

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	14/01/2019 13:25
Date Of Accident	11/01/2019 20:00
Exact Location Of Accident	PIONEER ROAD ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3747D
Insured/Policyholder	
Name Of Registered Owner	ROYAL QUALITY MANAGEMENT PTE LTD
Co Reg No	201023964Z
Email Address	SARMAN@RQM.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-87008580

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER FEB21ER4SDEB
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?	YES
If No, Please state action to be taken	
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCA/P1976158
Cover Note Number	

Driver

Name of Driver	TAKHAR PALWINDER SINGH
NRIC No	G6747782R
Date Of Birth	30/06/1983
Occupation	INDOOR
Date Of Driving Pass	03/01/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90899674
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	421 TAGORE INDUSTRIAL AVENUE #03-06
Postcode	787805
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?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : RAJASEKARAN JAGADEESWARAN GENDER: : MALE

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

PLEASE REFER TO ATTACHED.

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	XB9700J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	NEO AIK LIM
NRIC/Passport Number	S1552068Z
Contact Number	97613168
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN


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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: 14.01.2019
 @ 1130 hrs.


 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 14.01.2019
 @ 1330 hrs


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

Sketch Plan Pg. 2

SKETCH PLAN

Mr. Ahmad Hashim

(A) YP 3747D
(B) XB 9700J

Pioneer Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11-01-2019 @ 8pm, I was driving vehicle No. YP 3747D along Pioneer Road towards PIE. As I was approaching the roundabout, a Prime Mover in front of my vehicle suddenly stopped after moving into the roundabout. I applied emergency brake but not able to stop in time and hit onto the rear of the said prime mover.

Nobody was injured in the said accident. There was also no damage on the prime mover but my vehicle front portion was damaged as it hit onto the protruding chassis of the said prime mover.

DECLARATION

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


Policyholder's Signature

Date & Time: 14-01-2019
@ 1130 hrs


Driver's Signature

(If driver is not the policyholder)
Date & Time: 14-01-2019
@ 1130 hrs



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

Sketch Plan Pg. 3

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



Commercial Vehicles COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VCA/P1976158	
Source	:	04437 ALLINK INSURANCE AGENCY	
Insured	:	ROYAL QUALITY MANAGEMENT PTE LTD	
Address	:	421 TAGORE INDUSTRIAL AVENUE #03-06 SINGAPORE 787805	
Business/Profession	:	MANAGEMENT <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>	
Period of Insurance	:	From 17/08/2018 To 16/08/2019 (Both Dates Inclusive)	
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.			
PREMIUM			
Premium After 15.00% NCD	:	SGD 1,565.42	
GST 7.00%	:	SGD 109.58	
Annual Premium	:	SGD 1,675.00	
Total Payable	:	SGD 1,675.00	
RISK DETAILS THE MOTOR VEHICLE			
Type of Cover	:	Comprehensive	
Regn. No.	:	YP3747D	
Type Of Use	:	Commercial Vehicle	
Make/Model	:	MITSUBISHI CANTER FEB21ER4SDEB	
Year of Manufacture	:	2016	
Seating Cap. (Excl.)	:	2	Carrying
Driver	:		Cap. (Tons) : 2.70
Body Type	:	LORRY WITH CANOPY/HOOD	
Engine No.	:	4P10C23189	
Chassis No.	:	FEB21EA20646	
Insured's Estimated Market Value	:	Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	:	As specified in Certificate of Insurance	
Hire Purchase	:	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD	
Excess Applicable			
Sect I - Any Authorised Driver	:	SGD 600.00	
Named Drivers			
1	:	ANY AUTHORISED DRIVER	

Continuation page 1


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **G6747782R**

Name: **TAKHAR PALWINDER SINGH**

Birth Date: **30 Jun 1983**
 Issue Date: **14 Dec 2017**
 Valid Till: **02/01/2023**

002753752A




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

Employer: **ROYAL QUALITY MANAGEMENT PTE. LTD.**

Name: **TAKHAR PALWINDER SINGH**
 Work Permit No.: **034935025** Sector: **CONSTRUCTION**

K0202687



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

Class	Description	EFFECTIVE DATE
Class 3	Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	03 Jan 2013

NP 428A

Licence No: G6747782R

VISIT PASS
 Immigration Regulations

22-03-2019

Name: **TAKHAR PALWINDER SINGH**

FIN: **G6747782R**
 Date of Birth: **30-06-1983** Sex: **M**
 Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

Download SGWorkPass App to check status

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.




Sketch Plan Pg. 5

Date: 14-01-2019

To: Owner of Vehicle Number: YP 3747D

The following has been advised to you via your workshop, CDDE through their staff, Brewer.

Please tick the applicable box if you had been advised on the content as seen below:

- ☒ You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☐ The Estimation waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles below Three (3) years old, your insurance company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your insurance company will be carrying out repairs using *any combination* of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☐ For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- ☐ Others _____

Signed and acknowledge by:

Muhammad Saman 

Name and signature of policyholder/ authorised driver



Name and signature of workshop personnel including company stamp



ROYAL QUALITY MANAGEMENT PTE LTD

[Real Service. Real Success] Reg no: 201023964Z | GST reg no: 201023964Z

421 Tagore Industrial Avenue, #03-06 Tagore 8, Singapore – 787805

Tel: 6397 4650, 6266 6836 | Fax: 6397 4652

Email: admin@rqm.com.sg | Web: www.rqm.com.sg



Letter of Authorization

Date: 14-01-2019

To:

Spark Car Care Centre
205 Braddell Road
Singapore - 579701

RE: Letter of Authorization

Vehicle Number: YP3747D

This is to authorize my staff Mr. Mohammad Sarman Bin Saidi (S7103732J) to make the necessary reports on behalf of my company.

Yours faithfully

Sign by Company's authorize signatory

Raghu (Director) - 82688474



Company's Stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

