

MSME19019682 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 12/02/2019 16:33
SUBMITTED BY: Chia Pei Ying

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	12/02/2019 16:33
Date Of Accident	11/02/2019 15:15
Exact Location Of Accident	AYE TWDS CITY (LAMP POST 540)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	WC6560Y
Insured/Policyholder	
Name Of Registered Owner	NEXUS ENGINEERING SERVICES PTE LTD
Co Reg No	201307296W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-82281915

Vehicle Particulars

Manufacturer	ISUZU
Model	CYH52S
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	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2036012
Cover Note Number	

Driver

Name of Driver	THANGARASU RAMADASU
NRIC No	F8149868R
Date Of Birth	02/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	24/08/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84332218
Fax Number	
Contact Number	
Email Address	NOEMAIL

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 COLLISION - CHANGE/CROSS LANE
 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

ON 11/02/2019, TIME ABOUT 1515HRS, I WAS DRIVING MY COMPANY TRUCK (WC6560Y) ALONG AYE TOWARDS CITY AT LANE 3. SUDDENLY, VEHICLE B (PC4032B) WHICH IS AT LANE 4 WITHOUT GIVING SIGNAL CUT INTO MY LANE AND HIT ONTO MY COMPANY TRUCK FRONT LEFT HAND PORTION CAUSING MY TRUCK FRONT LEFT SIDE PORTION DAMAGED. AFTER (PC4032B) DRIVER ASKED HIS MANAGER MR NG CALLED ME SAID WANT TO DO PRIVATE SETTLEMENT. BUT MR NG SAID THE COST TOO HIGH. HE CAN'T PAY SO MUCH. SO, I LODGE A REPORT FOR INSURANCE CLAIM.

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 PC4032B
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver HOU YANGZHU
 NRIC/Passport Number G8239502X
 Contact Number 93397866
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

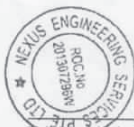
SKETCH PLANIMPORTANT NOTICE

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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.

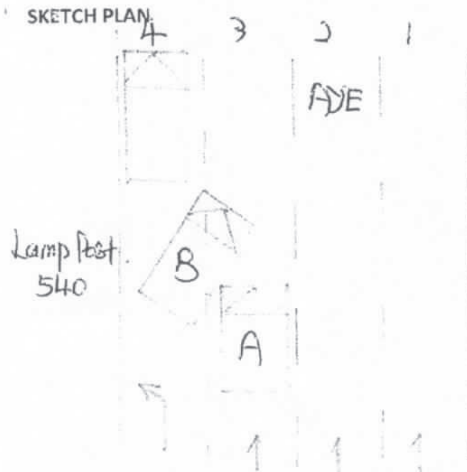


Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1



Veh A: WC6560Y

Veh B - PC4032B

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/02/19 time about 1515pm, I was driving my company truck WC6560Y along AYE towards City at lane 3. Suddenly Veh B (PC4032B) which is lane 4 without giving signal cut into my lane and hit onto my company truck front left hand portion cause my truck front left side portion damage. After the PC4032B driver ask his manager Mr Ng call me said want to do private settlement. But Mr Ng said the cost too high his can't pay so much. So I lodge a report do insurance claims.

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.:

Sketch Plan #3 Pg. 1


LETTER OF UNDERTAKING

Nexus Engineering Services Pte Ltd the owner of vehicle no WC 65602

insurance is under my/our policy with Allianz Insurance Singapore Pte Ltd. I/we shall decide whether to make a claim against the Third Party and if the former shall submit such a claim to Allianz Insurance Singapore Pte Ltd with all relevant facts and documents within 14 days of occurrence or discovery of damage.

Third party claim is handle by my/our preferred workshop Focus Auto Pte Ltd

I/we acknowledge by:


signature of policyholder



Company Stamp

12/2/19
Date