#### 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.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/09/2018 12:50
Date Of Accident	19/09/2018 17:30
Exact Location Of Accident	PUGGOL WAY
Country/State of Loss	SINGAPORE
[	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBE9385E
Insured/Policyholder	
Name Of Registered Owner	GREENSERVE & LANDSCAPE PTE LTD
Co Reg No	UNKNOWN
Email Address	SOLUTIONS.SG.GSL@ATALIANWORLD.COM
Mobile Phone No	(LOCAL) +65-87435834
Alternative Phone No	OFFICE-67453733
Vehicle Particulars	
Manufacturer	NISSAN
Model	CABSTAR-3.0 (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?	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	CN887947

Cover Note Number

Name of Driver DHARMARAJ ARULSELVAM

Passport No/FIN G6821557P
Date Of Birth 25/05/1988
Occupation OUTDOOR
Date Of Driving Pass 23/05/2014

Driving Experience 4 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87435834

Fax Number
Contact Number

EMail Address DHARMAARUL885@GMAIL.COM

Address TAMPINES DORMITORY@TAMPINE LINK

Postcode

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

NO

**General Information of the Accident** 

Type Of Accident **COLLISION - HEAD TO REAR** 

Weather Conditions **RAINING** Road Surface WET

**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.

3 Number of Passengers (Including Driver)

Passenger 1

NAME: : RAJAH

> GENDER: : MALE

Passenger 2 NAME: : MUDA

> 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** 

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHC7570P Vehicle Make/Model/Colour YELLOW TAXI

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver NG YONG TONG

NRIC/Passport Number

**Contact Number** 96355614

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### **IMPORTANT NOTICE**

VEHICLE NO: GBE9385 E ACCIDENT DATE: (4/9/1/

- 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 as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
  - 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.

NOTE: DO NOTE THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAG

CLAIM UNDER YOUR OWN POLICY, PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION

Policyholder's Sig

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

CHARN'S CUSTOMOR

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2 Pg. 1

SKETCH PLAN	GR793
A-GBE9385E B-SHC 7570P	
B-39(C)	
2 Ambrit	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
* Heavy Raining  * The front car suddenly stopped  * I touched the car infront.	
& (fouched the car infront.  Do No injuries on both parties.	
DAnley	
OWN DAMAGE ( ) 3RD PARTY CLAIM ( ) REPORTING ONLY ( ) O  DECLARATION  I/We declare the foregoing particulars are true in every respect.	OWN WORKSHOP ( )
CHARN'S	CUSTOMCRAFT Personnel's Signature

#### Sketch Plan #3 Pg. 1

#### **AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axa.com.sg GST Registration Number: 199903512M



#### Original

Agent Code: 01409

Policy No. (if any): P1479670

**Extension for RT (for Fleet)** 

SmartDrive Quote Ref:

## **MOTOR COVER NOTE**

No. CN887947

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 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 Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon 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
\SURED	GREENSERVE & LANDSCAPE PTE LTD
INSURED BUSINESS REGISTRATION NO	
MAKE AND DESCRIPTION OF VEHICLE	NISSAN CABSTAR 3.0 5M/T ABS 2 DR
VEHICLE REGISTRATION NO.	GBE9385E
YEAR OF MANUFACTURE	2016
ENGINE NO.	ZD30010945N
CHASSIS NO.	JN1SC2F24Z0858542
ENGINE CAPACITY/TONNAGE	1.67
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	UNITED OVERSEAS BANK LIMITED
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 27/04/2018 TO: 26/04/2019
( CESS (S\$)	\$700 M
AXA PREMIUM WORKSHOP?	NO /

IWE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

**AXA INSURANCE PTE LTD** 

Issued by

B.P. PHILOMO PTE LTD

on

19/04/2018 12:50pm

Authorised Signature

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

- · Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- · An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - o Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA

PREMIUM WARRANTY

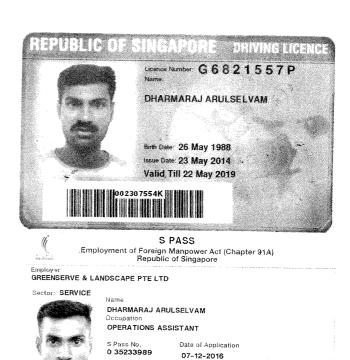
For Individual Customers:
Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual 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 / endorsement. For all other many in full should be paid before inception.

MTR/C/NOTE/V01/03

#### Sketch Plan #4 Pg. 1

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

Date of Issue 19-12-2016 Date of Expiry 19-12-2018

EFFECTIVE DATE

L7483199

Class 2B Motorcycles =< 200 cc 23 May 2014
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 23 May 2014
of the driver; and other motor vehicles =< 2500kg

NP 428A

INDIAN

Date of Expiry

19-12-2018

VISIT PASS Immigration Regulations

DHARMARAJ ARULSELVAM



Date of Birth

26-05-1988 M

FIN Date of issue

G6821557P 19-12-2016

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.





















