### 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.

<ol><li>By the lodgement of this report to the insurers, you aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	29/11/2018 12:45
Date Of Accident	28/11/2018 17:35
Exact Location Of Accident	BKE TWDS SLE BEFORE EXIT 8 SLE (CTETPE)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GZ5974L
Insured/Policyholder	
Name Of Registered Owner	CORROSION PROOF CONSTRUCTION (ASIA) PTE LTD
Co Reg No	199707686W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-67793088

**Vehicle Particulars** 

TOYOTA Manufacturer Model DYNA

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?

THIRD PARTY If No, Please state action to be taken

Vehicle Category COMMERCIAL VEHICLE

**Insurance Company** 

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number GA206764

Cover Note Number

**Driver** 

Name of Driver RAMU MUTHUKUMAR

NRIC No G6940714K Date Of Birth 24/01/1983 Occupation INDOOR **Date Of Driving Pass** 23/04/2015

**Driving Experience** 3 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83416491

Fax Number

Contact Number

**EMail Address NOEMAIL**  Address

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

\_

**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? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

oliciting/oπering accident claims assistance.

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

1

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

## **Circumstances of Accident**

I WAS DRIVING ALONG BKE TOWARDS SLE. I WAS ON THE SECOND LANE. WHILE BEFORE EXIT 8 ON BKE (SLE (CTE,TPE) EXIT. DUE TO HEAVY TRAFFIC, THE VEHICLE BRAKED TO A COMPLETE STOP. AND SO, I TOO APPLIED BRAKE TO COMPLETE STOP. SUDDENLY AFTER A FEW SECONDS, I FELT A GREAT IMPACT FROM THE REAR OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE AND REALISED IT WAS A VEHICLE WITH LICENCE PLATE (YP5669H) THAT COLLIDED ONTO THE REAR OF MY VEHICLE CAUSING AN IMPACT THAT PUSHED ME FORWARD AND HIT ONTO THE VEHICLE IN FRONT OF ME.

#### 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 YP5669H

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number SDG288C

Vehicle Make/Model/Colour

Details Of Properties VEHICLE C
Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## **DETAILS OF INJURED PERSON 1**

Name RAMU MUTHUKUMAR

Approximate Age Injuries Sustain

Injured person in which vehicle? GZ5974L

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

#### SKETCH PLAN

### IMPORTANT NOTICE

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

Funderstand, 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.

Policyholder's Signature
Date & Time: 29/11 |2019 -

COLLOSION

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

. MUEHURUMBR.

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

# Sketch Plan #2 Pg. 1

SKETCH PLAN	BKE	Towards	SLE	Biford	EX17 8	( SLR	CTE, TPE	(رزغ
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## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

11-112 5	DRIVING ALONG BKE TOWARDS SLE, I WAS ON DRIVING LANE.
	BEFORE EXIT & OF BKE (SLE (CTE, TPE)) EXIT.
COMPLET	THIS HEAVY TRAFFIC THIS VEHICLE BRAKED TO  TO STOP. AND SO I TOO APPLIED BRAKE TO  TO STOP.
	FROM THE REAR OF MY VEHILLE.
VIEHICU	DEROMMY VEHICLE AND REALIZED, IT WAS A WITH LICENCE PLATE (MP 7669 H) THAT
IMPACT	ED TO THE REAR OF MY VEHICLE CANSING AN THAT PUSHED ME FORWARD AND HIT ONTO THIS -E INFRONT OF ME.
لاقاما ور	2 A - GZ 5974 L 2 B - YP 5669 H 2 C - SDG 288 C
	resong particulars are true in every respect.

Policyholder's Signature Date & Time: 29/11/2018 .

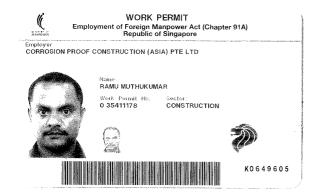
P. MUTHUKUMBe. Driver's Signature (If driver is not the policyholder) Date & Time:

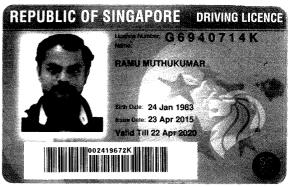
Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

# LETTER OF UNDERTAKING

I/We, Corrusion Proof construc	$\tau$ (ASIA), the o	wner of vehicle n	3. 65 3 1742
PIQ LTD			
My/Our Insurance is under M/s A to claim under my/our Policy or a claim to M/s AXA Insurance Sing 14(fourteen) days of occurre	gainst the Third Par apore Pte Ltd with a	ty and if the forn Il relevant facts a	ner snam submit such a
My/Our Third Party claim is handle	by my/our preferred	workshop,	
	AUTOMOTIUE !		
Signed and Acknowledge by:	Pte sy	Lttr *	
S 8269946E	A COLUMNIE	1014	. 810د/۱۱/۹د
Nric no. and signature of policyhol	der Company	Stamp	Date

### Sketch Plan #4 Pg. 1





VISIT PASS
Immigration Regulations

Name
RAMU MUTHUKUMAR

FIN
G6940714K
Date of Birth
24-01-1983 M
Nationality
INDIAN

MULTIPLE JOURNEY VISA ISSUED

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

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 23 Apr 2015

Class 3 Motorcycles =< 2000kg with =<7 passengers, exclusive 23 Apr 2015

of the driver; and other motor vehicles =< 2500kg

NP 428A

### Sketch Plan #5 Pg. 1





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

30/05/2018

policy number CV3 / GA206764

# **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 (Melaysia) -Commercial Vehicles (Third-Party Risks | Rules. 1959 (Malaysia)

### Policy details

Policyholder name

CORROSION PROOF CONSTRUCTION (ASIA) PTE Certificate number

GA206764 / 1

Third Party, Fire & Theft

Chassis number

20% JTFUF34Y303011968

Engine number Vehicle Registration number

Period of Insurance

Sum Insured Finance Loan Company 5L5655086 GZ5974L

from 29/06/2018 to 28/06/2019 (both dates inclusive)

Market Value at The Time of Loss

# 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.

### Excess

An additional excess is applicable as follows:

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

**1** of 3

<sup>\*</sup> 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.





## **Accident Photo**





# **Accident Photo**



