

## 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	16/01/2019 16:20
Date Of Accident	14/01/2019 10:25
Exact Location Of Accident	ALONG AYE TWDS CTE 6.5KM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR4451T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HON INDUSTRIES PTE LTD
Co Reg No	200209767G
Email Address	MAGGIE@HONINDUSTRIES.COM.SG
Mobile Phone No	(LOCAL) +65-98560448
Alternative Phone No	OFFICE-83556967

### Vehicle Particulars

Manufacturer	HONDA
Model	FIT-1.3 (A)
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA266048
Cover Note Number	10/12/2018 - 09/12/2019

### Driver

Name of Driver	PANDI VINOTHKUMAR
Passport No/FIN	G2501430N
Date Of Birth	08/01/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83556967
Fax Number	
Contact Number	
Email Address	MAGGIE@HONINDUSTRIES.COM

Address	BLK 20 ANG MO KIO INDUSTRIAL PARK 2A #07-33 AMK TECHLINK
Postcode	567761
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	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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED POLICE REPORT T/20190114/2115

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG. WITH WORKSHOP
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLH9929C
Vehicle Make/Model/Colour	
Details Of Properties	
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)

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

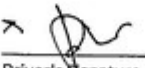
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may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

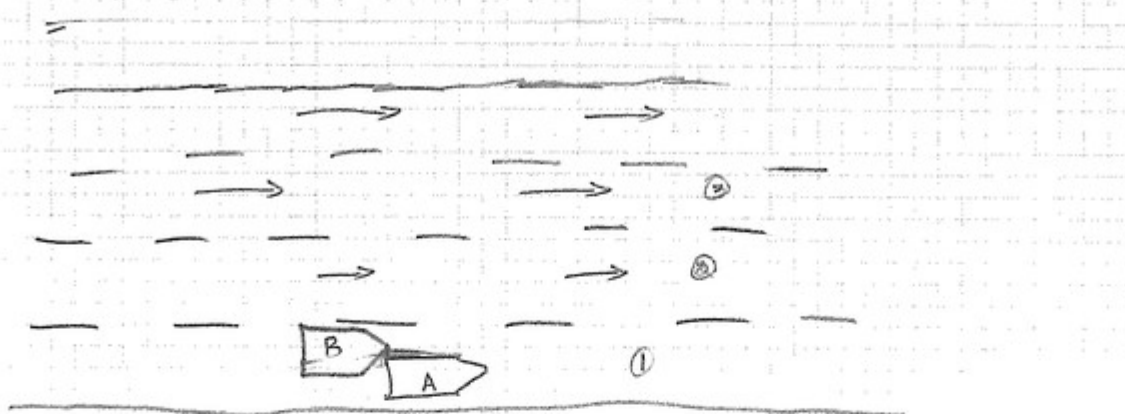
  
Policyholder's Signature  
Date & Time:



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

**AH LIM MOTOR COMPANY**  
No. 10 Ang Mo Kio Industrial Park 2A  
#01-09 AMK Autopoint Singapore 568047  
Tel: 6742 1244 Fax: 6743 8170  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Date of Accident: 14/1/19 Time: 10:25 Location: Along AYE near CIE  
My Vehicle A: SR44517 Vehicle B: SH9929C Vehicle C/Others: -



Refer to the police report.

**Note :** Please take note that your insurer have **14 days timeframe** for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

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

Date & Time:

Date & Time:

**AH LIM MOTOR COMPANY**  
No. 10 Ang Mo Kio Industrial Park 2A  
#01-09 AMK Aupoint Singapore 568047  
Tel: 6483 1245 Fax: 6483 6170

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



**SINGAPORE  
POLICE FORCE**



T/20190114/2115

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

1 of 3

Report No. T/20190114/2115

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/01/2019 16:52		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: PANDI VINOTHKUMAR			Address: C/O APT BLK 20 ANG MO KIO INDUSTRIAL PARK 2A #07-33 AMK TECHLINK SINGAPORE 567761		
ID Type / ID No.: FIN NO / G2501430N			Contact No.: Home/Office: Mobile: 83556967		
Nationality: INDIAN			Email:		
Sex: Male	Age: 26	Date of Birth: 08/01/1993	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: OTHERS			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 14/01/2019 10:25	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY TWDS CTE 6.5 KM				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLH9929C	Car					0
SLR4451T	Car				Slightly Damaged	0

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190114/2115

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

2 of 3  
Report No. T/20190114/2115

**CONTINUATION OF REPORT**

Driver			
Name	PANDI VINOTHKUMAR	ID No.	G2501430N
Related Vehicle	NIL	Contact No.	83556967
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS DRIVING MY CAR ALONG THE STRAIGHT ROAD ON THE 1ST LANE.THE OTHER DRIVER WAS DIRECTLY BEHIND ME.THE DRIVER HIT THE BACK LEFT SIDE PORTION OF MY CAR AND DROVE AWAY.

I HAVE THE VIDEO FOOTAGE OF THE ACCIDENT AND NOTED DOWN THE PLATE NUMBER.

MY CAR IS SLIGHTLY DAMAGED AND NO INJURIES.

THATS ALL



**SINGAPORE  
POLICE FORCE**



T/20190114/2115

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

3 of 3

Report No. T/20190114/2115

**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 /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / HRT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476145

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
14/01/2019 16:52

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Signature: 



To Whom It May Concern,

Accident involving my vehicle no. SLR4451 T on 14/01/2019 (date) with  
SLH9929C (other vehicle no) along AYE Tunc MCE.

I, Hin Industries Pte Ltd Nric No. 200209767G.

Owner of vehicle no. SLR 4451 T am aware of the accident of my vehicle on  
14/01/2019 (Date) while car was driven by PANDI VINOTH KUNY

Nric No. G2501430N hereby, authorise him / her to make the report.

X

Name Maggie Lam

Date: 16/01/2019



.....  
..  
To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

X

Name

Date:

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

Portrait photo of Pandi Vinothkumar

Licence Number: **G2501430N**

Name: **PANDI VINOTHKUMAR**

Birth Date: **08 Jan 1993**

Issue Date: **18 Dec 2015**

Valid Till: **17/12/2020**

Barcode: 002504585A

SG 50

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

Employer: **HON INDUSTRIES PTE. LTD.**

Portrait photo of Pandi Vinothkumar

Name: **PANDI VINOTHKUMAR**

Work Permit No.: **036327936**

Sector: **CONSTRUCTION**

Barcode

X0165721

maggie → 98560448  
No ring.  
Camera

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Vehicle Class	Effective Date
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	18 Dec 2015
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	24 Apr 2016

S / No. 9000232258

22501430N

NP 428A

Licence No: G2501430N

Barcode

**VISIT PASS**  
Immigration Regulations

05-03-2018

Name: **PANDI VINOTHKUMAR**

FIN: **G2501430N**

Date of Birth: **08-01-1993**

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.

Barcode

Download SGWorkPass App to check status

QR Code



redefining / insurance

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

HON INDUSTRIES PTE LTD  
 20 ANG MO KIO INDL PARK 2A  
 #07-33 AMK TECH LINK  
 SINGAPORE 567761

#### Renewal

date  
 16/11/2018

your servicing distributor  
 DAGLEN GI PTE LTD / 00630

your servicing distributor contact  
 6837 0010

## Policy Schedule

### Your SmartDrive Comprehensive Peace

#### Your policy snapshot

Policyholder name	HON INDUSTRIES PTE LTD	Policy number	VA1 / GA266048
Cover	Comprehensive	FIN / NRIC	200209767G
Period of Insurance	from 10/12/2018 to 09/12/2019 (both dates inclusive)		

#### Premium breakdown

Gross Premium after 20% NCD	SGD 1,565.37
Total Discounts	- SGD 382.90
7% GST	SGD 82.77
Final Premium	SGD 1,265.24

#### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

##### SmartDrive Comprehensive Peace Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Loss of Personal Effects in Singapore up to \$3,000
- Delivery of repaired car to your preferred location
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

##### Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- Personal accident benefit of up to \$20,000 per passenger

#### Vehicle details

Make & Model of Vehicle	HONDA FIT 1.3 G A	Year of manufacture	2009
Vehicle registration number	SLR4451T	Type of Use	Private use
Body type	HATCHB	Engine capacity (c.c.)	1339
Seating capacity (excl driver)	4	Engine number	L13A4195563
Off-Peak car	No	Chassis number	GE61177378

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

#### Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 400.00
-------------------------	------------

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

