

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 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. 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	10/04/2019 14:18
Date Of Accident	28/09/2018 11:40
Exact Location Of Accident	RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG3197K
Insured/Policyholder	
Name Of Registered Owner	CURRY & TANDOOR PTE LTD
Co Reg No	200412453W
Email Address	GAURAV@RWT.COM.SG
Mobile Phone No	(LOCAL) +65-93710629
Alternative Phone No	OFFICE-93710629

Vehicle Particulars

Manufacturer	mitsubishi
Model	CANTER-3.0 D FEA01BR2SDEB (CBU) (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	GA258387
Cover Note Number	25/07/2018 - 24/07/2019

Driver

Name of Driver	KARLAR SINGH
NRIC No	S2161857H
Date Of Birth	07/06/1951
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1977
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93710629
Fax Number	
Contact Number	OTHERS-93710629
EEmail Address	NOEMAIL

Address	471 SEGAR ROAD #12-250
Postcode	670471
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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	SHC5308U
Vehicle Make/Model/Colour	
Details Of Properties	
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 Pg. 1

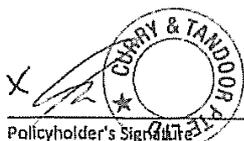
SKETCH PLAN

IMPORTANT NOTICE

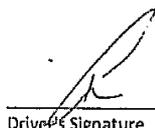
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8. Consent under the Personal Data Protection Act (PDPA)

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.

X  

Policyholder's Signature
Date & Time: 10.08.19



Driver's Signature
(If driver is not the policyholder)
Date & Time: 3/10/19
1845

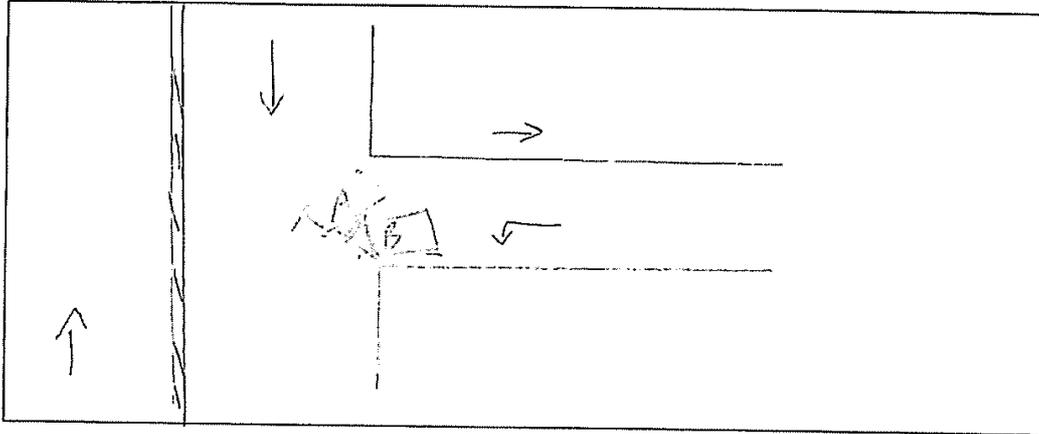


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 28/09/19 Time: 11:40am Location: Race Course Rd
 My Vehicle A: ABG3197K Vehicle B: ST15309U Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS WAITING FOR THE MAIN ROAD TO CLEAR. THERE WAS A
 VEHICLE DRIVING NEARBY TO ME TO MERGE INTO THE MAIN ROAD.
 Suddenly, vehicle B drive quickly & hit onto my left
 door.

Car B - Then (Wu Sen)
 S12387447
 S4058347

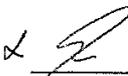
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks: Please forward a copy of my efile accident report to:
 My workshop :
 Email address :
 & myself : gauran@rw-t.com.sg
 Email address :

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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


 Policyholder's Signature
 Date & Time: 10/09/19




 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 31/0/19
1645


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



AH LIM MOTOR COMPANY



AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

CURRY & TANDOOR PTE. LTD.
 15 TESSENSOHN ROAD
 SINGAPORE 217649

Renewal

date
 23/07/2018

policy number
 CV1 / GA258387

your servicing distributor
 SUPERMANIAM MANICKAM / 04105

your servicing distributor contact
 65722119

Policy Schedule

Your SmartDrive Commercial Comprehensive

Your policy snapshot

Policyholder name	CURRY & TANDOOR PTE. LTD.	Policy number	CV1/GA258387
Cover	Comprehensive	ACRA code/UEN no.	200412453W
Period of Insurance	from 25/07/2018 to 24/07/2019 (both dates inclusive)		
Business/Profession	FOOD CATERING		
	In the business or profession as declared and no other for the purpose of this insurance		

Premium breakdown

Gross Premium after 20% NCD	SGD	1,586.40
7% GST	SGD	111.05
Final Premium	SGD	1,697.45

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Commercial Comprehensive Benefits

- 24/7 Towing
- Windscreen Repair with Excess
- Loss or Damage
- Legal Liability
- Repairs to be done at a workshop assigned by AXA Insurance Pte Ltd

Add-on Benefits

- Coverage for Vehicle Attachment up to sum insured \$5,000.00

Vehicle details

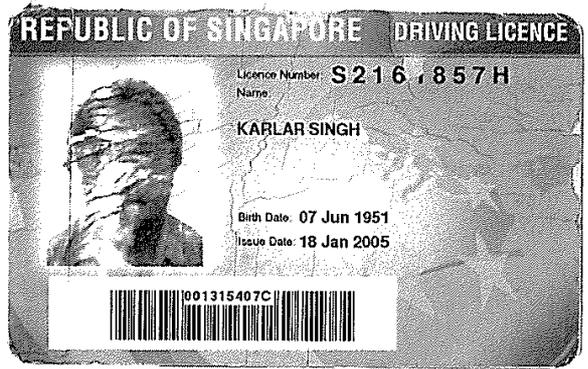
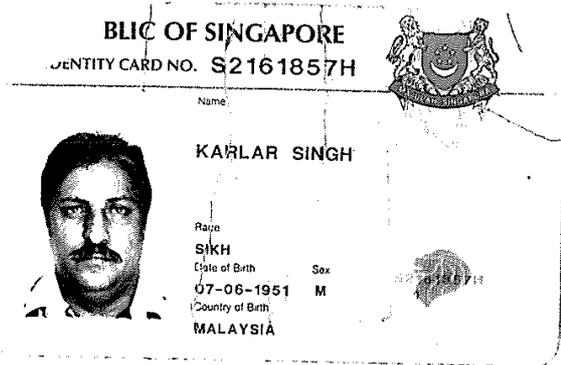
Make & Model of vehicle	MITSUBISHI CANTER 10FT AMT	Year of manufacture	2017
Vehicle registration number	GBG3197K	Engine number	4P10C43797
Body type	LORRY WITH CANOPY/HOOD	Chassis number	FEA01BA20485
Tonnage	1.13		

Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Geographical area	Refer to Policy Wordings
Finance Loan Company	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

Excess

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

Sketch Plan Pg. 4



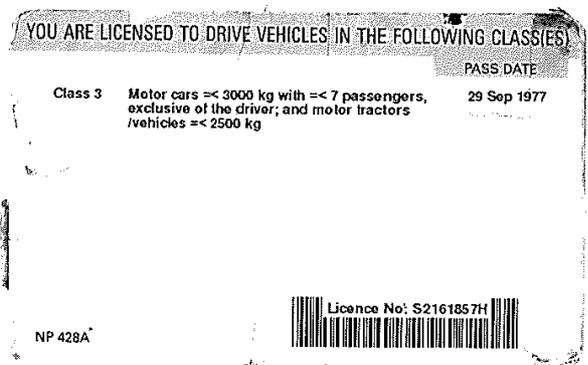
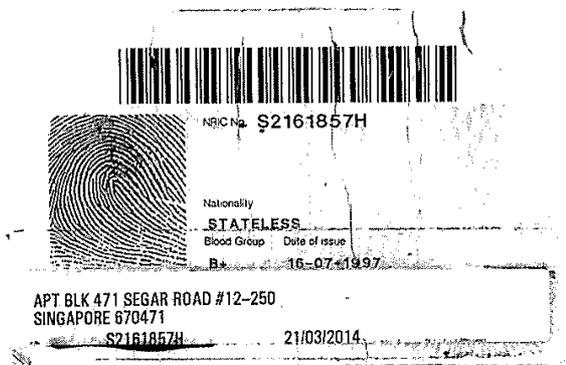
93710629

Dlc

No injury.

No vcds.

for



Sketch Plan Pg. 5

To Whom It May Concern,

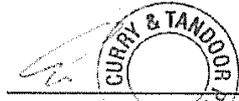
Accident involving my vehicle no. GBG3197K on 28/09/19 (date) with
SHC 5308U (other vehicle no) along Kare Course Rd

I, Curry & Tandoor Pte Ltd Nric No. 200412452W

Owner of vehicle no. GBG3197K am aware of the accident of my vehicle on
28/09/19 (Date) while car was driven by Kavkar Singh

Nric No. S2161057H. I hereby, authorise him / her to make the report.

X




Name Sukun

Date: 10.04.19

.....
..
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: 10/04/16

To: Owner of Vehicle Number: 9B63197K

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

Accident Photo



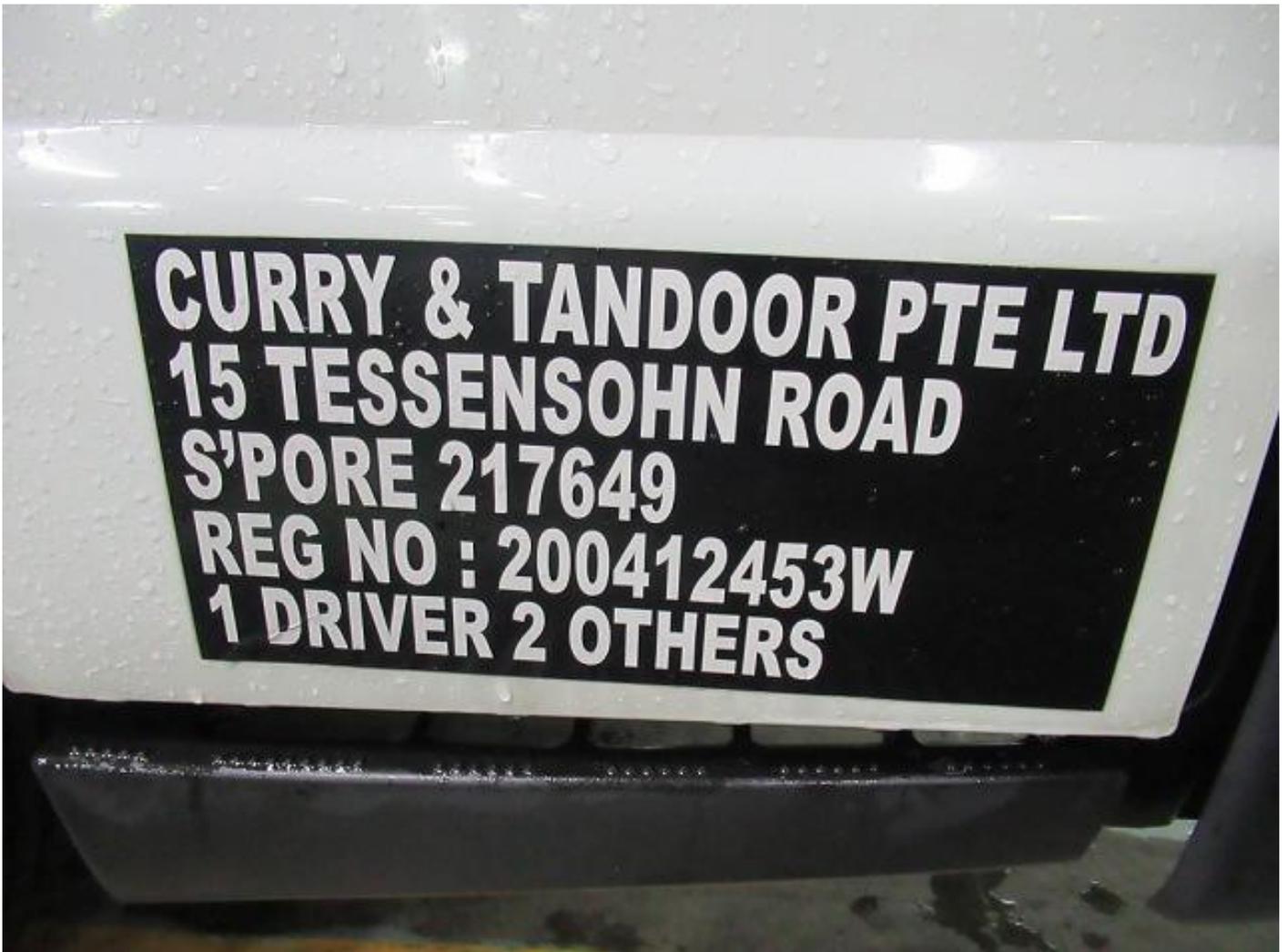
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

