

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	03/11/2018 10:58
Date Of Accident	02/11/2018 16:20
Exact Location Of Accident	SLIP RD OF GAMBAS AVE TO SEMBAWANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YN983T
Insured/Policyholder	
Name Of Registered Owner	SK RESOURCES DEVELOPMENT PTE. LTD.
Co Reg No	201005242G
Email Address	SENTECH@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-93719153
Alternative Phone No	OFFICE-63852210

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FE83BE6SRDEA
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	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	GA154246
Cover Note Number	

Driver

Name of Driver	ANIMUTHU AJITH
Passport No/FIN	G2117827L
Date Of Birth	28/05/1993
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2015
Driving Experience	3 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90740215
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	25 KAKI BUKIT ROAD 4 #07-65
Postcode	417800
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	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?	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

STATEMENT RECORDED BY SOO - PROGRESSIVE CAR CARE PTE LTD (6741 5336)

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	SME7421S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM GUAN SOON
NRIC/Passport Number	S1463602A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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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 #2

SKETCH PLAN

Vehicle
A - YN983T
B - SME 7421S

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was Stationary along Slip Rd of Gambas Ave to Sembawang Rd. Front vehicle start to move out, so I followed and when I check for the oncoming vehicle to clear on my right. Suddenly the vehicle B stop and I unable to react anytime and slightly knocked onto the rear of vehicle B.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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.:



redefining / insurance

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

date
 06/03/2018

policy number
 CV1 / GA154246

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	SK RESOURCES DEVELOPMENT PTE LTD	Certificate number	GA154246 / 1
Cover	Comprehensive	NCD	10%
Engine number	4M42A74124	Chassis number	FE83BEA20197
Vehicle Registration number	YN983T		
Period of Insurance	from 09/03/2018 to 08/03/2019 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	ABWIN PTE LTD		

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.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered Inoperative by Section 8 of the Commercial 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.

Excess

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who:

- a) Is 22 years old to 24 years old and/or
- b) Is 66 years old to 70 years old and/or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) Is 18 years old to 21 years old and/or
- b) Is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

Additional clauses & endorsements to your policy

Nil

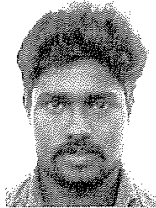


WORK PERMIT

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

Employer

SK RESOURCES DEVELOPMENT PTE. LTD.



Name

ANIMUTHU AJITH

Work Permit No.

0 35715428

Sector

CONSTRUCTION



K0484628

VISIT PASS

Immigration Regulations

13-06-2018

Name

ANIMUTHU AJITH

FIN

G2117827L

Date of Birth

28-05-1993

Sex

M

Nationality

INDIAN

Download SGWorkPass
App to check status

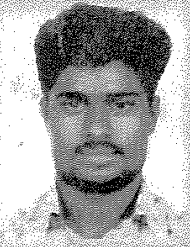


MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED
OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




REPUBLIC OF SINGAPORE **DRIVING LICENCE**



Licence Number: **G 2117827L**
Name: **ANIMUTHU AJITH**

Birth Date: **28 May 1993**
Issue Date: **15 Apr 2015**
Valid Till: **14 Apr 2020**

002416751K




SG 50

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

		EFFECTIVE DATE
Class 2B	Motorcycles \leq 200 cc	15 Apr 2015
Class 3	Motor Cars \leq 3000kg with \leq 7 passengers, exclusive of the driver; and other motor vehicles \leq 2500kg	15 Apr 2015

NP 428A

Licence No: G2117827L



Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 2/11/18		Time 8/630		2 Exact location of accident Slip Rd off Gambas Ave to Sembawang Rd.		To be signed by BOTH drivers 3 Injuries even if slight No <input type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Raji Saravanan		Vehicle Video Camera Available No <input type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **YN 983T**
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name **SK Resources**
(capital letters) **Development Pte**
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) **63852210**
HP **93719153**

7 Vehicle
Make, type _____

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☐
Policy No. **GA 154246/1**

9 Driver ☐ State as Owner
Name **Animuthu Ajith**
(capital letters)
NRIC / Passport no. **6211827L**
Class of licence **90240215**
HP _____
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle.

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Charge/Cross lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Motor/Motor Btl
<input type="checkbox"/>	Collision - Opening door of Vehicle
<input type="checkbox"/>	Collision - Reversing
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Self-Suicide
<input type="checkbox"/>	Other

Registration No. **SME 7421S**
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name _____
(capital letters)
Address _____
NRIC / Passport no. _____
Tel no. (from 9am till 5pm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

9 Driver (See driving licence)
(If different from Insured B above)
Name **Lim Guan Soon**
(capital letters)
NRIC / Passport no. **S1463602A**
Class of licence _____
HP _____
Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrow - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Approximately (check name and date) one of the sketch is on page 2

15 Signatures of drivers

A **Ajith A.**

B _____

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

INDIVIDUAL STATEMENT (Part II) <small>To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)</small>		<small>Own Workshop Email / Fax (if any)</small> Email: <u>Sentech@live.com.sg</u>																										
Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1. Occupation (if more than one, state all) _____ 2. Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____ 3. Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Employee</u> State the vehicle number and name of insurer of driver's own vehicle (where applicable) _____ 4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input checked="" type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____ 5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____ 6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)																											
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/> 8. Give details of any pre-existing impairment of sight or hearing and of any other disability _____ 9. Full details of all driving convictions including pending prosecutions in the last 36 months <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Date</th> <th style="width: 50%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>			Date	Offence	Penalty																						
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Injured persons	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">10. Name(s), address(es) and approximate age(s)</th> <th style="width: 20%;">Injuries sustained</th> <th style="width: 20%;">If vehicle occupants, state in which vehicle</th> <th style="width: 10%;">Were seat belts being worn?</th> <th style="width: 20%;">Was injured conveyed to hospital by ambulance?</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> <td>Yes <input type="checkbox"/> No <input type="checkbox"/></td> </tr> </tbody> </table>			10. Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Damage to property & vehicles (other than vehicles A and B)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;">11. Name(s) and address(es) of owner(s)</th> <th style="width: 20%;">Vehicle registration no. or details of property</th> <th style="width: 30%;">Nature of damage</th> <th style="width: 20%;">Insurer's name and address (if known)</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)																					
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Accident details	14. Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/> 15. Road surface Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others <input type="checkbox"/> 16. Speed of vehicles A <input type="text"/> km/hr B <input type="text"/> km/hr 17. What warnings were given by driver or other party? _____ 18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/> 19. What lights were displayed on your vehicle/the other vehicle(s)? _____ 20. If your vehicle is commercial, state weight of load carried at time of accident _____ 21. State how accident happened, width of roads, speed limits, etc (Refer to attached); _____ 22. State number of Passengers (Including Driver) <input type="text"/>																											
Declaration	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date _____ Driver's signature (if driver is not the policyholder) <u>A. J. Tan</u> Date _____																											

Accident Photo



Accident Photo



Accident Photo





Accident Photo

