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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/08/2018 17:36
Date Of Accident	11/08/2018 16:00
Exact Location Of Accident	SIMS WAY TWDS STADIUM DRIVE
Country/State of Loss	SINGAPORE
1	DETAILS OF OWN VEHICLE
Vehicle Registration Number	YN7634E
Insured/Policyholder	
Name Of Registered Owner	JIAWEN TRADELINK
Co Reg No	53198137A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82827644
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	CANTER
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN880120
Cover Note Number	

Driver

Name of Driver RAJ KUMAR S/O KRISHNAN

NRIC No S8332554B
Date Of Birth 02/10/1983
Occupation OUTDOOR
Date Of Driving Pass 12/08/2015

Driving Experience 2 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98342706

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 450A BUKIT BATOK WEST AVE 6 #16-651

Postcode 651450

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

isulance company of briver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

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? YES

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

I WAS TRAVELLING ALONG SIMS WAY. AS THE VEHICLE IN FRONT APPLIED EMERGENCY BRAKE, I CAN'T STOP IN TIME AND HIT ONTO THE FRONT VEHICLE.

NO

NO

1

NO

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 SMC6516U

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver NETTIKARA SYED ALI JAHABAR SATHICK

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.

JIAWEN TRADELINK

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

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

GIARMAI STatchPlanForm_V3

Sketch Plan #2 Pg. 1

SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT \mathcal{I} WAS SIMS WAT. AS THE TRAVELLING IN FRONT APPLIED WHICLE EMERGENCY BRAKE I CANIT ZNTO VEHICLE TIME FRONT 5709 THE **DECLARATION** I/We declare the foregoing particulars are true in every respect. JIAWEN TRADELINK Driver's signature Policyholder's Signature Reporting Centre Personnel's Signature

(If driver is not the policyholder)

Date & Time:

Date & Time:

GIARMC ShatchPlanForm_V3

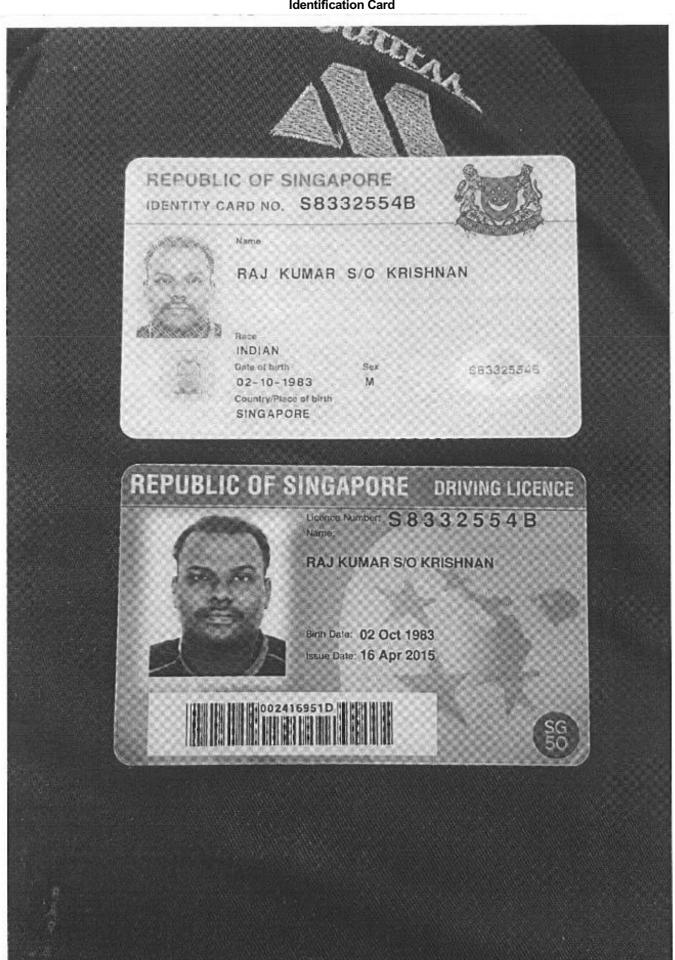
Name:

NRIC/FIN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, JIA WEN TRADE CINIC	, the owner of vehicle r	10. XX 7634E
My/Our Insurance is under M/s AXA In to claim under my/our Policy or against claim to M/s AXA Insurance Singapore 14(fourteen) days of occurrence or	the Third Party and if the form Pte Ltd with all relevant facts :	mer shall submit such a
My/Our Third Party claim is handle by my	v/our preferred workshop,	
Signed and Acknowledge by:		
	JIAWEN TRADELINÇ	13/00/2018
Nric no. and signature of policyholder	Company Stamp	Date



Driving License



INSURANCE

AXA INSURANCE PTE LTD

8 Sheritan Way, #24-01 AXA Lower, Singapore 058811 Cristomer Service Centre #01-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axx.com.sg GST Registration Number: 199903512M



Original

Agent Code: 04437

Policy No. (if anyl.

New Business

SmartDrive Quote Ref.

MOTOR COVER NOTE

No. CN880120

- The Motor Vehicle (Third Party Risks and Compensation) Act (Csp 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehiclo describer) in the Schedule, is hereby HFLD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedulo unless the cover be terminated by the Company by notice in writing in which case the insurance will thoreupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD	
INSURED	JIAWEN TRADELINK	
INSURED BUSINESS REGISTRATION NO.	53198137A	
MAKE AND DESCRIPTION OF VEHICLE	MITSUBISHI CANTER FEB71GR4SDED LORRY + HOOD	
VEHICLE REGISTRATION NO.	YN7634E	
YEAR OF MANUFACTURE	2014	
ENGINE NO.	4P10B48172	
CHASSIS NO.	FEB71GA00041	
ENGINE CAPACITY/TONNAGE	3.9 TONS	
COVER TYPE	COMPREHENSIVE	
HIRE PURCHASE	N/A	
VALUE (S\$)	AS PER MARKET VALUE	
PERIOD OF INSURANCE	FROM: 11/03/2018 TO: 10/03/2019	
EXCESS (5\$)	\$800 (I); \$160 (WINDSCREEN)	
AXA PREMIUM WORKSHOP?	NO	

IME HERBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPRISATION) NOT (CHAPTER 188) AND PARTIV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by

ALLINK INSURANCE. AGENCY

on

23/02/2018 10:26am

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Contificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of \$353,50 (inclusive of GST). if the policy is cancelled after the inception date
- An administrative fee of S\$28.75 (inclusive of SST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA. PREMIUM WARRANTY

Fig. Individual Outtoners:
Please note that the premium in full should be paid before inception data shown above in order for the hisurance cover to be wald.

For Non-Included Customers,
Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / andersement. For all other cases, the premium in full should be pell: before inception.

MTRICINOTEA/01/03









Accident Photo



Accident Photo

