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 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	10/02/2018 12:10
Date Of Accident	09/02/2018 16:40
Exact Location Of Accident	PIE EXIT TOWARDS BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP6485P
Insured/Policyholder	
Name Of Registered Owner	SOURCE WATERPROOFING PTE LTD
Co Reg No	200507290N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90088870
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEB21ER4SDEB (CBU) (M)
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1993413
Cover Note Number	
Driver	
Name of Driver	KALYANA SUNDARAM SIVAKUMAR
NRIC No	F8427064N
Date Of Birth	17/06/1979
Occupation	OUTDOOR
Date Of Driving Pass	29/03/2003
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84396882
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	C/O 8 KAKI BUKIT AVE 4 #01-46 PREMIER@ KAKI BUKIT SINGAPORE
Postcode	415875
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?	YES
Foreign Vehicle Registration Number	MBM7512 (COMMERCIAL VEHICLE)
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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	MBM7512
Vehicle Make/Model/Colour	
Details Of Properties	
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 2

Vehicle Registration Number	SJT1163H
Vehicle Make/Model/Colour	
Details Of Properties	
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)	

SKETCH PLAN

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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:

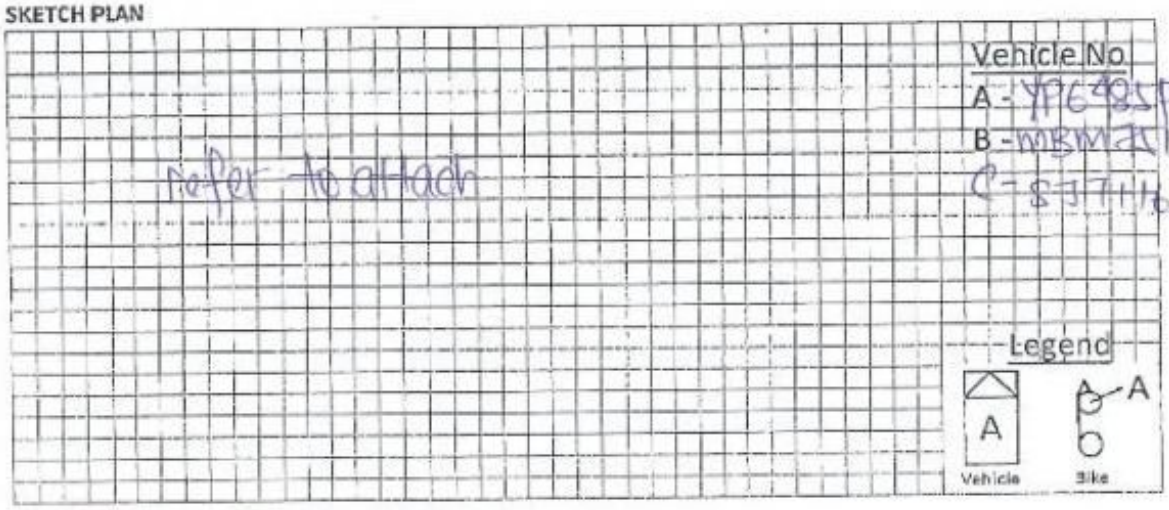
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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: 10/2/18 9:40am	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9/2/2018, Around 4:38pm. I was driving from PIE Exit towards Bedok North Ave 3. Vehicle B infront of me suddenly brake and I also follow to brake but not in time. Cause my lorry collided with Vehicle B. When I came out from my lorry, I realise that was 3 cars collision. Vehicle B knock onto the rear of Vehicle C. The Driver of Vehicle C told us that he brake is because the traffic light is red.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

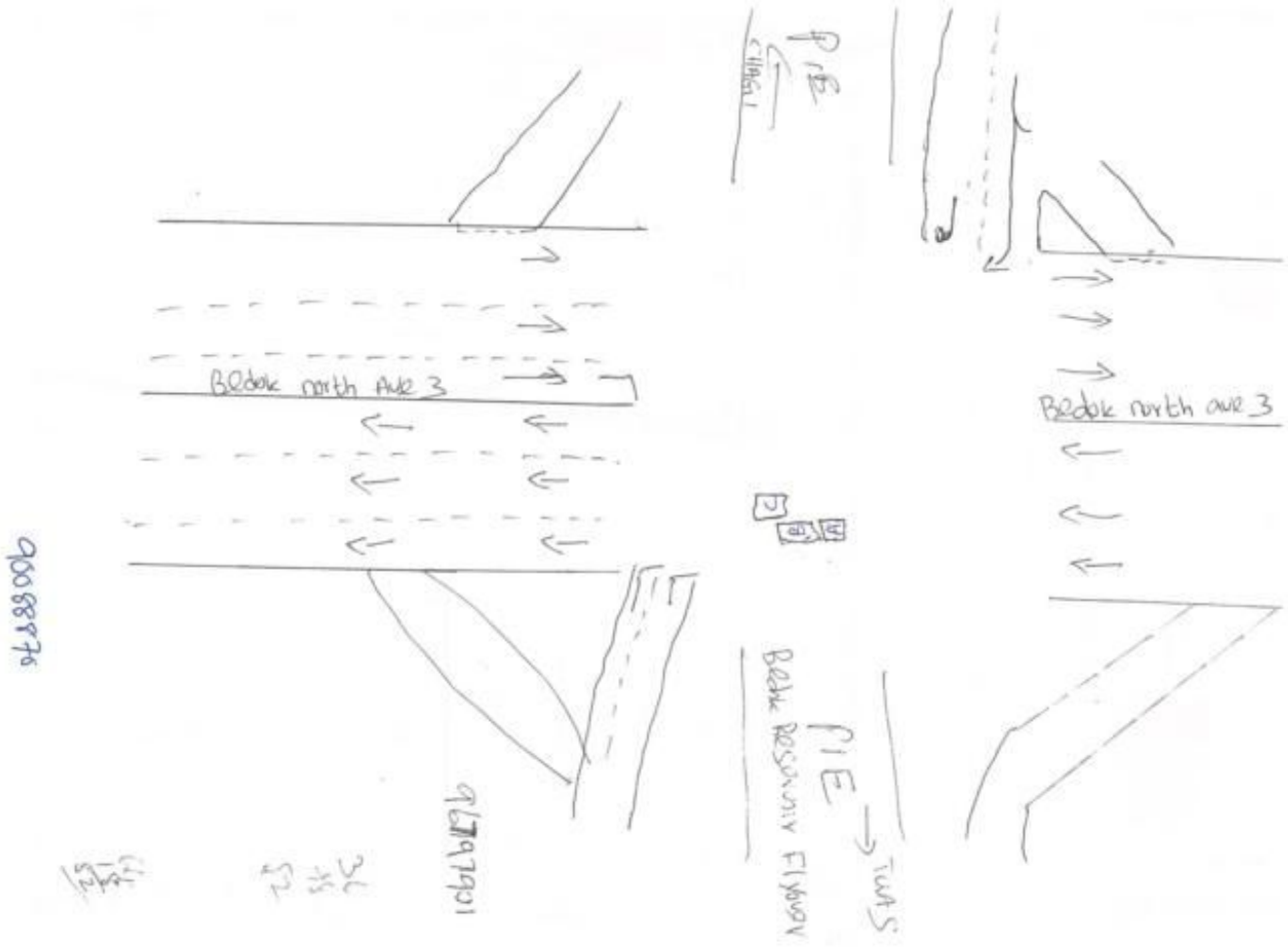
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/2/18 9:40AM

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

GIARMC SketchPlanForm_V3

Sketch Plan #3



ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

To be signed by BOTH drivers

1 Date of accident: 9/2/18 Time: 1638

2 Exact location of accident: PIE Exit towards Bedok North Ave 3.

3 Injuries even if slight: No ☒ Yes ☐ *

4 Material damage: To vehicles other than vehicles A and B: No ☒ Yes ☐ * | To objects other than vehicles: No ☒ Yes ☐ *

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available: No ☒ Yes ☐

Registration No. (VEHICLE A): YP 6485P

6 Insured / policyholder (see insurance cert.)

Name (capital letters): Source Waterproofing Pte Ltd.

Address: 8 Kaki Bukit Ave 4 #01-46 Premier@Kaki Bukit S415875

NRIC / Passport no.: 20050190N

Tel no. (from 9am till 5pm): Ms Low

HP: 90088870

7 Vehicle

Make, type: MH Canter FE82ER 3.0. ASDEB

8 Insurance company: AXA. ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A? No ☐ Yes ☐

Policy No.: P1993413

9 Driver ☐ Same as Owner

Name (capital letters): Kalyana Sundaram Sivakumar

NRIC / Passport no.: F8427064N

Class of licence: 3

HP: 84396882

Gender: Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

A		B
☐1	Own Collision	☐1
☐2	Collided into Bicyclist	☐2
☐3	Collided into Motorcyclist	☐3
☐4	Collided into Parked Vehicle	☐4
☐5	Collided into Pedestrian	☐5
☐6	Collided into Property	☐6
☐7	Collision – Change/Cross Lane	☐7
☐8	Collision – Cross Junction	☐8
☐9	Collision – Head on Collision	☐9
☐10	Collision – Head to Rear	☐10
☐11	Collision – Major/Minor Rd	☐11
☐12	Collision – Opening Door of Vehicle	☐12
☐13	Collision – Roundabout	☐13
☐14	Collision – U-Turn	☐14
☐15	Drink Driving / Drug influence	☐15
☐16	Fire, Explosion or Lightning	☐16
☐17	Flood	☐17
☐18	Hit and Run / Vandalism / Damaged while Parked	☐18
☐19	Hit by Falling Tree / Other Objects	☐19
☐20	No Collision	☐20
☐21	Side Swipe	☐21
☐22	Theft	☐22

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B): MBM7512

6 Insured / policyholder (see insurance cert.)

Name (capital letters):

Address:

NRIC / Passport no.:

Tel no. (from 9am till 5pm):

HP:

7 Vehicle

Make, type: Lorry.

8 Insurance company ☐ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available):

9 Driver (See driving licence) (If different from insured B above)

Name (capital letters):

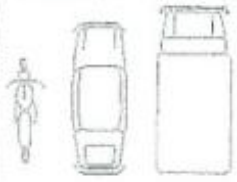
NRIC / Passport no.:

Class of licence:

HP:

Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



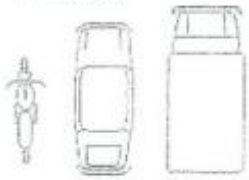
15 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2.the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please draw reference to one of the sketches on page 4 ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

16 Signatures of drivers 16

A

B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's individual statement (Part II) see overleaf →

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)

Own Workshop Email / Fax (if any): _____

To be completed and submitted within 24 hours to your insurer or Idec or appointed workshop (Use a separate sheet of paper where necessary)

Insured

1 Occupation (if more than one, state all) _____ Email: _____

2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity

Of which vehicle are you the owner?

☐ A

☐ B

3 Is driver the owner? Yes ☐ No ☑ If no, State Relationship of Driver with owner Employee | State the vehicle number and name of insurer of driver's own vehicle (where applicable)

4 Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire

☐ Others - please specify _____

5 Is the vehicle still in use? Yes ☐ No ☐ If no, state where it is at present _____ Tel no. _____

6 Are you claiming under your own insurance policy for repair to your vehicle? Yes ☑ No ☐

If no, state action to be taken ☐ Third Party ☐ Reporting Only ☐ Third Party (Own Workshop)

Driver or person in charge of vehicle at the time of accident (including insured)

7 Date of birth	Occupation		Date of license pass	Was vehicle driven with the insured's permission?		Was driver an employee of the insured's company?	
17/6/79	Indoor	Outdoor	29/3/2003	Yes ☑	No ☐	Yes ☑	No ☐

8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____

9 Full details of all driving convictions including pending prosecutions in the last 36 months

Date	Offence	Penalty

Injured persons

10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?		Was injured conveyed to hospital by ambulance?	
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐
			Yes ☐	No ☐	Yes ☐	No ☐

Damage to property & vehicles (other than vehicles A and B)

11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
	SJT1163H		

Police action

12 Was the accident reported to the Police? Yes ☐ No ☐

If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes ☐ No ☑

If yes, against whom? _____

Accident details

14 Weather conditions: Clear ☑ Raining ☐ Others ☐

15 Road surface: Wet ☐ Dry ☑ Others ☐

16 Speed of vehicles: A ☐ km/hr B ☐ km/hr

17 What warnings were given by driver or other party? _____

18 Were street lights illuminated? Yes ☐ No ☐

19 What lights were displayed on your vehicle/the other vehicle(s)? _____

20 If your vehicle is commercial, state weight of load carried at time of accident _____

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (Including Driver) 1

Declaration

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

Policyholder's signature K.L. Date 10/2/18 9:34AM

Driver's signature (if driver is not the policyholder) K.L. Date _____

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.	: VCA/P1993413	Account No. : 13547
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: SOURCE WATERPROOFING PTE LTD	
Vehicle Registration No.	: YP6485P	
Period of Insurance	: From 30/05/2017 To 29/05/2018 (Both Dates Inclusive)	

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

This Policy does not cover
(a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing
(b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

(05)

EXCESS :

Basic Own Damage Excess	: SGD 700.00
Windscreen Excess	: SGD 100.00

(Please refer to your policy for Additional Excess)

* 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).

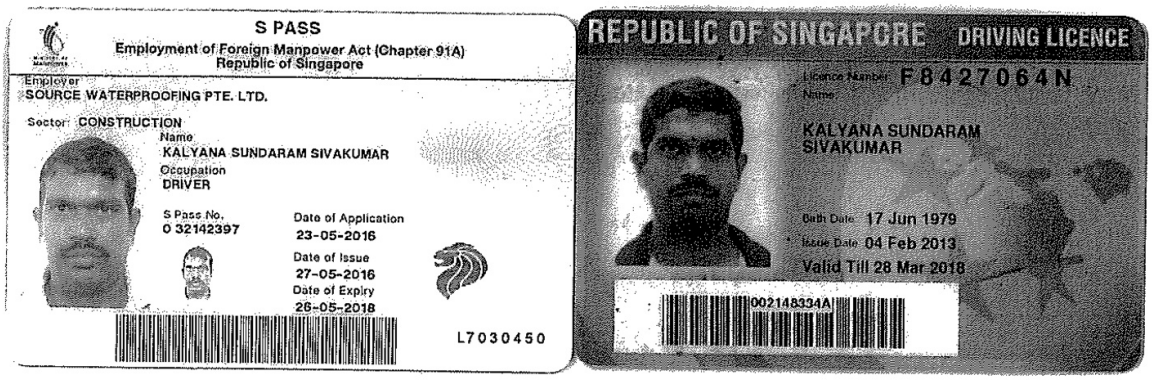
AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIJSAL on 26/09/2017

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.



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

Employer
SOURCE WATERPROOFING PTE. LTD.

Sector CONSTRUCTION

Name
KALYANA SUNDARAM SIVAKUMAR

Occupation
DRIVER

S Pass No.
0 32142397

Date of Application
23-05-2016

Date of Issue
27-05-2016

Date of Expiry
26-05-2018

L7030450

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number F8427064N

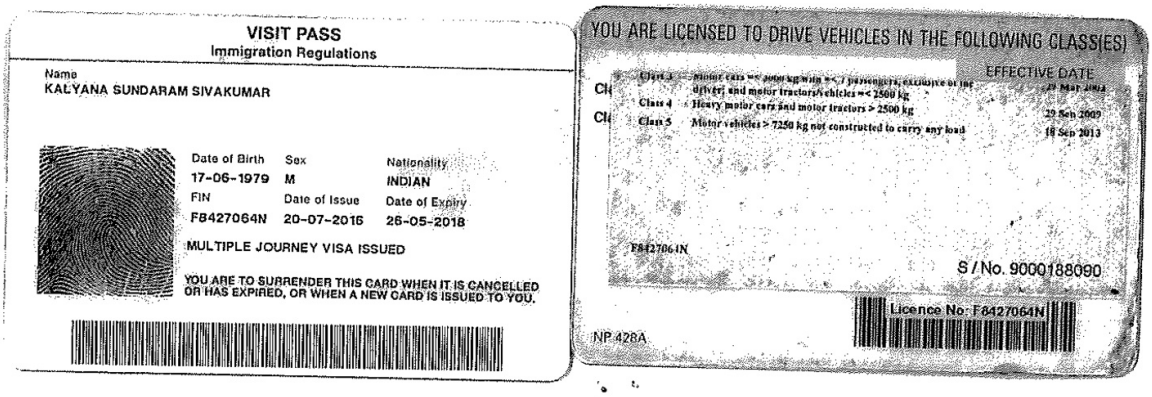
Name
KALYANA SUNDARAM SIVAKUMAR

Birth Date 17 Jun 1979

Issue Date 04 Feb 2013

Valid Till 28 Mar 2018

002148334A



VISIT PASS
Immigration Regulations

Name
KALYANA SUNDARAM SIVAKUMAR

Date of Birth	Sex	Nationality
17-06-1979	M	INDIAN
FIN	Date of Issue	Date of Expiry
F8427064N	20-07-2016	26-05-2018

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)

EFFECTIVE DATE

Class 4 Heavy motor cars and motor tractors > 2500 kg — 29 Sep 2009

Class 5 Motor vehicles > 7250 kg not constructed to carry any load — 18 Sep 2013

F8427064N

S / No. 9000188090

Licence No: F8427064N

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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