

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	20/02/2018 16:37
Date Of Accident	14/02/2018 15:35
Exact Location Of Accident	ALONG SCOTTS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBE3570P
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Insured/Policyholder

Name Of Registered Owner	SIN HWA COCONUTS INDUSTRIAL PTE LTD
Co Reg No	200010237Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83605068
Alternative Phone No	OFFICE-67532281

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150-3.0 D (M)
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	P1849452
Cover Note Number	02/11/2017 - 01/11/2018

Driver

Name of Driver	VENKADACHALAM SADEESHVENKADACHALAM SADEESH
Passport No/FIN	G6513868P
Date Of Birth	20/06/1978
Occupation	OUTDOOR
Date Of Driving Pass	21/03/2013
Driving Experience	4 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83605068
Fax Number	
Contact Number	OFFICE-67532281
EEmail Address	SINHWA@SINGNET.COM.SG

Address	BLK 15 WOODLANDS LOOP #02-12 WOODLANDS EAST INDUSTRIAL ESTATE
Postcode	732322
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	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)	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 SKETCH PLAN BY DRIVER

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	SKE3393P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG TING KONG
NRIC/Passport Number	S1202295F
Contact Number	94286179
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

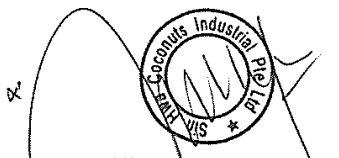
IMPORTANT NOTICE

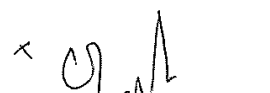
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.


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.

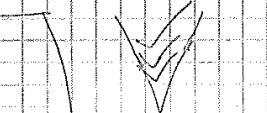

Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



A hand-drawn sketch on graph paper showing a road layout. A vertical line on the left is labeled 'Scotts rd'. To the right of this line, there are two buildings: a smaller one labeled 'A' and a larger one labeled 'B'. Above building B, there is a symbol consisting of three downward-pointing chevrons. To the right of the buildings, there is a large, irregular shape representing a field or a large building. The entire sketch is drawn with simple black lines on a grid background.

A = GBE 3570B
B = SKE 3393P
Ang Ting Kong
S 1202295F
hp: 94 286179

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Accident occurred along Scotts Rd. M/cav (B) on my right made a sudden e-brake and his vehicle left rear surge to my lane. His left rear portion then hit onto my front right as I pass by. no passengers and no one was injured.

Claim Third Party @ own workshop.

~~DECLARATION~~

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

Policyholder's
Date & Time:

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

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

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/P1849452 Account No. : 04279
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : SIN HWA COCONUTS INDUSTRIAL PTE LTD
 Vehicle Registration No. : GBE3570B
 Period of Insurance : From 02/11/2017 To 01/11/2018 (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 :


Own Damage Excess : SGD 500.00

(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 - MVUELSIE on 14/11/2017

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.

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G6513868P**
 Name **VENKADACHALAM SADEESH**

Birth Date **20 Jun 1978**
 Issue Date **21 Mar 2013**
 Valid Till **20 Mar 2018**

002163241H

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

Employer **SIN HWA COCONUTS INDUSTRIAL PTE LTD**
 Sector: **MANUFACTURING**
 Name **VENKADACHALAM SADEESH**
 Occupation **DRIVER**

S Pass No. **O 34543135**
 Date of Application **06-03-2017**
 Date of Issue **27-03-2017**
 Date of Expiry **27-03-2019**

L7794063

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 cc	21 Mar 2013
Class 3	Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	21 Mar 2013

Licence No: **G6513868P**

NP 428A

VISIT PASS
 Immigration Regulations

Name **VENKADACHALAM SADEESH**

Date of Birth **20-06-1978** Sex **M** Nationality **INDIAN**
 FIN **G6513868P** Date of Issue **27-03-2017** Date of Expiry **27-03-2019**

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

Sketch Plan Pg. 5

To Whom It May Concern,

Accident involving my vehicle no. GRE3570B on 14/02/18 (date) with
SUE3393P (other vehicle no) along SCOTTS Rd

I, SIN HWA COCONUTS INDUSTRIAL PTE LTD. Nric No. 200010237 E

Owner of vehicle no. GRE3570B am aware of the accident of my vehicle on
14/02/18 (Date) while car was driven by VENKATACHARI SAREEN

Nric No. G6513868P. I hereby, authorise him / her to make the report.

X
Name

Date:



.....
..
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

X
Name

Date:

Sketch Plan Pg. 6



redefining / insurance

Date: 20/02/08

To: Owner of Vehicle Number: GBE3570B

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila Eileen / Mui Hong.

Please tick the applicable box if you had been advice on the content as seen below:

☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

☐ You had been advised by the workshop on the liability and merits of the case accordingly.

☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.

☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.

☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.

☐ The estimated waiting time for the spare parts to arrive is . The estimated arrival time does not include the repair period.

☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.

☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ Others claim third party @ own workshop

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Sketch Plan Pg. 7

DATE OF ACCIDENT : 14-2-18 TIME : 3.35 PM
LOCATION : Along Scotts Rd

INFORMANT'S PARTICULARS

- 1) VEHICLE NO.: G1BE 3570P MODEL: Toyota Puma
- 2) INSURANCE CO.: AXA POLICY NO.: VCA/PI849452
- 3) CLAIM TYPE: **OWN DAMAGE / THIRD PARTY / REPORTING ONLY (PLS CIRCLE)**
- 4) OWNER NAME: Sin Hwa (Malaysia) Ltd. I/C TEL: 6753 2281
- 5) OWNER EMAIL: ALTERNATIVE PHONE NO.:
- 6) DRIVER NAME: Venkadachalam Sridesh I/C G6513868P TEL: 8360 5068
- 7) DRIVER OCCUPATION: driver EMAIL:
- 8) RELATIONSHIP WITH OWNER: employee
- 9) DOES DRIVER OWN ANY CAR? **YES / NO** (QN 9 & 10 APPLY FOR NON OWNER ONLY)
- 10) DRIVER'S OWN VEHICLE REG NO.: INS CO.:
- 11) WEATHER CONDITION: CLEAR / RAINING / OTHERS
- 12) ROAD SURFACE: DRY / WET / OTHERS
- 13) ANY SCENE PHOTOS: YES / NO
- 14) ANY VIDEO CAPTURED BY CAR CAMERA: YES / NO
- 15) EXACT PURPOSE OF VEHICLE BEING USED AT TIME OF ACCIDENT: commercial use
- 16) I HAVE BEEN APPROACHED BY UNKNOWN PERSON(S) SOLICITING/OFFERING ACCIDENT CLAIMS ASSISTANCE: YES / NO
- 17) NO. OF PASSENGERS (INCLUDING DRIVER): 1

THIRD PARTY (OTHER VEHICLE) PARTICULARS

- VEHICLE 1**
- 1) VEHICLE NO.: SKE 3393P MODEL:
 - 2) DRIVER NAME: Ang Ting Kong I/C 5126 2295F
 - 3) ADDRESS:
 - 4) CONTACT NO.: 9428 6179 INS CO:
- VEHICLE 2**
- 1) VEHICLE NO.: MODEL:
 - 2) DRIVER NAME: I/C
 - 3) ADDRESS:
 - 4) CONTACT NO.: INS CO:

* ANY FOREIGN VEHICLE INVOLVED IN THE ACCIDENT: (YES / NO)
IF YES, FOREIGN VEHICLE NO.:
FOREIGN VEHICLE CATEGORY:

WITNESS PARTICULARS

- 1) ANY WITNESS (YES / NO) - IF YES, PLS PROVIDE AS BELOW :-
- 2) NAME & NRIC: TEL:
- 3) RELATIONSHIP WITH INVOLVED PARTIES:

OTHERS

- 1) ANY INJURIES (YES / NO) - IF YES, STATE INJURY SUSTAIN:
- 2) WAS ACCIDENT REPORTED TO POLICE (YES/NO) - IF YES, PLEASE PROVIDE A COPY OF POLICE REPORT.
- 3) WAS NOTICE OF INTENDED PROSECUTION GIVEN (YES/NO) - IF YES, PLS PROVIDE A COPY OF THE NOTICE.
- 4) WAS ANY INVOLVED DRIVER TESTED / CHARGED FOR DRINK DRIVING DUE TO THE ABOVE ACCIDENT (YES/NO).

DRIVER'S SIGNATURE & DATE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



SIN HWA COCONUTS INDUSTRIAL PTE LTD
15 WOODLANDS LOOP
(S) 738322
COMPANY NO : 200010237Z
PAX : 2

Accident Photo



Accident Photo



Accident Photo

