

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	11/01/2019 15:15
Date Of Accident	10/01/2019 18:15
Exact Location Of Accident	BKE (WOODLANDS) BEFORE MANDAI EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP4333H
-----------------------------	---------

Insured/Policyholder

Name Of Registered Owner	ARSU CONTRACTOR SERVICES PTE. LTD.
Co Reg No	201108963W
Email Address	ARSU@LIVE.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-85719262

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CV1/GA268563
Cover Note Number	

Driver

Name of Driver	ARUMUGAM NALLATHAMBI
Passport No/FIN	G6537721M
Date Of Birth	05/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	26/07/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82809965
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	1013 GEYLANG EAST AVENUE 3 #03-116
Postcode	389728
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 (including own vehicle) involved in the accident	3
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	YH1111T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	BALAKRISHNAN RAJA
NRIC/Passport Number	G7730002W
Contact Number	82687810
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	GBH8613M
-----------------------------	----------

Vehicle Make/Model/Colour

Details Of Properties

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)

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

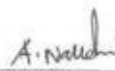
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.:

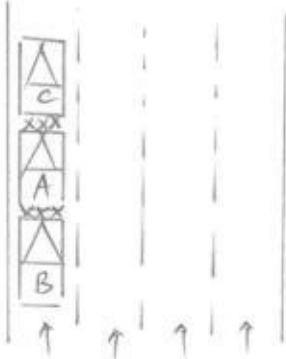
Sketch Plan #2

SKETCH PLAN

SKETCH PLAN

Vehicle
A - YP4333H
B - YH1117
C - GB48613M

Legend
 Vehicle
 Motorcycle



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along BKE (woodlands) before Manda Rd exit in the extreme left lane. Suddenly veh C in front of me jammed brake. I managed to stop in time but veh B unable to stop in time and hit into my vehicle pushed me forward to hit vehicle C in front of me.

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 when 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

ARSU CONTRACTOR SERVICES PTE LTD
BLK 1015 GEYLANG EAST AVE 3
#03-107
SINGAPORE 389730

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

Renewal

date
05/09/2018

policy number
CV1 / GA268563

your servicing distributor
VIRTUAL INSURANCE AGENCIES PTE
LTD / 03936

your servicing distributor contact
63380083

Policy Schedule

Your SmartDrive Commercial Comprehensive

Your policy snapshot

Policyholder name	ARSU CONTRACTOR SERVICES PTE LTD	Policy number	CV1/GA268563
Cover	Comprehensive	ACRA code/UEN no.	201108963W
Period of Insurance	from 30/09/2018 to 29/09/2019 (both dates inclusive)		
Business/Profession	CONSTRUCTION		
	In the business or profession as declared and no other for the purpose of this insurance		

Premium breakdown

Gross Premium after 15% NCD	SGD	2,081.34
Total Discounts	SGD	-416.27
7% GST	SGD	116.55
Final Premium	SGD	1,781.62

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Commercial Comprehensive Benefits

- 24/7 Towing
- Windscreen Repair with Excess
- Loss or Damage
- Legal Liability
- Repairs to be done at a workshop assigned by AXA Insurance Pte Ltd

Vehicle details

Make & Model of vehicle	mitsubishi canter 3.0 DIESEL MANUAL	Year of manufacture	2016
Vehicle registration number	YP4333H	Engine number	4P10C03494
Body type	LORRY WITH CANOPY/HOOD	Chassis number	FEB50543560
Tonnage	2.33		
Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)		
Limitation to use	As per Certificate of Insurance		
Geographical area	Refer to Policy Wordings		
Finance Loan Company	THINK ONE CREDIT PTE LTD		

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6537721M**

Name: **ARUMUGAM NALLATHAMBI**

Birth Date: **05 Mar 1984**

Issue Date: **06 Jul 2015**

Valid Till: **25/07/2020**

002447577E

SG 50

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

Employer:
ARSU CONTRACTOR SERVICES PTE. LTD.

Name:
ARUMUGAM NALLATHAMBI

Work Permit No.: **0 34606986**

Sector:
CONSTRUCTION

K0533204

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES

		EFFECTIVE DATE
C C C C	Class 1B Motorcycles <= 300 CC	26 Jul 2010
	Class 3 Motor cars <= 3500 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	26 Jul 2010

S / No. 9000239862

G6537721M

NP 428A

Licence No: G6537721M

VISIT PASS
Immigration Regulations

28 66 2018

Name:
ARUMUGAM NALLATHAMBI

Download SGWorkPass App to check status

Pin:
G6537721M

Date of Birth: **05-03-1984** Sex: **M**

Nationality:
INDIAN

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.

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: 10/1/19 Time: 1815
 2 Exact location of accident: BKE (WOODLANDS) before Mandai Exit.
 To be signed by BOTH drivers
 3 Injuries given if slight
 No ☒ Yes ☐
 4 Material damage
 To vehicles other than vehicles A and B: No ☒ Yes ☐
 To objects other than vehicles: No ☒ Yes ☐
 5 Witness' name, address and tel no. (to be undertaken if he/she is passenger in vehicle A or vehicle B)
 Vehicle Video Camera Available: No ☒ Yes ☐


Registration No. YP 4333H
 (VEHICLE A)
 6 Insured / policyholder (see insurance cert.)
 Name: ARSU CONTRACTOR
 (capital letters) SERVICES PTE LTD
 Address: _____
 NRIC / Passport no.: _____
 Tel no. (from 9am till 5pm): 85719262
 HP: _____
 7 Vehicle
 Make, type: M14 FUSO
 8 Insurance company
 AXA ☒ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle A?
 No ☐ Yes ☒
 Policy No.: _____
 9 Driver
☐ State or Owner
 Name: ARUMUGAM NALLATHAMBI
 (capital letters)
 NRIC / Passport no.: G6537721M
 Class of licence: 82804965
 HP: _____
 Gender: Male ☒ Female ☐

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

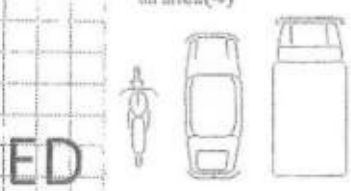
 11 Visible damage to vehicle A

 12 My remarks

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle
 Chain Collision
 Collided into Bicycle
 Collided into Motorcyclist
 Collided into Parked vehicle
 Collided into Pedestrian
 Collided into Property
 Collision - Change/Cross Lane
 Collision - Cross Junction
 Collision - Head on Collision
 Collision - Head to Rear
 Collision - Major/Minor Rd
 Collision - Opening Door of Vehicle
 Collision - Rear-end
 Collision - U-Turn
 Drink Driving / Drug Influence
 Fire, Explosion or Lightning
 Road
 Hit and Run / Vandalism / Damaged whilst Parked
 Hit by Falling Tree / Other Object
 No Collision
 Side Swipe
 Theft
 State TOTAL number of boxes marked with a cross: _____

13 Sketch of accident when impact occurred
 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

 14 Signature of driver
 A. Nallathambi

Registration No. 4B4 8613M
 (VEHICLE B)
 6 Insured / policyholder (see insurance cert.)
 Name: YH 1117.
 (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: BALAKRISHNAN RAJA
 (capital letters)
 NRIC / Passport no.: G7730002W
 Class of licence: 82687810
 HP: _____
 Gender: Male ☒ Female ☐

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

 11 Visible damage to vehicle B

 12 My remarks

REFER TO ATTACHED

* 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>arsul@live.com - sg</u>
	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 type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including injured)	7 Date of birth	Occupation	Date of license pass
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		
Injured persons	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"/>
			Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property (other than vehicle A and B)	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)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station		
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?		
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>	
	15 Road surface	Wet <input type="checkbox"/> Dry <input checked="" 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)		
Declaration	22 State number of Passengers (including Driver)		
	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. Nallath</u> Date

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

