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	25/01/2019 17:08						
	Date Of Accident	23/01/2019 18:00						
	Exact Location Of Accident	BLK 1 TOA PAYOH LORONG 6						
	Country/State of Loss	SINGAPORE						
	D	ETAILS OF OWN VEHICLE						
	Vehicle Registration Number	YN6679H						
	Insured/Policyholder							
	Name Of Registered Owner	FORWARDERS & DELIVERY AGENCY SINGAPORE (PTE.) LTD.						
	Co Reg No	200708297N						
	Email Address	NOEMAIL						
	Mobile Phone No	(LOCAL) +65-83017655						
	Alternative Phone No	OFFICE-83017655						
	Vehicle Particulars							
	Manufacturer	ISUZU						
	Model	NPR85UH5A						
	Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE						
	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	GOODS VEHICLE						
	Insurance Company							
	Name of Insurance Company	AXA INSURANCE PTE LTD						
	Type Of Coverage	COMPREHENSIVE						
	Fleet Policy	YES						
	Policy Number	VFX/P2129073						
	Cover Note Number							
	Driver							
	Name of Driver	PONNARASU SATHISHKUMAR						

Passport No/FIN G6788055U

Date Of Birth 30/07/1985

Occupation OUTDOOR

Date Of Driving Pass 20/03/2014

Driving Experience 4 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83017655

Fax Number

Contact Number

EMail Address NOEMAIL

1 BUROH LANE, #02-5A SPORE 618292 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 SIDE SWIPE 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

YES Was any other material or property damaged?

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

REFER TO SKETCH PLAN

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 SGQ8767X

Vehicle Make/Model/Colour TOYOTA CAMRY 2.0 AUTO ABS AIRBAG

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- 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:
 - 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.

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FOR CHARGES & DELIVERY ACTION STIME, USE,
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Policyholder's Signature Date & Time: P.5. Jh. 1~2

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

Name: SUHAIMI

NRIC/FIN No.: 58040377A

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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	the	state	d date	and	time	Ive	chicle	Α	was t	rave	lling	
n ny	desig	nateo	1 lone	Suo	ldenly	Velic	le B	cut	into	my	lane	and
ammed	brak	e whi	ich ce	eule	the	collision	١.					

DECLARATION

Office Address Apetive Address Address Address Apetive Address Apetive Address Address Apetive Address Address Apetive Address Address

Date & Time:

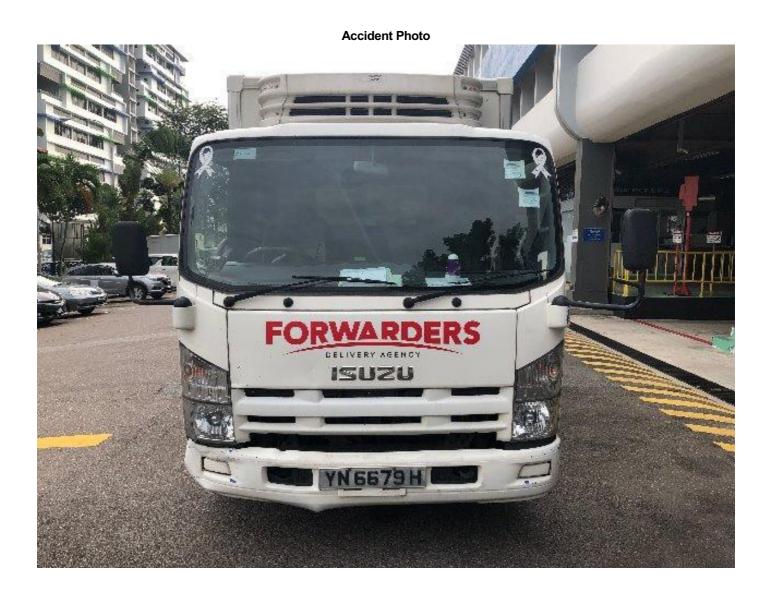
5-JR KY

(If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature

Name: SUHAIMI

NRIC/FIN No.: 58040377A



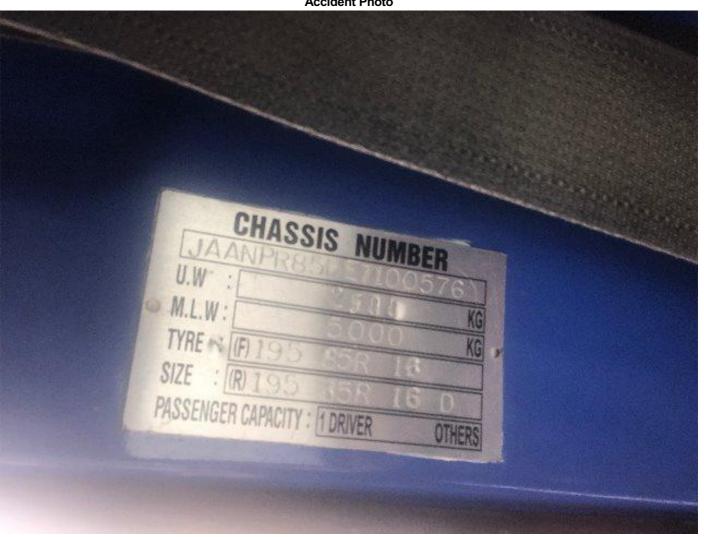






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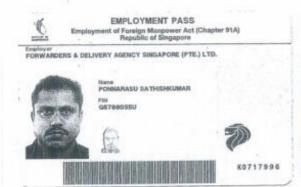








Driving License









1/24/19 04:49PM FORWARDERS 63165848 Page 1

AXA INSURANCE PTE LTD 8 Shanton Way, #24-01 AXA Tower, Singapore 068811 Oustomer Service Centre #91-01 Tol:(65)63367288 Fax:(65)63382522 Websiteswww.axa.com.ag QST Registration Number: 199003512M customer.service@axe.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. 1967 (Malaysia) # Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

: VFX/P2129073 CERTIFICATE NO.

Account No. : 04437

Coverage

: Comprehensive

Sum Insured

: Market Value At The Time Of Loss

Name of Policy Holder : FORWARDERS & DELIVERY AGENCY SINGAPORE (PTE) LTD

Vehicle Registration No. : YNS679H

Period of Insurance | From 16/03/2018 To 24/02/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE

Any parson 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.

LINITATIONS AS TO USE.

(a) Use in connection with the Policyholder's business
(b) Use for the extringe of passengers (other than for hire or reward)
in connection with the Policyholder's business
(c) Use for social, domestic and pleasure purposes
This Polloy does not cover
(a) Use for hire or reward or for racing, pace-making, reliability
trial or speed-testing
(b) Ose whilst drawing a trailer except the towing of any one disabled
mechanically propelled vehicle.

[05]

EXCESS :

Sect I - Used In S'pore Only

: BGD 800.00

Windsgreen Excess

: SGD 100.00

* 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 (Malaymia), 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 (Malkysia).

AXA INSURANCE PTE LTD Ar

Authorized Signature

Issued by - MVUELSIE on 19/06/2018

IMPORTANT;

Policyholders are warned that on the sale of a soter vehicle they must surrander the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lest or dustroyed a Statutory madiaration to the effect must be made. Failure to comply with this dustroyed a Statutory madiaration to the effect must be made. Failure to comply with this dustroyed is an offence under the Motor Vehicle (Third-Party Ricks and Compensation Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS

: Cover Under the policy is walld only upon the payment of the full preside stated on the policy.

FOR MON-INDIVIDUAL CURIOUSES: Please refer to the Premium Warranty Clause on the policy