

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	16/02/2019 10:42
Date Of Accident	15/02/2019 16:05
Exact Location Of Accident	TUAS WEST ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBA220C
Insured/Policyholder	
Name Of Registered Owner	CARL MOTOR & ENTERPRISE CENTRE PTE LTD
Co Reg No	199901512Z
Email Address	CARLMTR@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63666171

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA 150 MANUAL
Exact Purpose for which vehicle was being used at time of accident	HIRE 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5103253626
Cover Note Number	28/08/2018 - 27/08/2019

Driver

Name of Driver	KULANDAISAMY AROKIA IRUDAYARAJ
Passport No/FIN	G7539582K
Date Of Birth	19/12/1971
Occupation	OUTDOOR
Date Of Driving Pass	30/07/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83817013
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	4
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 ATTACHED. (REPAIR BY CARL MOTOR & ENTERPRISE CENTRE PTE LTD)

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	XE1927J
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)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	YM5897G
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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)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number

YN6262B

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

VEHICLE NO: G8A220C
INSURER: NLCME
DATE & TIME: 15/2/19 4.05 PM

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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.



K. Anshuman

Policyholder's Signature
Date & Time:

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

(WL) ag 16/2/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

ATTACHED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WHILE TRAVELLING ALONG THAS WEST ROAD TOWARDS MY VEHICLE IN FRONT (XE19275) WAS STOPPING & I WAS STOPPING BEHIND HIM. SUDDENLY I FELT A VEHICLE BEHIND (YM5897G) BANGED ONTO MY VEHICLE GRAZZOC & MY VEHICLE MOVED FORWARD & HIT ONTO THE REAR OF MY FRONT VEHICLE. AFTER THE ACCIDENT WE CAME DOWN & THE VEHICLE BEHIND ME CLAIM THAT THE FRONT FORTH VEHICLE NO. YN6262B HAD HIT ONTO HIS VEHICLE & HE THEN BANGED ONTO MINE. I MAKE THIS REPORTS IS TO CLAIM & THIRD PARTY BEHIND ME.

Note: Please note that your insurer may have 14 days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

DECLARATION

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



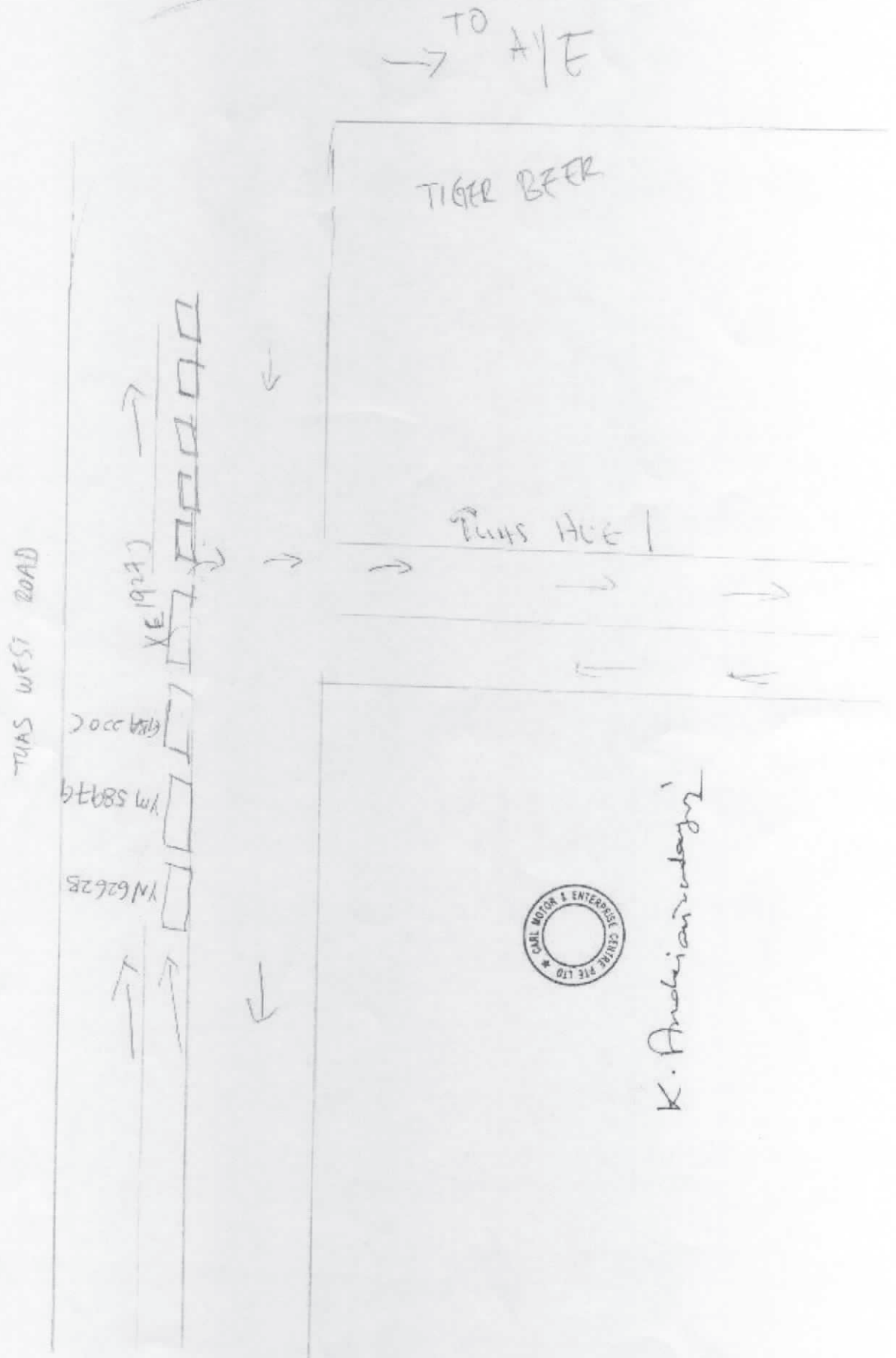
Policyholder's Signature
Date & Time:

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

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

() Claim Own Policy () Claim Third Party () Reporting Only
☒ Claim OD/TP at other workshop

CARL MOTOR & ENTERPRISE CENTRE P16 L70



CARL MOTOR & ENTERPRISE CENTRE PTE LTD
No. 38 Woodlands Ind. Park E 1 #05-10
Singapore 757700
Tel: 63666171 Fax: 63666805
Co. Reg. No: 199901512 Z

19 February 2019

AXA Insurance Singapore Pte Ltd
8 Shenton Way #24-01 AXA Tower
Singapore 068811
Tel: 68804888 Fax: 68804838

Attention: Motor Claim (3 Party Claim)

Dear Sir/Mdm

TRAFFIC ACCIDENT INVOLVING YOUR INSURED VEHICLE YM 5897 G & OUR CLIENT VEHICLE GBA 220 C
ON 15.02.2019 ALONG TUAS WEST ROAD TOWARDS AYE

Pursuant to the Subordinate Court Practice Direction, we are notifying you that your said insured vehicle was involved in the said accident with our client's said vehicle as above caption.

On behalf of our client, we are allowing you to an opportunity to inspect the damage to our client's said vehicle prior to the commencement of repairs ("pre-repair inspection").

If you fail to respond to us within 2 working days of receipt of this notification of accident as to whether you wish to carry out or waive a pre-repair inspection, our client may proceed to repair the vehicle and you and/or your insured must compensate our client for the loss of use of vehicle computed over 2 working days, inclusive of any intervening Saturday, Sunday or public holiday.

You and/or your insured must compensate our client for the loss of use of his said vehicle computed from the date of receipt of this notification of the accident until the date our client or us is notified in writing :

- (a) that the pre-repair inspection is completed and our client may proceed to repair his vehicle; or
- (b) that you and/or your insured is waiving the requirement for pre-repair inspection and our client may proceed to repair his vehicle as the case may be, inclusive of any intervening Saturday, Sunday or public holiday.

The notification regarding the completion or waiver of pre-repair inspection must be given to our client or us not more than 2 working days from the date of receipt of this notification of the accident, excluding Saturdays, Sundays and public holidays.

Thank you.

Regards
Ng Khim Lee
Director
Hp: 9618202



A handwritten signature in black ink, appearing to be 'Ng Khim Lee'.