#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

**Driving Experience** 

Mobile Number

Fax Number Contact Number **EMail Address** 

Gender

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
   This Form must be <u>completed</u> by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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	21/05/2018 16:34
Date Of Accident	17/05/2018 12:30
Exact Location Of Accident	CARPARK OF BLK 635 VEERASAMY ROAD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GQ7206E
Insured/Policyholder	
Name Of Registered Owner	LZD TRADING
Co Reg No	53191619K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE
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	GA143624
Cover Note Number	
Driver	
Name of Driver	DHARMARAJ RAJASEKARAN
NRIC No	F8023759Q
Date Of Birth	19/06/1967
Occupation	OUTDOOR
Date Of Driving Pass	11/06/2008

9 YEARS AND 11 MONTHS

(LOCAL) +65-82095521

MALE

**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 Registration Number of Driver's Own

\_

Insurance Company of Driver's Own Vehicle

-

**General Information of the Accident** 

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

NO

YES

NO

0

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?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

ON 17/05/2018 AT 1130HRS, I PARKED MY VEHICLE (GQ7206E) AT THE CARPARK OF BLK 635 VEERASAMY ROAD. AROUND 1500HRS, I RECEIVED A CALL AND SAID THAT MY VEHICLE WAS HIT BY VEHICLE B (EK6666Y) AND I IMMEDIATELY WENT BACK AND CHECK. WHEN I REACH, I REALISED THERE WERE TOTAL OF 4 VEHICLES INVOLVED IN THIS ACCIDENT. VEHICLE B HIT ONTO MY PARKED VEHICLE, CAUSED MY VEHICLE SWERVED RIGHT AND HIT ONTO VEHICLE C (GBF7548K) AND VEHICLE C SWERVED RIGHT AND HIT ONTO VEHICLE D (SJU2863J). NOBODY WAS INJURED IN THIS ACCIDENT.

#### 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 EK6666Y

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

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

GBF7548K

Vehicle Make/Model/Colour

**Details Of Properties** 

VEHICLE C

Vehicle Category

COMMERCIAL 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 3**

SJU2863J

Vehicle Registration Number

Vehicle Make/Model/Colour

**Details Of Properties** VEHICLE D

Vehicle Category COMMERCIAL VEHICLE

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**

### **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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.

ON CONTRACTOR

Policyholder's Signature
Date & Time: >\\5\\6

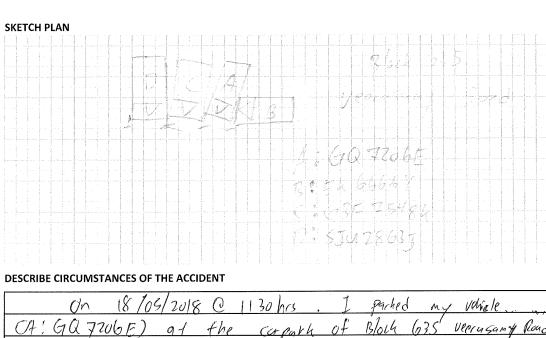
0.263400

Driver's Signature (If driver is not the policyholder)

Date & Time: 18/05/150 12/60

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

GIARdvit, SketchPlankorm\_V3



On 18/05/2018 @ 1130 hrs . I parked my volvale
CA: GQ 7706 F) at the corport of Block 635 veera samy Road  Acound 1500 his 1 received the called and said that  my vehicle was hit by behicle (B: Bh 666 b 17). And I  immediately event back and check when I reach, I realised  that total involved 4 vehicle in this accident.
Around 1500his I received the called and said that
my website was hit by behicle (B: B466667). And I
immediately event back and check, when I reach I realised
that total involved 4 vehicle in this accident.
The volicile is his only my ported volicile coused my
volucile swerod right hit only relicite (C: GBF 7548h) and
rehide C Swerred right hid onto vohicle (0:510 28637).
The volville is his only my porhed volville (aused my volville Swerved right his only vehicle (C: GBF 7548k) and vehicle C Swerved right his onto volville (O:51u 28637).  Nulody was injured in this accident.
Tan Lim motor will do a third party chim and repair this vohible.
and repair this vehicle.

DECLARATION

I/We declarate region particulars are true in every respect.

Policyholder's Signature
Date & Time:

(If driver is not the policyholder)
Date & Time:

Date & Time:

NRIC/FIN No.:

CHARGE SERICH Plant form, VS

DECLARATION

NAME:
NRIC/FIN No.:

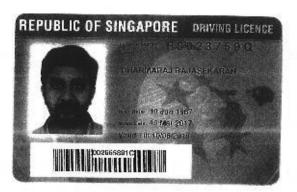
# Sketch Plan #3 Pg. 1

# LETTER OF UNDERTAKING

We, LZD Trading, the owner of vehicle no GQ7206E	
ly/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether claim under my/our Policy or against the Third Party and if the former shall submit such a aim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within	
4(four-teen) days of occurrence or and sold four-teen) days of occurrence or and sold four-teen) days of occurrence or and sold four-teen of the left.  Sy/Our Third Party claim is handle by my/our preferred workshop,	
igned and Acknowledge by:	
18/05/2018	
dric no. and signature of policyholder Company Stamp	

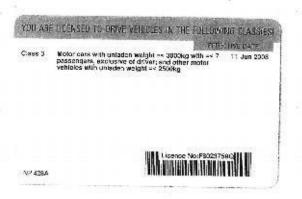
#### **Driving License**





. AP: 8209 5521 Occipalin: Construction worker compairer





Addross 189 selegie Roné \$07-02 singapure 188332

#### **INSURANCE**

17-05-18/15:21 :U9 MOTOR AGENCY





.00440727

# 1/ 3

AXA Insurance Pte Utd

1800 890 4988 (Withth Singapore) (55) 6880 4869 (International)

(65) 8880 4740

63 pestomer, parce/axa. gom.se

SAMPLEGE MANY

date

20/11/2017

podcy nurchys: CV2 / GA143624

6A843684 / 3

9Y14802P200033757

20%

# **Certificate of Insurance**

-Colomercial published on to Pariy Bicks and Comparisons acc. (Chapter 1996). Opportude to date of him-barry Policy and Comparison Paris, 1987-1984 francounter. CRET (Mishgorn) Commissional Veniories (Third-Forty Rhiks ) Roles, 1959 (Meleysh)

#### Policy details

Policyholdermente LZD TRADBIG Shird Party Only 2400 Cares Coupers comber 2KD1857817 G07200E

Vehicle Reischalios a

(Solvá př. lospověto) Sipa (ostradě from 10/32/2017 to 98/12/2018 (Noth hales Inclusive) RIE

Enjance Come Stepped: REE

#### Persons or classes of persons entitled to drive

Any particular who is driving on the Policyholder's railer or with their permission.

Provided that the person driving is permitted in accompance with the literating or order than or digitalizers to drive the Motor Verlida or has been so permitted and a not displacified by order of a Coorf or low or by careers of any encoders or negatiation in that school from Alving the Motor Verlidae.

#### Limitations as to use\*

- (a) Use in connection with the Policyholds is healthess
- (b) Use for the carriage of passengers ( other than for birs or reward) in connection with the Policyholder's business.
- (c) Use for excist, domestic and pleasure purposes.

- (a) Use for the file or reward or for racing, page-making, reliability trail or spood losting.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically proceeded vehicle.

Emiliation rendered inoperation by Section 8 or the Oceanic rest Majorase (Hum-Party Holes and Communicate) 264, (Chapter 189) and Coolen 81 of the Proof Rendered 26, 1986 (Holes and Indiana American Indiana American Indiana American Indiana American Indiana Indian

#### Excess

An addition of durings is applicable as follows: additional in China excess of \$3,000,00% appropriate for any named/unreduced dissert who: a) is 18 years out to 21 years of landing b) is 72 years oft and above and/or a) with chiving superlance of lines than Lyear or, the relevant classes of downs downs

### Additional clauses & engorsements to your policy

23

ANA Incurance Pie LM (199905512(d): Hi Sheaton Way, 424-01, AXA Towar, Singapore 068811 Oustomer Ceutre, AB1-01.

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# **Accident Photo**



