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 witholding 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.

By the lodgement of this report to the insurers, you hereby cons aforesaid.	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 said.		
	ACCIDENT STATEMENT		
Date Of Report	14/11/2018 16:09		
Date Of Accident	13/11/2018 18:00		
Exact Location Of Accident	BKE TO SLE NEAR MANDAI RD EXIT		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SLF7034H		
Insured/Policyholder			
Name Of Registered Owner	AMV PTE LTD		
Co Reg No	201505825Z		
Email Address	NOEMAIL		
Mobile Phone No			
Alternative Phone No	OFFICE-98583956		
Vehicle Particulars			
Manufacturer	MAZDA		
Model	3		
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	PRIVATE CAR		
Insurance Company			

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number P2032048

Cover Note Number

Driver

Name of Driver SUNDARAMURTHY TANKIKAIVELAN

NRIC No G6823727R Date Of Birth 02/04/1988 Occupation **OUTDOOR** 22/07/2013 **Date Of Driving Pass**

Driving Experience 5 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83718716

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 825 JURONG WEST ST 81 #04-410

Postcode 640825

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

NO

2

NO

General Information of the Accident

Type Of Accident CHAIN COLLISION

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : RACHEL CHAN

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

ON 13/11/2018 AT ABOUT 1800HRS, I WAS DRIVING ALONG BKE TO SLE NEAR MANDAI ROAD EXIT. I WAS DRIVING ALONG LANE 3 OF THE EXPRESSWAY. WHILE DRIVING ALONG THE WAY, SUDDENLY VEHICLE NUMBER (SLP6137Z) WHICH WAS IN FRONT OF ME SUDDENLY JAMMED IT'S BRAKE AND SO DO I. BUT UNFORTUNATELY, MY VEHICLE HAD HIT ONTO (SLP6137Z). WHEN I ALIGHTED FROM MY VEHICLE TO CHECK, I SAW THAT (SLP6137Z) HAD HIT ONTO VEHICLE (SME4189H) WHICH WAS IN FRONT OF HIM.

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 SLP6137Z

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
Vehicle Category PRIVATE CAR

Name of Driver AMAS TAN CHIN HAN

NRIC/Passport Number

Contact Number 92774008

Address Postcode

Insurance Company Name

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C PRIVATE CAR Vehicle Category

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

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- 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.
- 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 insurers') 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.

Policyholder's Signature

ROP NO

Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time:

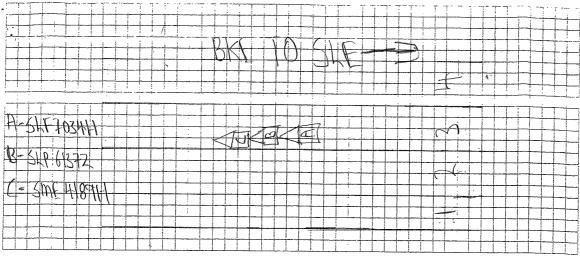
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 13/11/2018 at about 18.00 hrs, I was driving along 8/KE TO SHE Near Manhar Road Exirt, I was driving along home 3 of the expressional while driving along the way suchenly vehicle number SHP 6/372 which was intront of the sudenly immedits brakes, and I too also jamned my brakes but unfortunately my which had hit onto SHP 6/372. When I alighted From my vehicle to check, I saw that SHP 6/372 had hit onto wehicle number SME 4/18911 which was infront of him.	DESCRIBE CIRCUIVISTANCES OF THE ACCIDENT			
way suddenly vehicle number SLP 61372 which was intront of me suddenly jammed its brakes, and I too also jammed my brakes but unfortunately my vehicle had hit onto SLP 61372. When I alighted from my vehicle to check, I say that SLP 61372 had	On the 13/11/2018 at about 18:00 hrs I was driving along BKE To SLE Near Mandai			
its brakes, and I too also jammed my brakes but unfortunately my vehicle that hit onto 548 61372. When I alighted from my vehicle to check, I saw that 54P61372 had	Mode Excl. I was driving along have 3 of the expressionay while driving along the			
onto SN 61372. When I alighted from my which to chack, I saw that SNP 61372 had	Way Suddenly Detrick number STY 6/STZ which was intront of me Suddenly jammed			
nonto SHY 61372, When I alighted from my vehicle to check, I sow that SHP 61372 had hit onto rehide number SME 4189H which was intront of him.	173 brakes, and I too also jammed my brakes but unfortunately my vehicle had hit			
hit onto wehide number SMEH189H which was infront of him.	onto 5hr 613t2. When I alighted from my vehicle to chack, I saw that 5hP 61372 had			
	hit onto wehide number SMEH189H which was intront of him.			

DECLARATION

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

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

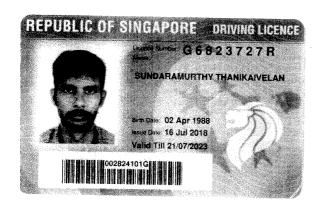
NRIC/FIN No.:

G:ARMC SketchPlanForm_V3

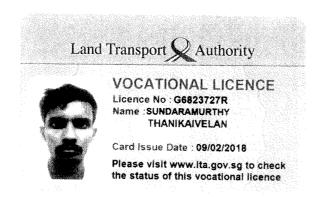
LETTER OF UNDERTAKING

I/We, AMV Pte CTO	, the owner of vehic	cle no. 307 903+1
My/Our Insurance is under M/s AXA Insclaim under my/our Policy or against the such a claim to M/s AXA Insurance Pte I within 14(fourteen) days of occurrence	Third Party and if the for Ltd with all relevant fact	ormer shall submit s and documents
My/Our Third Party claim is handle by n	ny/our preferred worksh	op, Scorles HAC
Signed and Acknowledge by:		
Nric no. & signature of policyholder	Roc No. 201506825Z	14(11/2018 Date

Sketch Plan #4 Pg. 1







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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc Motor cars with unladen weight =< 3000kg with =< 7 22 Jul 2013 16 Jul 2018

VISIT PASS immigration Regulations

SUNDARAMURTHY THANKAIVELAN



02-04-1988 M

INDIAN

G6823727R 23-11-2017

NP 428A



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 Sin Ming Drive, Singapore 575701.

Type

Description

Issue Date

14

PRIVATE HIRE CAR VL

09/02/2018



AXA INSURANCE PTE LTD 8 Shenion Way, #24-01 AXA Tower, Singapore 066611 Customer Service Centre #B1-01 Customer Service Centre #81-01 Fel;(65)83387268 Fax;(65)83382622 Websilewww.awa.com.sg G&T Registration Number: 198903512M customer.service@axa.com.ag



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.

: VFX/P2032048

Addount No.: 04123

Coverage

: Comprehensive

Sum Insured

! Market Value At The Time Of Loss

Name of Policy Holder

AMV PTE LTD

Vehicle Registration No. : SLF7034H Period of Insurance

; From 12/12/2017 To 20/11/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their

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 for the carriage of passengers or goods in connection with the

(a) Use for the carriage of passengers of goods and business purpose of any person to whom the vehicle is hired

The Policy does not cover

(a) Use for racing, pace making, reliability trial or speed-testing

(b) Use whitst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle

(c) Use for the carriage of passengers for hire or roward by any.

(04)



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 93 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 (Malaysie).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - BGIHYJU2

on 19/12/2017

INPORTANT : INDUMENTAL. POLICY DESCRIPTION OF THE SALE OF A MOTOR VALUE THEY MUST SUFFERE THE CARTIFICATE OF INSURANCE AND THE POLICY TO THE INSURANCE COMPANY. If the Certificate of Insurance has been lost or descroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Perty Risks and Compensation Act (Cap. 169).

POR 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 Narranty Clause on the policy

















