

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	11/02/2019 13:36
Date Of Accident	08/02/2019 13:30
Exact Location Of Accident	LENGKOK MARIAM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD5639U
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Insured/Policyholder

Name Of Registered Owner	KUBER GLOBAL PTE LTD
Co Reg No	201003033D
Email Address	CONTACT@KUBERGLOBAL.COM
Mobile Phone No	
Alternative Phone No	OFFICE-91114106

Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52L-15.7 D (M)
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	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2142884
Cover Note Number	

Driver

Name of Driver	LAKSHMANAN VETRICHELVAN
NRIC No	G3223883T
Date Of Birth	28/10/1990
Occupation	OUTDOOR
Date Of Driving Pass	10/09/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93757773
Fax Number	
Contact Number	
E-Mail Address	VETRIMCA2810@GMAIL.COM

Address	C/O 3 ANG MO KIO INDUSTRIAL PARK 2A #03-06 SINGAPORE
Postcode	568050
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	COLLIDED INTO PARKED VEHICLE
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?	NO
If Yes, Please state which Police Station	
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	SDA1818Z
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

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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/meal 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:

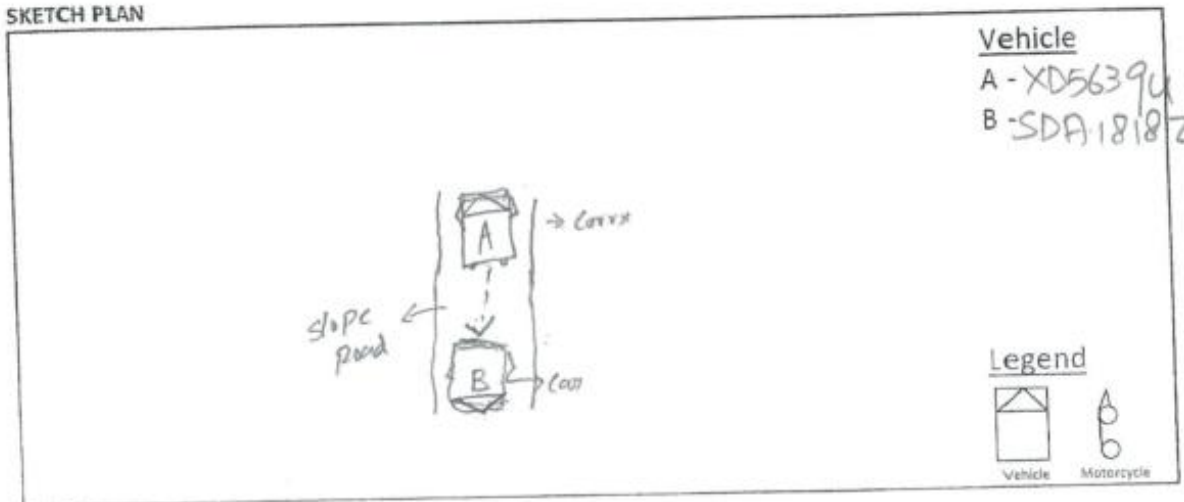
11/2/19
1:30pm


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

Patmen

Sketch Plan #2

SKETCH PLAN



Vehicle
 A - XD5639U
 B - SDA1818Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

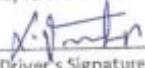
On 8/2/2019, Around 1:30pm. I was driving my truck go up slope and stopped for ~~loading~~ loading stuff. I pull my hand brake also and waiting outside construction side. About 5 min later, my truck suddenly rolled back and hit against a ^{stationary} car (SDA1818Z) which parked at the non-parking lot space.

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:

1:30pm
 11/2/19


 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

To be signed by BOTH drivers

1 Date of accident 8/2/19	Time 1330	2 Exact location of accident Lengkok marigam	3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input 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) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>

Registration No. (VEHICLE A) **XD5639U**

6 Insured / policyholder (see insurance cert.)
Name: **Kuber Global P/L**
Address: **3 Amk Industrial Park 2A #03-06 S 580050**
NRIC / Passport no. **201003033D**
Tel no. (from Sun, ill Spm) _____
HP **9111 4106**

7 Vehicle
Make, type **KSUZUCY252L 15681CC**

8 Insurance company
AXA TPFT TPO
Does the policy cover damage to vehicle A?
No Yes
Policy No **P2142884**

9 Driver State as Owner
Name **Lakshmanan Vetrivelan**
NRIC / Passport no. **93223883T**
Class of licence **3, 4**
HP **93757773**
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 object
<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/Door Lane
<input type="checkbox"/>	Collision - One 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 - Drives
<input type="checkbox"/>	Drift Driving / Drift Influence
<input type="checkbox"/>	Hit, Entangled in Moving Object
<input type="checkbox"/>	Hit and Run / Vehicle / Damaged object parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Object
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Other
<input type="checkbox"/>	Trail

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SDA1818Z**

6 Insured / policyholder (see insurance cert.)
Name _____
Address _____
NRIC / Passport no. _____
Tel no. (from Sun, ill Spm) _____
HP _____

7 Vehicle
Make, type _____

8 Insurance company
 AXA 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 _____
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
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 REFER TO ATTACHED

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

12 My remarks

13 Signature of Driver A
Lakshmanan Vetrivelan

12 My remarks

* In the event of injuries or in the event of damage to property other than to vehicle 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) contact@kuberglcha1.com
 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: _____ Email: vebinca2510@gmail.com

1 Occupation (if more than one, state all) _____
 2 Vehicle registration no. _____ C.C. _____ If commercial vehicle, state permissible carrying capacity _____

3 Is driver the owner? Yes No If no, State Relationship of Driver with owner: employee 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: Private use Commercial use Hire & reward Private Hire
 Others - please specify _____

5 Is the vehicle still in use? Yes No 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 No
 If no, state action to be taken: Third Party Reporting Only Third Party (Own Workshop)

7 Date of birth: 58/10/90 Occupation: Indoor / Outdoor Date of license pass: 10/9/2016 Was vehicle driven with the insured's permission? Yes No Was driver an employee of the insured's company? Yes No

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:

Date	Offence	Penalty

10 Name(s), address(es) and approximate age(s) of injured person: _____ Injuries sustained: _____ If vehicle occupant, state in which vehicle: _____ Were seat belts being worn? Yes No Was injured conveyed to hospital by ambulance? Yes No

11 Name(s) and address(es) of owner(s) of property to which it applies (other than vehicle in A and B): _____ Vehicle registration no. or details of property: _____ Nature of damage: _____ Insurer's name and address (if known): _____

12 Was the accident reported to the Police? Yes No
 If yes, please state which Police station: _____

13 Was notice of intended prosecution given? Yes No
 If yes, against whom? _____

14 Weather conditions: Clear Rain Others: _____
 Wet Dry Others: _____

15 Road surface: _____
 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 No
 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): 1

Declaration: I/We declare the foregoing particulars are true and correct

Policyholder's signature: _____ Date: 11/2/19 1:20pm
 Driver's signature (if driver is not the policyholder): _____ Date: _____


DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait: 


Licence Number: **G 3223883T**
 Name: **LAKSHMANAN VETRICHELVAN**

Birth Date: **28 Oct 1990**
 Issue Date: **23 May 2016**
 Valid Till: **22/05/2021**

Barcode:  002569960C


S PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer: **KUBER GLOBAL PTE. LTD.**

Portrait: 

Name: **LAKSHMANAN VETRICHELVAN**


S Pass No.: **0 36756020** Sector: **CONSTRUCTION**

Barcode:  K1043998

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

Class	Description	EFFECTIVE DATE
Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	23 May 2016
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	10 Sep 2016
Class 4	HEAVY MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN EXCEED 2500 KILOGRAMS	10 Sep 2016

S / No. 9000251672

Barcode:  Licence No: G3223883T

NP 426A

VISIT PASS
 Immigration Regulations 20-12-2016

Name: **LAKSHMANAN VETRICHELVAN**

Portrait: 

FIN: **G3223883T**

Date of Birth: **28-10-1990** Sex: **M**

Nationality: **INDIAN**

MULTIPLE JOURNEY VISA ISSUED

Barcode: 

QR Code:  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.

Accident Photo



Accident Photo



Accident Photo



XD5639U

CHASSIS NO : JALCY252EG7000011

UNLADEN WT : ~~8520~~ 71430 KG

MAX LADEN WT : 28000 KG

PASSENGER CAP : 1 DRIVER 2 OTHER

TYRE SIZE : (F) 295/80R 235

(R) 295/80R 225D X 2

Accident Photo



Accident Photo

