

## 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	20/02/2019 10:35
Date Of Accident	19/02/2019 18:50
Exact Location Of Accident	COMMONWEALTH ROAD SLIP ROAD TOWARDS FARRER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YM7640S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MILLER MANUFACTURE ENGINEERING PTE LTD
Co Reg No	200615125N
Email Address	SUZIE@ENGBEE.COM.SG
Mobile Phone No	(LOCAL) +65-83638887
Alternative Phone No	OFFICE-62722208

### Vehicle Particulars

Manufacturer	ISUZU
Model	NHR85EU3ES-3.0 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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	CN890616
Cover Note Number	

### Driver

Name of Driver	KUMARSAMY VEEDOSS
NRIC No	G2658437Q
Date Of Birth	20/04/1995
Occupation	OUTDOOR
Date Of Driving Pass	03/09/2016
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86263970
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	39 DEFU LANE 12 DEFU INDUSTRIAL ESTATE SINGAPORE
Postcode	539139
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	DRIZZLING
Road Surface	WET

#### 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	SKU103X
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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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, regulator, 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:

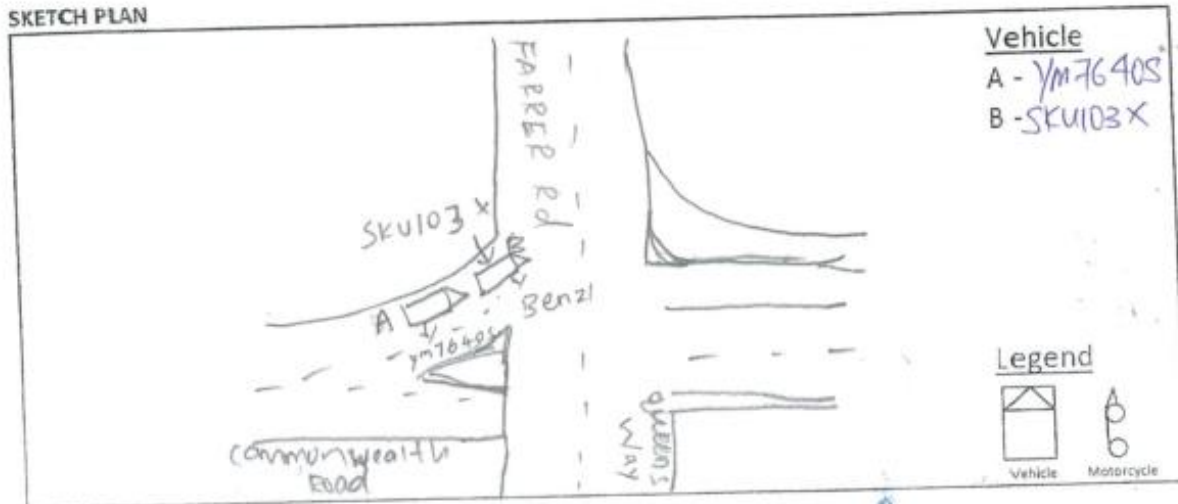
10:30am  
20/2/19

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

permen

## Sketch Plan #2

### SKETCH PLAN

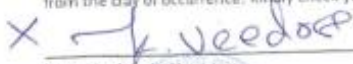


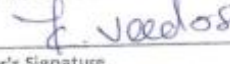
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



On 17/2/2019, Around 6:50pm. I was driving from Commonwealth road slip road towards Farrer road. That was a car B (SKU103X) in front of my lane stopped and check the traffic. While the car B move off, I follow to move. Suddenly, car B jam brake and I was unable to stop in time cause the collision.

### 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.

X   
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.:

20/2/19  
10:30am

# 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

1 Date of accident: 19/02/19 1850		2 Exact location of accident: Commonwealth road slip road Towards Farrer Road		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) **YM764DS**

6 Insured / policyholder (see insurance cert.)  
Name **Miller Manufacture Engineering P/L**  
Address \_\_\_\_\_  
NRIC / Passport no. **200615125N**  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP **62722208**

7 Vehicle  
Make, type **BMW NHR500ES**

8 Insurance company  
**AXA** ☐ C ☒ TFFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☒ Yes ☐  
Policy No. **CN890616**

9 Driver ☐ State as Owner  
Name **Kumarasamy veelos**  
NRIC / Passport no. **62658437A**  
Class of licence **86263970**  
HP \_\_\_\_\_  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	11 Chain Collision
<input type="checkbox"/>	12 Collided into Bicyclist
<input type="checkbox"/>	13 Collided into Motorcyclist
<input type="checkbox"/>	14 Collided into Parked Vehicle
<input type="checkbox"/>	15 Collided into Pedestrian
<input type="checkbox"/>	16 Collided into Property
<input type="checkbox"/>	17 Collision - Change/Cross Lane
<input type="checkbox"/>	18 Collision - Cross Junction
<input type="checkbox"/>	19 Collision - Head-on Collision
<input type="checkbox"/>	20 Collision - Head to Rear
<input type="checkbox"/>	21 Collision - Underpass/Overpass
<input type="checkbox"/>	22 Collision - Opening Door of Vehicle
<input type="checkbox"/>	23 Collision - Roadblock
<input type="checkbox"/>	24 Collision - U-Turn
<input type="checkbox"/>	25 Driver Driving / Engaged in other activity
<input type="checkbox"/>	26 Driver's License or Upgrading
<input type="checkbox"/>	27 Road
<input type="checkbox"/>	28 Hit and Run / Vanishing / Damaged while parked
<input type="checkbox"/>	29 Hit by Falling Tree / Other Object
<input type="checkbox"/>	30 No Collision
<input type="checkbox"/>	31 Side Swipe
<input type="checkbox"/>	32 Other

8363  
8887

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **SKU103X**

6 Insured / policyholder (see insurance cert.)  
Name \_\_\_\_\_  
Address \_\_\_\_\_  
NRIC / Passport no. \_\_\_\_\_  
Tel no. (from 9am till 5pm) \_\_\_\_\_  
HP \_\_\_\_\_

7 Vehicle  
Make, type \_\_\_\_\_

8 Insurance company  
☐ C ☐ TFFT ☐ 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 ☐

14 Indicate the point of initial impact with an arrow (->)

13 Sketch of accident when impact occurred  
Please include: 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

REFER TO ATTACHED

15 Indicate the point of initial impact with an arrow (->)

16 Visible damage to vehicle A

17 My remarks

18 Signature of driver A **A f. veelos**

19 Signature of driver B **B**

20 Visible damage to vehicle B

21 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles 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)		
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  Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (if more than one, state all)		Email: <u>Surie @bergbee . com . sg</u>	
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Impaired</u> 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 <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify			
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> 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 <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	
	<u>20/4/95</u>	Indoor	Outdoor	3/9/2016
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
	9 Full details of all driving convictions including pending prosecutions in the last 36 months		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Injured person	10 Name(s), address(es) and approximate age(s)		Injuries sustained	
Property damaged (other than vehicle - A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station		13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?	
Accident details	14 Weather conditions		15 Road surface	
	Clear <input type="checkbox"/> Rain <input type="checkbox"/> Others <u>drizzling</u>		Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others	
	16 Speed of vehicles			
	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr			
	17 What warnings were given by driver of other party?			
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
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)				
Declaration				
I/We declare the foregoing particulars are true in every respect				
Policyholder's signature <u>f. weedors</u>		Date <u>20/2/19 9:43AM</u>		
Driver's signature (if driver is not the policyholder) <u>f. weedors</u>		Date		

**AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M

**Original**Agent Code: **03936**

Policy No. (if any):

**New Business**

SmartDrive Quote Ref:

**MOTOR COVER NOTE****No. CN890616**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.


**SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	MILLER MANUFACTURE ENGINEERING PTE. LTD.
INSURED BUSINESS REGISTRATION NO.	200615125N
MAKE AND DESCRIPTION OF VEHICLE	ISUZU NHR85EU3ES
VEHICLE REGISTRATION NO.	YM7640S
YEAR OF MANUFACTURE	2007
ENGINE NO.	4JJ1533710
CHASSIS NO.	JAANHR85E77100277
ENGINE CAPACITY/TONNAGE	1.65 TONS
COVER TYPE	THIRD PARTY, FIRE AND THEFT
HIRE PURCHASE	N/A
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>13/05/2018</b> TO: <b>12/05/2019</b>
EXCESS (S\$)	S\$1,500 SECT II
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

**AXA INSURANCE PTE LTD**

Issued by **VIRTUAL INSURANCE** on **10/05/2018 5:54pm**  
**AGENCIES PL**

  
 Authorised Signature

**Note :** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - o Cover note issued and cancelled before inception.
  - o Retaining the old registration number for a new vehicle insuring with AXA,

**PREMIUM WARRANTY**

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:


Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/CN/NOTE/01/03

達高企業  
**TATCO ENTERPRISE**  
 250/252 JALAN KAYU  
 SINGAPORE 799475/78  
 TEL: 6482 0153 FAX: 6481 1111

# DRIVER NRIC & LICENSE Pg. 1

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number: **G2658437Q**  
 Name: **KUMARASAMY VEEDOSS**


Birth Date: 20 Apr 1995  
 Issue Date: 04 Dec 2015  
 Valid Till: 03/12/2020

002499691B

SG 50

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

Employer: **MILLER MANUFACTURE ENGINEERING PTE. LTD.**  
 Sector: **MANUFACTURING**



Name: **KUMARASAMY VEEDOSS**  
 Occupation: **TRAINER**

S Pass No. **0 36921234**  
 Date of Application: **09-01-2018**  
 Date of Issue: **29-01-2018**  
 Date of Expiry: **29-01-2020**

8590418

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

Class	Vehicle Class	Effective Date
C1	MOTORCYCLES NOT EXCEEDING 200 CC	04 Dec 2015
C1	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLADEN DOES NOT EXCEED 2500 KILOGRAMS	03 Sep 2016

G2658437Q


S / No. 9000263262

Licence No: G2658437Q

NP 428A

**VISIT PASS**  
 Immigration Regulations

Name: **KUMARASAMY VEEDOSS**



Date of Birth: **20-04-1995** Sex: **M** Nationality: **INDIAN**  
 FIN: **G2658437Q** Date of Issue: **29-01-2018** Date of Expiry: **29-01-2020**

**MULTIPLE JOURNEY VISA ISSUED**

**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



Accident Photo



Accident Photo





Accident Photo

