

BLACKOAK

60174859

3 0 1 9 8 2 1 3 7 9 - - -

Our Reference : BAK/SLL/2019-0080
Your Reference : YP6485P

Writer's DID : (65) 6521 6750

AXA INSURANCE PTE LTD

8 Shenton Way
#24-01 AXA Tower
Singapore 068811



BY CERTIFICATE OF POSTING

Friday, 15 November 2019

Dear Sirs

ACCIDENT INVOLVING VEHICLE NOS. MBM7512 AND YP6485P ALONG PIE EXIT TOWARDS BEDOK NORTH AVENUE 3 ON 9 FEBRUARY 2018

- 1 We act for Ethicarz Pte Ltd.
- 2 We refer to the letter of authorisation (the "**Letter of Authorisation**") from Best Passion Trading (the "**Owner**"), authorising our client to claim third party insurance on its behalf with respect to MBM7512 (the "**Vehicle**").
- 3 Pursuant to the letter of authorisation, our client hereby claims the following against you:

Cost of Repair	:	\$	23,005.00
Loss of Use (29 days)	:	\$	2,900.00
LTA Search	:	\$	7.45
Grand Total	:	\$	25,912.45
- 4 A copy of each of the following supporting documents is enclosed:
 - (a) the Letter of Authorisation;
 - (b) the breakdown with respect to the repair costs of the Vehicle; and
 - (c) the tax invoice with respect to the LTA search on YP6485P.
- 5 Our client hereby demands that you pay the sum of **SGD 25,912.45** immediately and, in any event, no later than fourteen (14) days from the date of this letter. Payment should be made by a cheque made out to "BlackOak LLC" at One George Street, #12-01/02, Singapore 049145, and attentioned to Mr Sean Lee.
- 6 **TAKE NOTICE** that should you elect not to comply within fourteen (14) days of this letter with our demands set out above, our client will not hesitate to take such further action as is necessary to protect and enforce its rights, without further notice to you.
- 7 In that situation, we reserve our client's right to hold you liable for any losses, damages, costs and expenses on an indemnity basis.
- 8 The above claims are in respect of the Owner's claims for damages pertaining to the Vehicle and shall not prejudice the Owner's claims in respect of his personal injuries.



BLACKOAK LLC | We do not accept service of Court documents by facsimile.

One George Street, #12-01/02, Singapore 049145
GEN: (65) 6521 6750 | FAX: (65) 6443 0887
(Incorporated with Limited Liability. Registration No. 201606675N)

BLACKOAK

9 Thank you.

Yours faithfully



Sean Lee / Derrick Teo

Enc

Cc. Client



Ethicarz Pte Ltd

56 Loyang Way #04-04 Loyang Enterprise Building
Singapore 508775
Tel: +65 6384 4404 | Fax: +65 6384 0444
Company No: 201729003E

LETTER OF AUTHORISATION

Accident on 9.2.18 along PIC Exit Towards Block North Ave 3
Involving vehicles MBM 7512 and YP 6485P.

In consideration of Ethicarz Pte Ltd, 56 Loyang Way #04-04 Loyang Enterprise Building Singapore 508775, repairing my/our motor vehicle no MBM 7512 at my request, We, Best Passion Trading ("the claimant") of _____ (address) bearing NRIC No JR0054383-U the owner of motor vehicle no MBM 7512, hereby authorize them to demand claim, settle and receive whatever amount settle payable by the insurance company or third party or commence legal proceeding for cost of repairs, loss of use and etc to any of their appointed solicitors to act for me/us in respect of the said accident/claim and all the amount claimed or settled shall belong and make payable to them absolutely by the insurance company of the third party. We further authorized them absolute discharge on my/our behalf and to sign discharge voucher(s) and any other documents necessary or incidentals to the conduct and disposal of my/our above claims.

We further agree to fully co-operate and attend all court hearings that are necessary to prosecute the claims maintained by Ethicarz Pte Ltd.

We further agree and undertake to indemnify them against my/our claim for costs which arise therewith.

In the event that my/our claim is unsuccessful, I/we undertake to pay to Ethicarz Pte Ltd The cost of repairs to my/our vehicle.

In the event that settlement cheque were to be drawn in my/our favour, I/we hereby give my/our instructions to clear the said cheque on my/our behalf by presenting the same for payment directly into Ethicarz Pte Ltd account. Upon clearance of the said cheque, I/we further authorize Ethicarz Pte Ltd and/or their appointed law firm to utilize the monies to pay their charges without further reference to me. I confirm that the payment to Ethicarz Pte Ltd shall amount to a good discharge of Ethicarz Pte Ltd and/or their appointed law firm's obligation to me in respect of the settlement monies.

Dated this _____ day of _____ (month) 20 _____ (year)

BEST PASSION TRADING
(NRIC: J902302-U)

Signed by "the claimant"

Name: SIAH WEI CHENG

NRIC No: _____



Signed by Ethicarz Pte Ltd



Invoice To :

AXA Insurance Pte Ltd

Ethicarz Pte. Ltd.

56 Loyang Way, Loyang Enterprise Building

#04-04 Singapore 508775

Tel: +65 6384 4404 Fax: +65 6384 0444

E-mail: enquiries@ethicarz.sg

Company No.: 201729003E

GST Registration No: 201729003E

REPAIR BILL NO.

Repair Bill No.

Date

04.04.2019

Vehicle No.

MBM7512

Vehicle Model

Hino

Accident Date

09.02.2018

Description

Amount


LUMP SUM COST CF REPAIR FOR MBM7512

\$ 21,500.00

SUB- TOTAL	\$	21,500.00
GST 7 %	\$	1,505.00
Total Payable	\$	23,005.00

Kindly cross & make cheque payable to : Ethicarz Pte. Ltd.

for Customer



for Ethicarz Pte. Ltd.



Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 10 Feb 2018 / 14:13:23

Receipt Date/Time : 10 Feb 2018 / 14:13:23

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180210-000657

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
	Result of Insurance Enquiry - YP6485P As at 09 Feb 2018/16:30:00 Insurance Co: AXA INSURANCE PTE LTD			
1	Insurance Enquiry - YP6485P Enquiry Fee 20180210141253580849	7.00	0.49	7.49
	Sub-Total	7.00	0.49	7.49
	Total Before Rounding	7.00	0.49	7.49
	Rounding Difference			0.04
	Total Amount Payable			7.45
	Paid By			
	xxxxxxxxxxxx8056 Credit Card: Visa/MasterCard			7.45
	Total			7.45
	Cash Change			0.00
	Tendered Amount			7.45
	Excess Refundable Amount			0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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	10/02/2018 12:22
Date Of Accident	09/02/2018 16:15
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT1163H
Insured/Policyholder	
Name Of Registered Owner	EE DEANNA
NRIC No	S0188312G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96388257
Alternative Phone No	OTHERS-96388257

Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE 1.6 AT SX ABS D/AB 2WD 4DR
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5093534069 CLASSIC
Cover Note Number	

Driver

Name of Driver	WONG FREDDY
NRIC No	S1045701G
Date Of Birth	27/11/1936
Occupation	INDOOR
Date Of Driving Pass	02/12/1969
Driving Experience	48 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96797901
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	18 JALAN GRISEK
Postcode	419454
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	YP6485P
Vehicle Make/Model/Colour	MITSUBISHI CANTER FEB21ER4SDEB (CBU)
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KALYANA SUNDARAM SIVA KUMAR
NRIC/Passport Number	F8427064N
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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 FEB 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vac@idac.com.sg

Name:

NRIC/FIN No.:

SKETCH PLAN

See
Attached
(SJT 1163H)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to
police.

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:

GWRMC Sketch Plan Form V3

10 FEB 2018

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

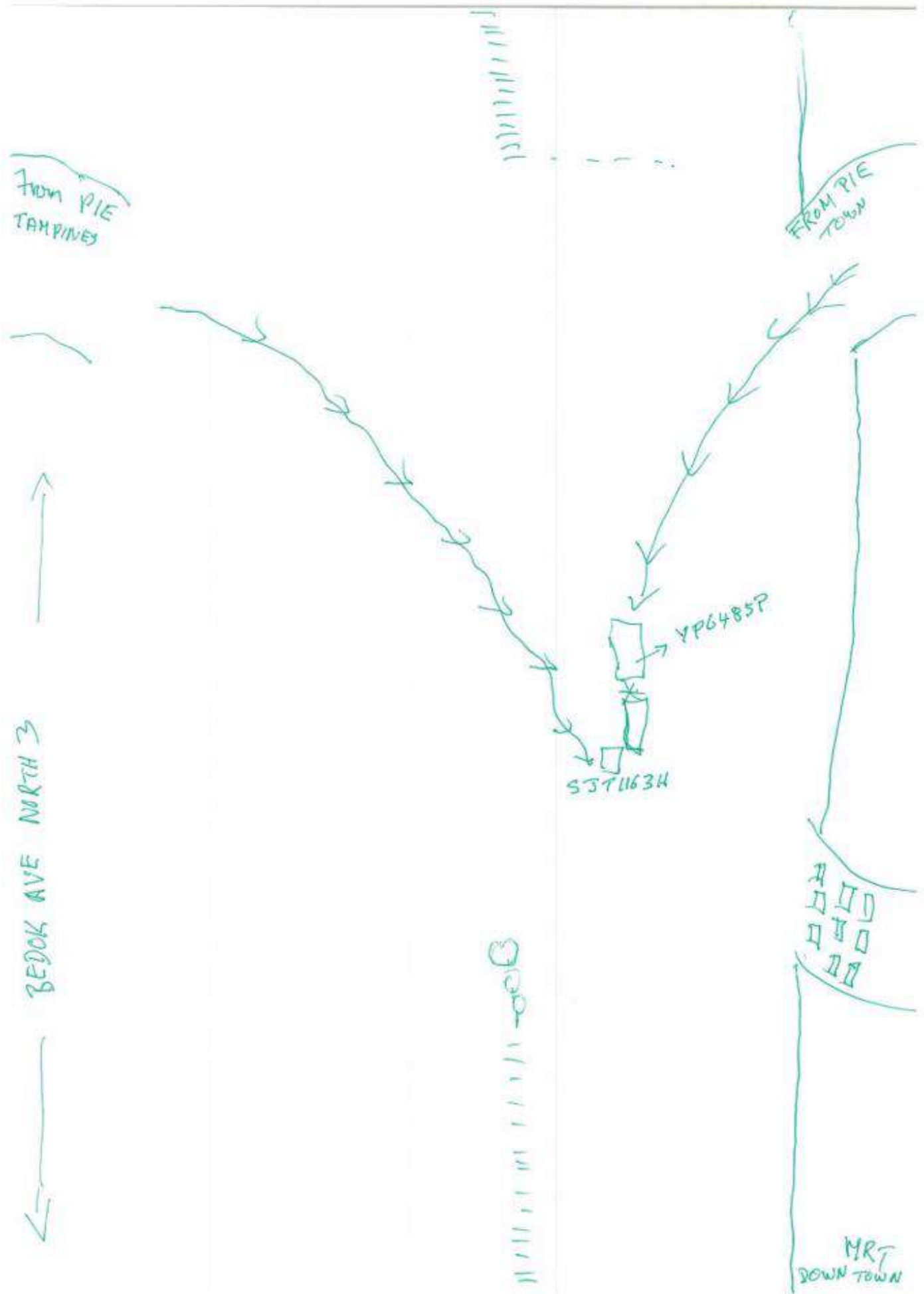
Singapore 415933

Tel: 67416697 Fax: 67492305

Email: vackb@singnet.com.sg

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No.:



Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180209/2189

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

1 of 4

Report No. T/20180209/2189

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2018 21:31		Vide Report No.:		Station Diary No.: 50
Informant's Particulars				
Name of Informant: WONG FREDDY		Address: 18 JALAN GRISEK SINGAPORE 419454		
ID Type / ID No.: NRIC NO / S1045701G		Contact No.: Home/Office: Mobile: 96797901		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 81	Date of Birth: 27/11/1936	Type of Informant: Driver	
Race: Chinese		Language: English	Institution / School Name:	
Occupation: RETIREE		Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 09/02/2018 16:15	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH AVENUE 3				
From PIE along Bedok North Ave 3, heading towards Bedok Reservoir Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJT1163H	Car				No Damage	1
YP6485P						0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180209/2189

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

2 of 4

Report No. T/20180209/2189

CONTINUATION OF REPORT

Driver				
Name	WONG FREDDY		ID No.	S1045701G
Related Vehicle	SJT1163H (Car)		Contact No.	96797901
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	KALYANA SUNDARAM SIVA KUMAR		ID No.	F8427064N
Related Vehicle	YP6485P		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

Brief Details.

On the 09/02/2018 at around 1615hrs, I was driving my car, a Silver in colour Kia along Bedok North Ave 3 heading towards Bedok Reservoir Rd. At that time, I just exited PIE from Tampines direction.

While driving, at the traffic light junction near to the Bedok Reservoir MRT station, the traffic light turned red and I slowed down and drive to a stationary. I was the first vehicle to formed up at my lane.

Suddenly, while stationary and waiting for the traffic light to turned green, I heard a loud sound which sounds like a collision. I looked left and spotted 2 vehicles, V1 (a foreign lorry) and V2 (A Singapore lorry bearing plate number YP6485P) which are at the lane beside mine had a collision. V2 collided headfirst to the rear of V1 which results in V1 grazed the rear left side mudguard of my vehicle.

From my observation, there are dents to the front part of V2 and there are no damages to V1. Subsequently, I proceed forward near the Bedok Reservoir MRT with their permission and the driver of V2 exchanged particulars with me. I managed to get his boss number (Low, 90088870). I observed that the driver of V2 was not injured.

Due to the grazing of V1 to my vehicle, there are some black in colour tyre marks at the left, rear mudguard.

I wish to state that I did not have any in-car cameras in my car.

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180209/2189

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

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Report No. T/20180209/2189

CONTINUATION OF REPORT



Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180209/2189

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

4 of 4

Report No. T/20180209/2189

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 MUHAMMAD NUR ISKANDAR BIN MUHD
NUR GHAZALI LIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Authorised
NP168



**SINGAPORE
POLICE FORCE**

SIGNATURE

Signature Of Informant:

Date/Time:
09/02/2018 21:31

Classification Of Case:

Staff Sgt Wong Sieu Lui
654 76151

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 liability.
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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:


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


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

Sketch Plan #2

SKETCH PLAN

<p>Refer to attach</p>	Vehicle No.
	A - YPE 485P
	B - WBM 212
	C - 83TH 63H
<p>Legend</p>	
Vehicle	Bike

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 in front 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 brock onto the rear of vehicle C. The Driver of vehicle C told us that he broke 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:

GIARMC SketchPacForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

10/2/18
9:40am

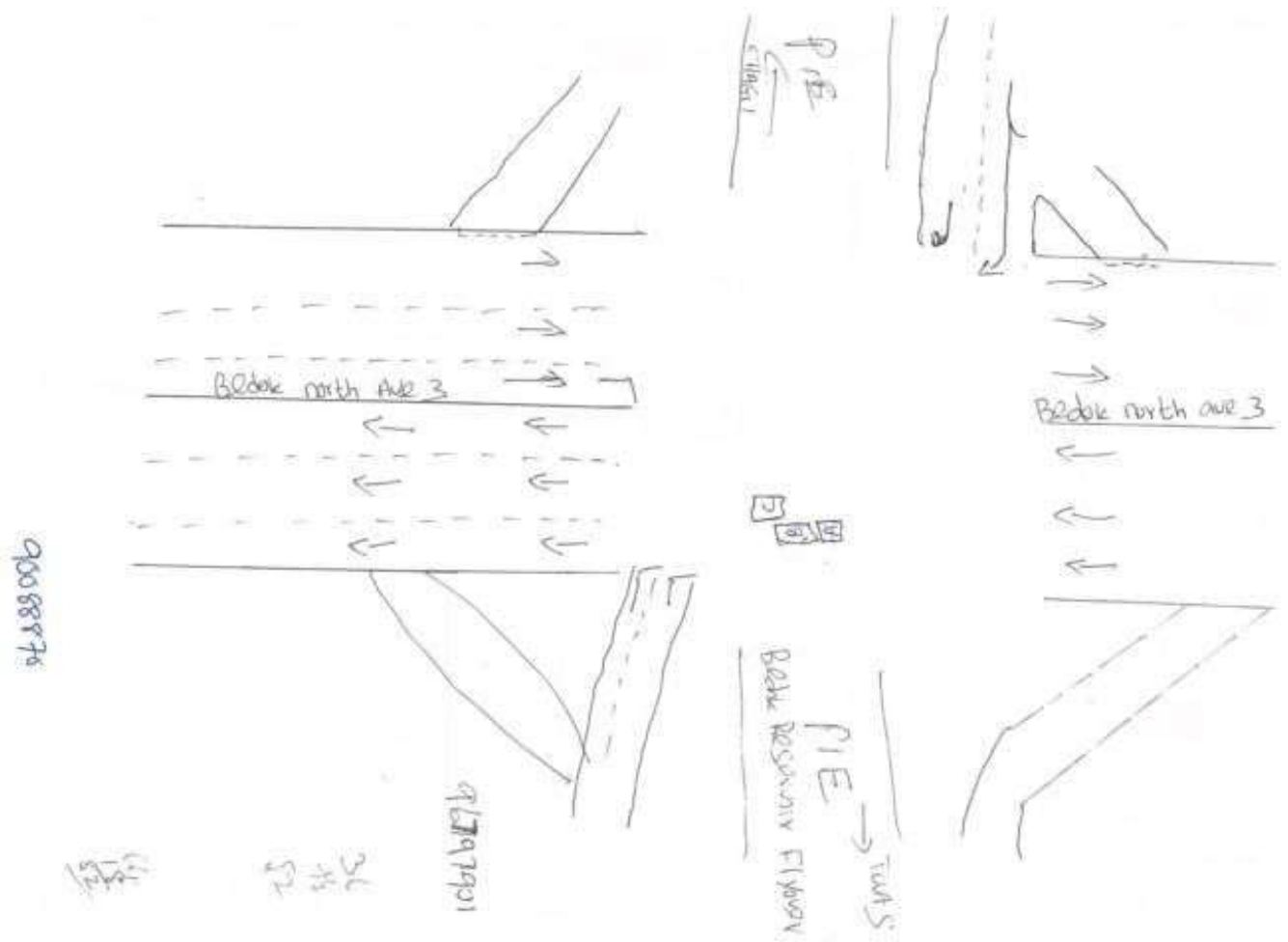
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Perman

Sketch Plan #3



Common Statement

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

1. Date of accident 9/2/18		Time 1638		2. Exact location of accident PIE Exit towards Bedok North Ave 3.		To be signed by BOTH drivers	
3. Injured / policyholder (see insurance card.)		4. Injuries even if slight		5. Material damage To vehicles other than vehicles A and B		6. Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **YP 6485P**

7. Insured / policyholder (see insurance card.)
Name **Source Waterproofing Pte Ltd**
Address **8 Koki Bukit Ave 4 #01-46 PREMIER@KOKI**
NRIC / Passport no. **200501590N**
Tel no. (from 8am till 5pm) **MS low**
HP **90088870**

8. Vehicle
Make, type **MH CANTER PERDIER 3.0 45DEB**

9. Insurance company
AA ☒ C ☐ TPT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **P1993413**

10. Driver ☐ Same as Owner
Name **Kalyana Sundaram**
(capital letters) **SIVA KUMAR**
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

<input type="checkbox"/>	Own Collision
<input type="checkbox"/>	Collided into Roadst
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Over Lane
<input type="checkbox"/>	Collision - Cross Section
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Motor/Motor Hit
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Reversing
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Undr Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Unlawful Road
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged Vehicle Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Other

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **MBM 7512**

13. Insured / policyholder (see insurance card.)
Name **MBM**
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 8am till 5pm)
HP

14. Vehicle
Make, type **BTU**

15. Insurance company
☐ C ☐ TPT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

16. Driver (See driving licence) (if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

17. Indicate the point of initial impact with an arrow (A)

18. 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 vehicle or road

REFER TO ATTACHED

19. Indicate the point of initial impact with an arrow (B)

20. Visible damage to vehicle A

21. Visible damage to vehicle B

22. My remarks

23. Signatures of drivers

A *[Signature]*

B *[Signature]*

24. 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 →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac 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 _____
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Employee</u> 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 <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> 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?
	17/6/99	Indoor	Outdoor	29/3/2003	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
	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				
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?
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
					Yes <input type="checkbox"/> No <input type="checkbox"/>
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)
			@STT1163H		
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>				
	15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>				
	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 <input type="checkbox"/> No <input type="checkbox"/>				
	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)				
Declaration	22 State number of Passengers (Including Driver) <u>1</u>				
	23 We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____		Date <u>10/2/18 9:34pm</u>		
Driver's signature (if driver is not the policyholder) _____		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.

DRIVER NRIC & LICENSE Pg. 1

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.
O 32142397

Date of Application
23-05-2016

Date of Issue
27-05-2016

Date of Expiry
28-05-2018

L7030450

REPUBLIC OF SINGAPORE DRIVING LICENCE

License 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 **17-06-1979** Sex **M** Nationality **INDIAN**

FIN **F8427064N** Date of Issue **20-07-2016** Date of Expiry **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(S)

Class	Description	Effective Date
Class 1	Motor cars < 2500 kg with < 1 passenger, exclusive of the driver, and motor tractor/vehicles < 2500 kg	18 Jun 2009
Class 4	Heavy motor cars and motor tractors > 2500 kg	18 Jun 2013
Class 5	Motor vehicles > 7250 kg not constructed to carry any load	18 Jun 2013

S / No. 9000188000

License No. F8427064N

NP 428A

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

PRE-REPAIR INSPECTION REPORT

AXA INSURANCE PTE LTD
8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN: STACEY

Ref: CS3/ASM18003040/Wa3s2

Date: 12-03-2018



Code: ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	YP 6485P	Veh. Inspected	MBM 7512
Policy No.	P1993413	Coverage (\$)	0.00
Claim No.	S8M008RU	Excess (\$)	0.00
Assign From		Assign Date	14/02/2018

2. Vehicle Particulars & Condition

Make & Model	ISUZU	c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	WHITE
Odometer	424433 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	7.00 R16 LT	BRIDGESTONE	4 mm
L/H Front Tyre	7.00 R16 LT	BRIDGESTONE	4 mm
R/H Rear Tyre	7.00 R16	YOKOHAMA	4 mm
L/H Rear Tyre	7.00 R16	YOKOHAMA	4 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT AND REAR PORTION.	
--	--

5. General Information

Accident Date	09/02/2018	Inspect Date / Time	23/02/2018 (11:51 AM)
Survey held at	ETHICARZ PTE LTD 56 LOYANG WAY #04-04 LOYANG ENTERPRISE BUILDING SINGAPORE 508775		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.
--

Report Ref No. CS3/ASM18003040/Wa3s2

Inspected By

WILSON TEO CHENG MING

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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