

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	15/01/2019 13:49
Date Of Accident	25/12/2018 11:30
Exact Location Of Accident	TAMPINES AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY9021C
Insured/Policyholder	
Name Of Registered Owner	SAKTHEEVEIL S/O KOVALLIKISNO
NRIC No	S7632328C
Email Address	SONIASHALINI6529@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91426143
Alternative Phone No	OTHERS-91426143

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2036415
Cover Note Number	

Driver

Name of Driver	SAKTHEEVEIL S/O KOVALLIKISNO
NRIC No	S7632328C
Date Of Birth	30/09/1976
Occupation	INDOOR
Date Of Driving Pass	16/11/2011
Driving Experience	7 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91426143
Fax Number	
Contact Number	OTHERS-91426143
EEmail Address	SONIASHALINI6529@GMAIL.COM

Address	BLK 546 BEDOK NORTH STREET 3 #03-1416 SINGAPORE
Postcode	460546
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 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	SHA4253K
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)

DETAILS OF INJURED PERSON 1

Name SAKTHEEVEIL S/O KOVALLIKISNO

Approximate Age

Injuries Sustain

Injured person in which vehicle? FY9021C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

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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 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.

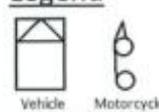
Policyholder's Signature
Date & Time:

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

	<p>Vehicle A - FY9021C B - SHAA253K</p> <p>Legend </p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

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.:

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: <u>25/2/18</u> Time: <u>11:30</u>	2 Exact location of accident: <u>Tampines Ave 1</u>	To be signed by BOTH drivers 3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" 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) _____ _____ _____	

Registration No. (VEHICLE A) FY9021C

6 Insured / policyholder (see insurance cert.)
 Name: Saktheevail S/O
 (capital letters) Kovallikisho
 Address: _____
 NRIC / Passport no. S7632328C
 Tel no. (from 9am till 5pm) _____
 HP 91426143

7 Vehicle
 Make, type Honda CB400L

8 Insurance company
AAA C TPFT TPO
 Does the policy cover damage to vehicle A?
 No Yes
 Policy No. P2036415

9 Driver Same as Owner
 Name _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence 3
 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 Bicyclist
<input type="checkbox"/> Collided into Motorcyclist
<input type="checkbox"/> Collided into Parked Vehicle
<input type="checkbox"/> Collided into Pedestrian
<input type="checkbox"/> Collided into Property
<input type="checkbox"/> Collision - Change/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 - Major/Minor Rd
<input type="checkbox"/> Collision - Opening Door of Vehicle
<input type="checkbox"/> Collision - Roundabout
<input type="checkbox"/> Collision - U-Turn
<input type="checkbox"/> Drink Driving / Drug Influence
<input type="checkbox"/> Fire, Explosions or Lightning
<input type="checkbox"/> Flood
<input type="checkbox"/> Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/> Hit by Fallen Tree / Other Objects
<input type="checkbox"/> No Collision
<input type="checkbox"/> Side Swipe
<input type="checkbox"/> Theft

← State TOTAL number of boxes marked with a cross →

Registration No. (VEHICLE B) SHAA2J3K

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 _____
 (capital letters)
 NRIC / Passport no. _____
 Class of licence _____
 HP _____
 Gender Male Female

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

13 Sketch of accident when impact occurred **13**
 Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers **15**

A

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) Own Workshop Email / Fax (if any)																										
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																										
Insured	1 Occupation (if more than one, state all) _____ Email: <u>SoniaShalini6529@gmail.com</u> 2 Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____ 3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____ 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 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 type="checkbox"/> No <input checked="" 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 checked="" type="checkbox"/> If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)																									
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	7 Date of birth _____ Occupation _____ Date of license pass _____ Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <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; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">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																						
Date	Offence	Penalty																								
Driver or person in charge of vehicle at the time of accident (including insured)	30/9/76 Indoor Outdoor 16/11/2017 Yes No Yes No 10 Name(s), address(es) and approximate age(s) _____ Injuries sustained _____ If vehicle occupants, state in which vehicle _____ Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/> Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/> <table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 30%;">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: 10%;">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>	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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			Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>																						
Injured persons	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) _____																									
Damage to property & vehicles (other than vehicles A and B)	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____ <u>TPHQ</u> _____ 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____																									
Police action	14 Weather conditions: Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____ 15 Road surface: Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____ 16 Speed of vehicles: A _____ km/hr B _____ 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) <u>01</u>																									
Accident details	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) _____ Date _____																									



**SINGAPORE
POLICE FORCE**



T/20181227/2066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20181227/2066

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/12/2018 14:59	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: SAKTHEEVEIL S/O KOVALLIKISNO		Address: APT BLK 546 BEDOK NORTH STREET 3 #03-1416 BEDOK NORTH GREEN SINGAPORE 460546	
ID Type / ID No.: NRIC NO / S7632328C		Contact No.: Home/Office: Mobile: 91426143	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 42	Date of Birth: 30/09/1976	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: MACDONAL RIDER		Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/12/2018 11:30	Type of Location: X-Junction
Location: Along Road 1 TAMPINES AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY9021C	Motorcycle	HONDA	CB400L	Blue	Seriously Damaged	0
SHA4253K	Car				Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY9021C	AXA INSURANCE SINGAPORE PTE LTD	P2036415	14/11/2018	07/02/2019



**SINGAPORE
POLICE FORCE**



T/20181227/2066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20181227/2066

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAKTHEEVEIL S/O KOVALLIKISNO	ID No.	S7632328C
Related Vehicle	FY9021C (Motorcycle)	Contact No.	91426143
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	25/12/2018	Date Discharge	NIL
No. of Days granted Medical Leave	16	Degree of Injury	Slight

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS TRAVELLING ALONG THE SAID LOCATION. AS I WAS APPROACHING THE TRAFFIC LIGHT, IT STARTS TO SHOW EMBER, THUS I DECIDED TO SLOWLY COME TO A HALT. WHEN I WAS FULLY IN A STATIONARY POSITION, THE MENTIONED TAXI COLLIDED ONTO THE REAR PORTION OF MY VEHICLE ABRUPTLY. THE PARTICULARS OF THE DRIVER'S AS FOLLOWS; NG CHOON HOE, S0191070A



SINGAPORE
POLICE FORCE



T/20181227/2066

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20181227/2066

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: TP / NG JIN SHENG	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 27/12/2018 14:59
Officer In Charge Of Case: TP / GIT / Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:
Authentication Stamp NP168	

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888 Fax:-
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



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. : VMZ/P2036415 Account No. : 03375
 Coverage : Third Party Fire & Theft Only
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : SAKTHEEVEIL S/O KOVALLIKISNO
 Vehicle Registration No. : FY9021C
 Period of Insurance : From 15/11/2017 To 07/02/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 (b) 1. SAKTHEEVEIL S/O KOVALLIKISNO

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*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:

- a) Use for hire and reward
 b) Use for racing, pace-making, reliability trial or speed-testing
 c) Use for the carriage of goods (other than samples) in connection with any trade or business
 d) Use for any purpose in connection with the Motor Trade

(11)

Fire & Theft - Insured & Named Dr. : SGD 500.00

THEFT OUTSIDE SINGAPORE : SGD 1,000.00

* Limitations rendered inoperative by Section 8 of the Motor 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.

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 (Malaysia).

AXA INSURANCE PTE LTD


 Authorized Signature

Issued by - MVUELSIE on 29/08/2018

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189)).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

WARRANTED ALL
 ACCIDENT REPAIRS
 MUST BE CARRIED
 OUT ONLY AT OUR
 AUTHORISED
 WORKSHOPS

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO: S7632328C



Name
SAKTHEEVEIL S/O
KOVALIKISNO
சத்திவேல்
Race
INDIAN
Date of birth Sex
30-09-1976 M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence No: S7632328C
Name
SAKTHEEVEIL S/O
KOVALIKISNO
Birth Date: 30 Sep 1976
Issue Date: 01 Nov 2017



002739384K

4525050



NRIC No: S7632328C



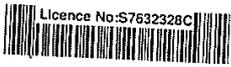
Date of Issue
25-01-2010

Address
APT. BLK 546 BEDOK NORTH STREET 3 #03-1416
SINGAPORE 460546
NRIC No: S7632328C Date: 31/03/2016

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

Class	Description	EFFECTIVE DATE
Class 2B	Motorcycles <= 200 cc	24 Apr 2010
Class 2A	Motorcycles between 201 cc and 400 cc	16 Nov 2011

NP 428A



Licence No: S7632328C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

