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 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/11/2018 17:30
Date Of Accident	16/11/2018 13:10
Exact Location Of Accident	PASIR LABA CAMP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	PC6747J
Insured/Policyholder	
Name Of Registered Owner	TRI-WINS TRANSPORT SERVICES PTE LTD
Co Reg No	200616034W
Email Address	TRIWINS@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96857014
Alternative Phone No	OFFICE-62972622
Vehicle Particulars	
Manufacturer	VOLVO
Model	B7R AUTO
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	BUS
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA309461/1
Cover Note Number	
Driver	
Name of Driver	SELVAM S/O GOVINDASWAMY
NRIC No	S7236606I
Data Of Right	12/10/1072

NRIC No S72366061

Date Of Birth 12/10/1972

Occupation OUTDOOR

Date Of Driving Pass 16/01/2003

Driving Experience 15 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87551249

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 645 ANG MO KIO AVENUE 6

#11-4987

Postcode 560645

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 Registration Number of Driver's Own

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

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? YES

Remarks/ Reasons: TAKE FROM DRIVER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLD9288P

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category PRIVATE CAR
Name of Driver NG TIONG KUN

NRIC/Passport Number S8414299I

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 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 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)

Lunderstand, 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:
 - 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:

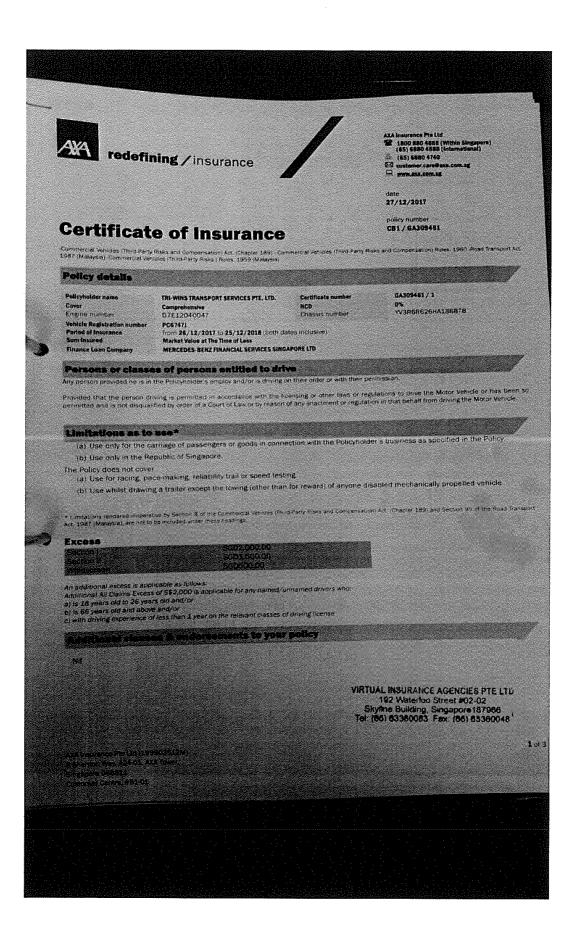
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

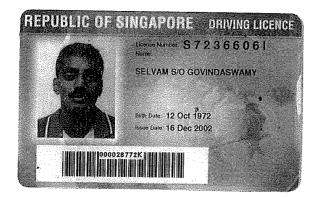
Sketch Plan #2

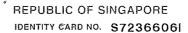
ETCH PLAN		
***************************************		Vehicle
	A	A-PC 6747
	BILLING	B-SLD 928
4		Lagand
		Legend A
	7 1	Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
11112	assengers I make to	exit from Pasir Lab
Camp. Guddenly		from Stop line and
list only my	ryll portion.	
100		
DECLARATION		
/We declare the foregoing particle Please be advised that your insurer may be from the day of pocurrence. Kindly check	ulars are true in every respect. save a fourteen (14) pays clause whereby the claim against own po your policy for more periods.	acy must be made within the stipulated timeframe
(8)	() () () () () () () () () ()	100
Policyholder's Signature Date & Time:	(If driver is not the policyholder)	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Date & Time:



DRIVER IC/DL Pg. 1







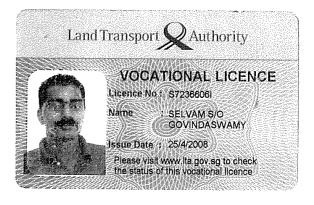


SELVAM S/O GOVINDASWAMY

INDIAN Date of birth 12-10-1972

4733660-







Heavy Motor Cars and Motor Tractors the weight unladen exceeds 2500 kg

16 Jan 2003

S72366061

s/No. 9000000040

NP 428A

\q

ence No: S7236606III

RIC No. S72366061

05-07-2005

APT BLK 645 ANG MO KIO AVENUE 6 #11-4987

SINGAPORE 560645

\$72366061__

21/09/2013 (R)

This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575701.

Туре Description 03 BUS VL 04 BUS ATTENDANT Issue Date

19/04/2005 19/04/2005

3744755



Common Statement

d facts which will speed up the se Date of acqident Time	2 Exact location of ac-	cident	_		To be signed by BOTH driver 2 Injuries even if slight		
16 11 18 1130	Pasir L	abra Car	T.		No Yes		
Material damage To vehicles other than vehicles A	and B To objects other than	vehicles	is passenger in vehi	dress and tel no. (to be un cle A or vehicle B) FROM PHIVER	defined # he/she Vehicle Video Camera Available No Yes		
Registration No. PC 6 (VEHICLE A) PC 6 Insured / policytolder (see in	747] Usurance cert.) A	Put a cross (X) in	MSTANCES each of the release the to your vehicle	rant (VEH	ration No. SLD 9281 HICLE B) d /policyholder (see insurance cer		
pottal letters) Services	2/1.		Coffision eta Bleychst	10 Name_ (capital le	tters)		
fress	(C)	100000000000000000000000000000000000000	Motorcytlist Parked Vehicle	3D Address _			
IC / Passport no.	D4	Collider int	o Pedastrian	5D	ssport no.		
no. (from 9am till 5pm)	172622 BW-B		ito Property inge/Cross Lane		oin 9am till Spnr)		
96858	014 3 8000		ord on Collision	9D HP			
/ehicle e, type	Q10		Head to Rear	[Z] Vehicle			
insurance company	D12		ejor/Winor Bd ing Goor of Vehicle	110	ince company		
s the policy cover damage to xx	PFT TPO GIA		Roundabout s = 6576/1	180	C TPFT [1]		
Ves 🗆	D15		/ Orag Influence on or Lightening	250 No	Yes		
y No.	D17	5	ood	Policy No.	(sf available)		
CELLIAM SI	Same as Owner D18		/ Damaged white: Parked re./ Other Objects	19G (W dW)	(See driving licance) regt from insured B above)		
Attal letters) GOVINDA	SWAMY 010		offeron Setpe	2003 Name (capital let	0.1		
C / Passport no	6067 000		seft	22D NRIC / Pas Class of lic	sport no. S \$41427		
nder Male Female	249		AL number of	15P	Male Female		
Indicate the point	13	Sketch of accident w			10 Indicate the point		
of initial impact with an arrow (+>)	Please indicate: 1.	layout of the road - 2.t	the direction of velvici	es of the streets or roads	of initial impact with an arrow(->)		
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		1-1-1-			78 ()		
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Hislible damaga to vehicle A					11Visible damage to vehicle		
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		SATIST					

Individual Statement

INDIVIDUA To be completed and s	L STATEMEN ubmitted within 24 hours	T (§ 2)	BIT II) surer or Idac or app	ointed worksh	Own Works op (Use a ses	hop tmail/F parate sheet	of paper	where nec	essary)		
rsured	1 Occupation (if more than a	one, state	ali)			Email:			-		
2200	2 Vehicle registration no.	Land of the land	C.C.		If commercial vehicle, state permissible carrying capacity						
Of which vehicle are	3 Is driver the owner? Yes No It no. State Rotationship of July 1962 the vehicle number and name of insurer of driver's own vehicle (where applicable)										
A 5	4 Exact purpose for which v Others - please specify 5 Is the vehicle still in use? 6 Are you claiming under yo	Yes /	No If n	io, state where it	is at present	ommercial No	use []	fire & rewi		Private Hire	
	If no, state action to be to	sken 🔲	Third Party	Reporting On	ily 🗹 Thi	rd Party (Own W	orkshop	1		
	7 Date of birth Occupation		Date of license pass		Was vehicle driven with the insured's permission?			Was driver an employee of the insureds company?			
river or person in	Indo	or	Outdoor:			Yes :	No :	Ye	s	No :	
harge of vehicle at he time of accident including insured)	8 Give details of any pre-ex	-	1	ring and of any o	ther disability		-				
	9 Full details of all driving o	onvictions	including pending pros	secutions in the k	ast 36 morAhs						
	Date		Of	ffence	ince			Penalty			
Trijured	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	No		Yes	No	
ersons						Yes	No		Yes	No	
						Yes	No		Yes	No	
						Yes	No		Yes	No	
Damage to property 6 vehicles (other than vehicles A and B)	11 Name(s) and address(es) of Vehicle registration no. or details of property Nature				Nature of clamage Insurer's name and addre- (if known)						
			netus [w]	1 [50]				1			
	12 Was the accident report If yes, please state whi			No j							
Police action	13 Was notice of intended If yes, against whom?	prosecutio	on given? Yes	No	7						
Accident	14 Weather conditions	Clear	1/1	Raining		00	vers				
		Mark		Dry	/	C	bers				
	AS NOW SUPER.										
	16 Speed of vehicles A km/hr B km/hr										
	17 What wannings were given by driver or other party?										
details	18 Were street lights (Iluminated) Yes No										
	19 What lights were displayed on your vehicle/she 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 (Rafer to attached)										
	22 State number of Pass										
Declaration	I/We declare the foregoing Policyholder's signatur		rs are true in every rea	pect	100 F	0	ate				
	Driver's signature (if d	river is no	ot the policyholder).	m		<u> D</u>	ate				
	Direct a signature (u u	tract to the	or one posicymorous y		- 150 Pp.	9	100				











Accident Photo



