

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	12/03/2019 10:40
Date Of Accident	03/03/2019 00:00
Exact Location Of Accident	ALONG KPE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD6463C
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Insured/Policyholder

Name Of Registered Owner	ORIENT NATURAL RESOURCES PTE LTD
Co Reg No	201015702G
Email Address	SOOKKWAN.AU@HUATIONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-63665005

Vehicle Particulars

Manufacturer	MAN
Model	TGS 26.360-10.5 D 6X4 (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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P2214992
Cover Note Number	

Driver

Name of Driver	RAJENDRAN MUTHUVEL
Work Permit No	G2341445M
Date Of Birth	30/06/1982
Occupation	OUTDOOR
Date Of Driving Pass	23/09/2014
Driving Experience	4 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98640835
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO 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	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)	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

PLEASE REFER ACCIDENT STATEMENT.

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	UNKNOWN
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)	

Accident Sketch Plan

SKETCH PLAN

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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. The 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 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.


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.:

owner can't provide
Sketch Plan.

On 04.03.2019 we received a call claim
that his vehicle windscreen hit by a flying stone from our
truck V06463C at KPE towards Changi on 03.03.19
We had check our GPS footage on the said date & time
our truck was not at that location.

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

Date & Time:

Date & Time:

Name:

NRIC/FIN No.:

Individual Statement

☐ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident 03.03.19	Time	Location of Accident Along KPE towards changi
INSURED/ POLICY HOLDER (VEHICLE A)		
Vehicle Registration Number XD 6463C		
Name of Policyholder Orient. Natural Resources Pte Ltd		
NRIC/ FIN/ Passport/ ROC (if Policyholder is company) ✓ 2010157029		
Address 9 Beaoi Crescent Singapore 629972.		
Contact Number Tel: 63665005		
Occupation		
VEHICLE PARTICULARS (VEHICLE A)		
Vehicle Make / Model		
Type of Vehicle	Saloon, MPV, CRV, Van, Lorry, Bus M/cycle, Others: _____	
Exact Purpose for which vehicle was being used at the time of accident.		
Are you claiming under your own insurance policy?	<input type="radio"/> Yes <input type="radio"/> No Remarks:	
Vehicle category	<input type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle	
INSURANCE COMPANY (VEHICLE A)		
Name of Insurance Company AXA		
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input type="radio"/> Third party	
Fleet Policy	<input type="radio"/> Yes <input type="radio"/> No	
Policy Number VFX / P2214992		
DRIVER		
Name of Driver Rajendran Muthuvel		
NRIC/ FIN/ Passport G 2341445M		
Date of Birth 30 Jun 1982		
Occupation OUTDOOR		
Driving Pass Date 23/09/2014		
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number Tel: 9864 0835		
Address		
Email Address		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No	
If No, relationship of Driver with the Insured		
Vehicle Number of Driver's Own Vehicle (if applicable)		
Insurance of Driver's Own Vehicle (if applicable)		
GENERAL INFORMATION OF THE ACCIDENT		
Type of Collision (E.g. Chain Collision/ Head On, etc)		
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others:	
Road Surface	<input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others:	
Damage Area		
OTHER INFORMATION		
Was there any foreign vehicle(s) involved?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was anybody injured in the accident? (Including Witness)	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was any other vehicle(s) or property damaged?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
Was there any camera video footage (in car)?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
DETAILS OF POLICE ACTION		
Was the accident reported to the Police?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, please state which police station & Report No.		
Was notice of intended Prosecution given?	<input checked="" type="radio"/> No <input type="radio"/> Yes	
If Yes, against whom?		

1 pax

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

unknown

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to hospital by ambulance?

☐

Yes

☐

No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐

Yes

☐

No

Was Injured conveyed to Hospital by Ambulance?

☐

Yes

☐

No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

✓

Signature of Policy Holder
(Company Chop if applicable)

Date & Time

✓

Signature of Driver / Date & Time
(If Driver is not the Policy Holder)

Date & Time

INSURANCE OF CERTIFICATE

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



* Reporting only
Please send GIA report to
CERTIFICATE OF INSURANCE

Sookkwan-au @kuatong.com.sg

<p>■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)</p>	
CERTIFICATE NO.	VFX/P2214992
Account No.	03936
Coverage	Comprehensive
Sum Insured	Market Value At The Time Of Loss
Name of Policy Holder	ORIENT NATURAL RESOURCES PTE LTD
Vehicle Registration No.	XD6463C
Period of Insurance	From 27/11/2018 To 26/11/2019 (Both Dates Inclusive)
<p>PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*</p> <p>Any person who is driving on the Policyholder's order or with their permission.</p> <p>Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.</p>	
<p>LIMITATIONS AS TO USE*</p> <p>(a) Use in connection with the Policyholder's business (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business (c) Use for social, domestic and pleasure purposes</p> <p>This Policy does not cover</p> <p>(a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.</p> <p>(05)</p>	
<p>EXCESS :</p> <p>Sect I - Any Authorised Driver : SGD 1,500.00 Sect II-Any Authorised Driver : SGD 1,500.00 Windscreen Excess : SGD 200.00</p> <p>* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.</p>	

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

VIRTUAL INSURANCE AGENT PTE LTD
192 Waterloo Street #02-02
Skyline Building, Singapore 187968
Tel: (65) 63380083 Fax: (65) 63380046

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOVKRS on 04/12/2018

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

GPS LIST

XD6463C	3/3/2019 10:59	Speed Limit	PUNGGOL WAY Singapore	60	South East	Y	138221
XD6463C	3/3/2019 11:00	Speed Limit	TAMPINES EXPRESSWAY Singapore	60	South East	Y	138221
XD6463C	3/3/2019 11:00	Speed Limit	TAMPINES EXPRESSWAY Singapore	60	South East	Y	138222
XD6463C	3/3/2019 11:03	Speed Limit	TAMPINES EXPRESSWAY Singapore	61	North West	Y	138224
XD6463C	3/3/2019 11:05	Speed Limit	KALLANG PAYA LEBAR EXPRESSWAY Singapore	61	North West	Y	138226
XD6463C	3/3/2019 11:06	Speed Limit	KALLANG PAYA LEBAR EXPRESSWAY Singapore	60	North West	Y	138227
XD6463C	3/3/2019 11:11	Idling Start	KALLANG PAYA LEBAR EXPRESSWAY Singapore	0	North West	N	138227
XD6463C	3/3/2019 11:12	Idling End	PAN ISLAND EXPRESSWAY Singapore	41	South	Y	138233
XD6463C	3/3/2019 11:21	Entry	MARINA EAST DRIVE Singapore	16	East	Y	138236
XD6463C	3/3/2019 11:27	Exit	MARINA EAST DRIVE Singapore	0	North West	Y	138236
XD6463C	3/3/2019 11:28	Entry	MARINA EAST DRIVE Singapore	0	North East	Y	138236
XD6463C	3/3/2019 11:30	Exit	MARINA EAST DRIVE Singapore	4	East	Y	138236
XD6463C	3/3/2019 11:30	Idling Start	MARINA EAST DRIVE Singapore	0	East	Y	138236
XD6463C	3/3/2019 11:31	Idling End	MARINA EAST DRIVE Singapore	6	South	Y	138236
XD6463C	3/3/2019 11:31	Aggressive Braking	MARINA EAST DRIVE Singapore	7	South East	Y	138236
XD6463C	3/3/2019 11:31	Entry	MARINA EAST DRIVE Singapore	8	East	Y	138236
XD6463C	3/3/2019 11:34	Exit	MARINA EAST DRIVE Singapore	25	West	Y	138236
XD6463C	3/3/2019 11:34	de Right Turn While	MARINA EAST DRIVE Singapore	25	North	Y	138237
XD6463C	3/3/2019 11:44	Speed Limit	SIMS WAY Singapore	63	North West	Y	138240
XD6463C	3/3/2019 11:46	Speed Limit	SERANGOON ROAD Singapore	60	West	Y	138242
XD6463C	3/3/2019 11:48	Speed Limit	PAN ISLAND EXPRESSWAY Singapore	61	North	Y	138243
XD6463C	3/3/2019 11:48	Speed Limit	BRADDELL ROAD Singapore	60	North	Y	138244
XD6463C	3/3/2019 11:49	Speed Limit	CHUAN LANE Singapore	60	North	Y	138245
XD6463C	3/3/2019 11:51	Speed Limit	CENTRAL EXPRESSWAY Singapore	60	North	Y	138247
XD6463C	3/3/2019 11:51	Speed Limit	CENTRAL EXPRESSWAY Singapore	60	North	Y	138247
XD6463C	3/3/2019 11:53	Speed Limit	SARACA ROAD Singapore	60	North	Y	138249
XD6463C	3/3/2019 11:54	Speed Limit	YIO CHU KANG ROAD Singapore	60	North	Y	138250
XD6463C	3/3/2019 11:55	Speed Limit	SELETAR EXPRESSWAY Singapore	60	North West	Y	138250
XD6463C	3/3/2019 11:55	Speed Limit	SELETAR WEST LINK Singapore	60	East	Y	138251
XD6463C	3/3/2019 11:55	Speed Limit	SELETAR WEST LINK Singapore	60	East	Y	138251
XD6463C	3/3/2019 11:56	Speed Limit	SELETAR WEST LINK Singapore	60	East	Y	138251
XD6463C	3/3/2019 11:56	Speed Limit	YIO CHU KANG ROAD Singapore	60	East	Y	138251
XD6463C	3/3/2019 11:56	Speed Limit	SELETAR EXPRESSWAY Singapore	60	East	Y	138252
XD6463C	3/3/2019 11:56	Speed Limit	YIO CHU KANG ROAD Singapore	60	East	Y	138252
XD6463C	3/3/2019 11:56	Speed Limit	SELETAR WEST LINK Singapore	61	East	Y	138252
XD6463C	3/3/2019 11:56	Speed Limit	YIO CHU KANG ROAD Singapore	61	East	Y	138252
XD6463C	3/3/2019 11:58	Speed Limit	TAMPINES EXPRESSWAY Singapore	60	East	Y	138253

Driving License



S PASS
 Immigration of Foreign Manpower Act (Chapter 47A)
 Republic of Singapore

Employer
HEATONG CONTRACTOR PTE LTD

Industry
CONSTRUCTION

Worker
PA JITHAN MUTHUVEL
 Date of Birth
09/08

Passport No.
S-55034938

Expiry Date
18-03-2017

Date of Issue
28-05-2017

Period of Validity
28-05-2018

17958129

VISIT PASS
 Immigration Regulations

Worker
PA JITHAN MUTHUVEL

Date of Birth
09-08-1988

Gender
M

Nationality
INDIAN

Passport No.
G2841988

Date of Issue
28-05-2017

Date of Expiry
28-05-2018

MULTIPLE JOURNEY VISA ISSUED

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

