

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	20/08/2018 10:36
Date Of Accident	19/08/2018 04:25
Exact Location Of Accident	CENTRAL BLVD/ SHEARES AVE JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC5673U
Insured/Policyholder	
Name Of Registered Owner	KIM TRANSPORT SOLUTIONS PTE LTD
Co Reg No	20130057N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98731138

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	P2157023
Cover Note Number	

Driver

Name of Driver	ANIL SINGH S/O DARSHAN SINGH
NRIC No	S7528308C
Date Of Birth	11/09/1975
Occupation	INDOOR
Date Of Driving Pass	30/03/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98731138
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 166 YISHUN RING ROAD #03-741
Postcode	76066
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver'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?	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)	3
Passenger 1	NAME: : OLEJNICZAK KRZYSZTOF GENDER: : MALE
Passenger 2	NAME: : VUKONIC GORAN GENDER: : MALE

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

I WAS TRAVELLING ALONG CENTRAL BLVD ON EXTREME SECOND RIGHT LANE TURNING RIGHT TO SHEARES AVE AND VEHICLE B DRIVING ON EXTREME RIGHT LANE. BOTH LANES ONLY ALLOW TO TURN RIGHT. VEHICLE B GOING STRAIGHT INSTEAD TURNING HENCE COLLIDED ONTO MY VEHICLE AT THE RIGHT PORTION.

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	SHF619P
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

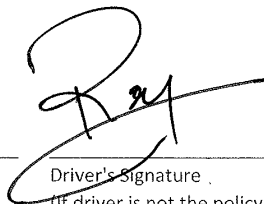
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8. **Consent under the Personal Data Protection Act (PDPA)**

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.:

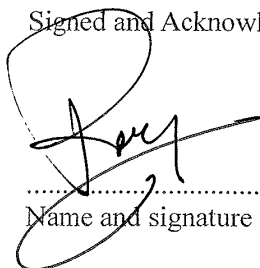
LETTER OF UNDERTAKING

I/We, Kim Transport Solutions Pte, the owner of vehicle no. PC 5673U
involving in an accident with vehicle no. (TP) 9AF619P on 19/8/18 along Central
Bld / Sheares Ave junction

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Lu Rethus Automotive Pte

Signed and Acknowledge by:



.....
Name and signature of policyholder



.....
Company Stamp

20/08/2018
.....
Date

Driving License

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: **S7528308C**

Name: **ANIL SINGH S/O DARSHAN SINGH @ MUHAMMAD ZA'IM BIN ABDULLAH ANIL**

Birth Date: **11 Sep 1975**

Valid Date: **30 Mar 2016**

002552537C

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7528308C**

ANIL SINGH S/O DARSHAN SINGH @ MUHAMMAD ZA'IM BIN ABDULLAH ANIL

DOB: 11-09-1975

Sex: M

Country of Birth: SINGAPORE

Land Transport Authority

VOCATIONAL LICENCE

License No: **S7528308C**

Name: **ANIL SINGH S/O DARSHAN SINGH @ MUHAMMAD ZA'IM BIN ABDULLAH ANIL**

Card Issue Date: **17/10/2017**

Please visit www.lta.gov.sg to check the status of this vocational licence

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

Class 3 Motor cars with unladen weight <= 2000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg

EFFECTIVE DATE: **30 Mar 2016**

NE 0004

NEC No. **S7528308C**

3291242

NEC No. **S7528308C**

APR BLK 188 YISHUN RING ROAD J03-741 SINGAPORE 780188

NEC No. **S7528308C**

Valid: **01/08/2018**

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sile Ming Drive, Singapore 675701.

Type	Description	Issue Date
03	BUS VI	17/10/2017
04	BUS ATTENDANT	17/10/2017



INSURANCE

23-08-18:09:03 ;

3/ 4

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 069811
Customer Service Centre #B1-01
Tel:(65)63367288 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, 1968 *Road Transport Act, 1987 (Malaysia) *Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO.	: VFX/P2157023	Account No. :	04123
Coverage	: Comprehensive		
Sum Insured	: Market Value At The Time Of Loss		
Name of Policy Holder	: KIM TRANSPORT SOLUTIONS PTE LTD		
Vehicle Registration No.	: PCS673U		
Period of Insurance	: From 31/07/2018 To 30/07/2019 (Both Dates Inclusive)		

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Policyholder's employ and/or is driving on their 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 only for the carriage of passengers or goods in connection with the Policyholder's business as specified in the Policy.
 - b) Use only in the Republic of Singapore.
- The Policy does not cover
- (a) Use for racing, pace-making, reliability trial or speed-testing
 - (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle
- (14)

EXCESS :

Sect I - Any Authorised Driver : SGD 2,000.00
Sect II-Any Authorised Driver : SGD 1,500.00
Windscreen Excess : SGD 100.00

* 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 - SGOVKRS on 03/08/2018

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).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

