PTE LTD	Certificate number	GA325161 / 1
Cover	Comprehensive	NCD	0%
Engine number	4P10C50008	Chassis number	FE671EA20380
Vehicle Registration number	YP5718A		
Period of Insurance	from 28/02/2018 to 27/02/2019 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC 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 towing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations imposed inoperative by Section 8 of the Commercial 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.

Excess

Section I	SGD900.00
Windscreen	SGD180.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 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

Additional clauses & endorsements to your policy

Nil

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

DRIVING LICENSE

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

		EFFECTIVE DATE
Class 3	Motor cars with unladen weight $\leq 3000\text{kg}$ with ≤ 7 passengers, exclusive of driver; and other motor vehicles with unladen weight $\leq 2500\text{kg}$	29 Nov 2010
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight $> 2500\text{kg}$ Motor vehicles which are not constructed to carry load or passengers and the unladen weight $\leq 7250\text{kg}$	24 Feb 2017

NP 425A



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9031785G**

Name: **BALASUPRAMANIAM S/O SELVARAJ**

Birth Date: **31 Aug 1990**

Issue Date: **24 Feb 2017**

002650534E



AXA FORM

reddefining insurance

Date: 8/5/18

To: Owner of Vehicle Number YP 5718A

The following has been advised to you via your workshop, 3H Auto Centre through their staff, Sam

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: OD claim @ other workshop.

Signed and acknowledge by:

Name and signature of Policyholder/authorised driver

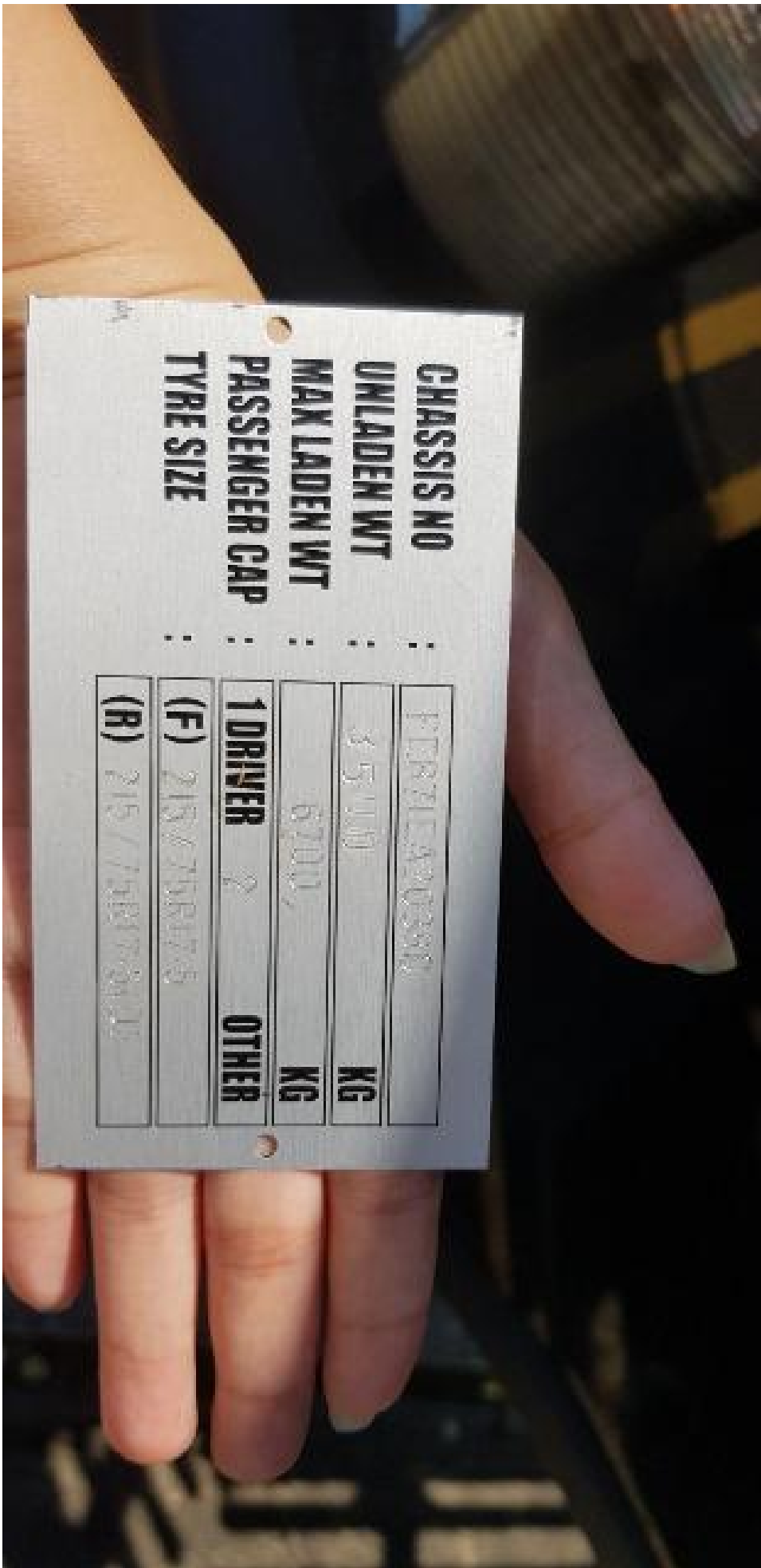
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

