

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	31/10/2018 16:44
Date Of Accident	29/10/2018 12:30
Exact Location Of Accident	FURAMA RIVERFRONT HOTEL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF5015U
Insured/Policyholder	
Name Of Registered Owner	VISMARK FOOD INDUSTRIES PTE LTD
Co Reg No	201224989D
Email Address	MARK.TAN@VISMARK.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65522161

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	CANTER-3.0 D FEA01BR1SDEB (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	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	P1867200
Cover Note Number	

Driver

Name of Driver	RAJAMONI JAYA CHANDRAN
NRIC No	G2088028M
Date Of Birth	11/06/1988
Occupation	OUTDOOR
Date Of Driving Pass	20/11/2014
Driving Experience	3 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93581283
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	C/O 3017 BEDOK NORTH STREET 5 #05-32/33 SINGAPORE
Postcode	486121
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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	YN9253H
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

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. 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.

威信食品工業私人有限公司
VISITAK FOOD INDUSTRIES PTE. LTD.
B-101C, Block North Street 5, #05-32/33
Singapore 486121
Tel: 6552 2101 Fax: 6454 6889
Co. Reg. No.: 201224988D

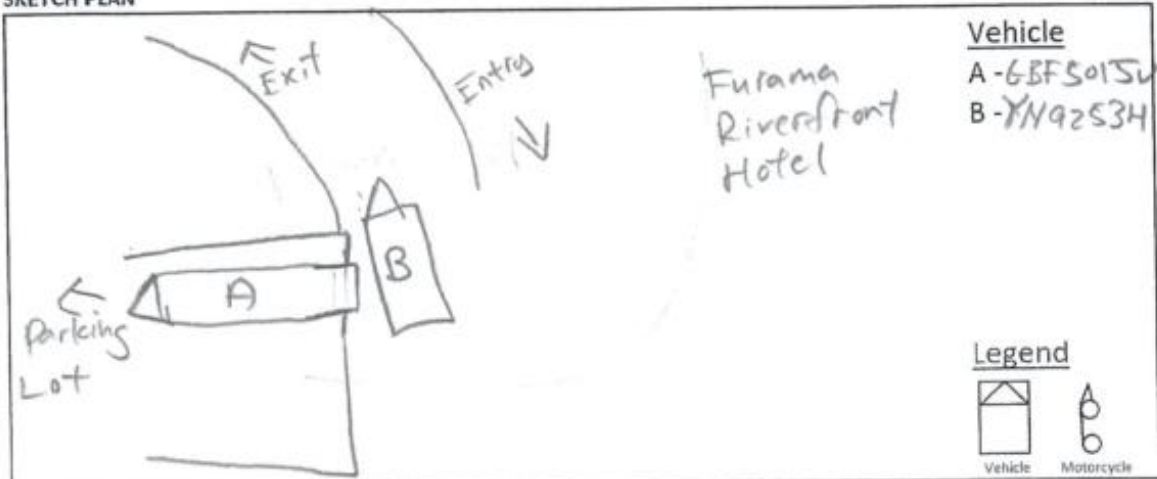
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My truck is stationary and about to go off but before going off, the truck YN9253 bang my truck. My reverse camera shows that no truck or person but suddenly the truck came at a fast speed and collide my truck. After hitting my truck the driver reverse and move forward again that is why his truck damage looks bad. a slow ~~hit~~ hit won't be such huge hole in it. the speed of vehicle B was fast and the continuous forward and reverse causing damage to our truck badly. The driver came down and first thing I ask was is he injured. he is ok and we did check if he is ok. if he is injured we would have called ambulance. he look totally fine. He then mentioned he was injured and went to hospital on his own. The company inform us that he is working last month three soon and we suspect that he want to claim for paid MC leave.

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.



117 Bedok North Street 5, #05-32/33
Singapore 486121

Policyholder's Signature
Date & Time: 201224989D

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

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

At the point of accident I pass the driver my Supervisor contact to him. Mr Mark 82826667 answer his call and check that all is fine before move off. He did ask if he is injured and but he say he is completely fine so ~~we~~ we move off. we urge the insurance to be strict on this claim as we suspect the driver to be in fake claim towards injury. we called the company but none of them aware that he is injured too. my company boss know his boss too.



R. J. Chandra

威信食品工業私人有限公司
VISMAR FOOD INDUSTRIES PTE. LTD.
Bik 3017 Bedok North Street 5, #05-32/33
Singapore 476121
Tel: 8552 2101 Fax: 8454 8589
Co. Reg. No.: 201224959D

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 29/10/18		Time 1:20		2 Exact location of accident Suruma riverfront hotel carpark.		To be signed by BOTH drivers	
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. GBT 5015U
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name Vismark Food Industries Pte Ltd
Address _____
NRIC / Passport no. 201224989D
Tel no. (from 9am till 5pm) _____
HP 65522161

7 Vehicle
Make, type Mit center READER DEB 2418CC (CBU)

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. P1867200

9 Driver ☐ Same as Owner
Name Rajamoni Jay
(capital letters) Chandran
NRIC / Passport no. G2088028M
Class of licence 3
HP 9358 1283
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 Bicyclist
<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 - Oblique/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Tail
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Upsetting
<input type="checkbox"/>	Road
<input type="checkbox"/>	Hit and Run / Vandals / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Squeeze
<input type="checkbox"/>	Theft

State TOTAL number of boxes marked with a cross

Registration No. YN9253H
(VEHICLE B)

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

7 Vehicle
Make, type _____

8 Insurance company
☐ C ☐ 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 _____
(capital letters) _____
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

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

11 Visible damage to vehicle A

13 My remarks

12 Sketch of accident when impact occurred

Figure and note: 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 Signatures of drivers

A R. J. Chandran

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

11 Visible damage to vehicle B

14 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	1 Occupation (if more than one, state all)		Email: <u>mark.tan@vismark.com.sg</u>	
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If no, State Relationship of Driver with owner <u>employee</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? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Of which vehicle are you the owner?	If no, state where it is at present _____ Tel no. _____			
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)			
	7 Date of birth	Occupation	Date of license pass	
	11/6/88	Indoor	20/11/2014	
	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Driver or person in charge of vehicle at the time of accident (including insured)	Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	
Police action	12 Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, please state which Police station _____			
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	If yes, against whom? _____			
Accident details	14 Weather conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others		
	15 Road surface	<input type="checkbox"/> 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 or other party? _____			
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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) <u>5</u>			
Declaration	I/We declare the foregoing particulars are true in every respect			
	Policyholder's signature _____ Date <u>31/10/18 4:40pm</u>			
	Driver's signature (if driver is not the policyholder) <u>R.J. Lim</u> Date _____			

GBF-10 N U
24/11/17 to 24/11/18

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: (65)63387288 Fax: (65)63382522
Website: www.axa.com.sg
GST Registration Number: 199903512M
Customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ 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)

CERTIFICATE NO.	: VCA/P1867200	Account No.	: 13547
Coverage	: Comprehensive		
Sum Insured	: Market value At The Time Of Loss		
Name of Policy Holder	: VISMAR FOOD INDUSTRIES PTE. LTD.		
Vehicle Registration No.	: GBF5015U		
Period of Insurance	: From 25/11/2017 To 24/11/2018 (Both Dates Inclusive)		

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person who is driving on the Policyholder's order or with their permission.

Provided that the person driving is permitted in accordance with the licensing or other law 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.

LIMITATIONS AS TO USE*

- (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

This Policy does not cover

- (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.

(01)

EXCESS

Own Damage Excess.: SGD 600.00

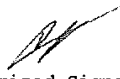
Windscreen Excess : SGD 100.00

(Please refer to your policy for Additional Excess)

* 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.

I/We hereby certify that the policy to which this Certification 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).

AXA INSURANCE PTE LTD


Authorized Signature

Issued by - SGOVKRS on 17/01/2018

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 the obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act, (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, cover note and endorsement etc.

DRIVER NRIC & LICENSE Pg. 1

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

Employer
VISMARK FOOD INDUSTRIES PTE. LTD.

Name
RAJAMONI JAYA CHANDRAN

S Pass No.
0 35657738

Sector:
SERVICE

K0509235

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number
G2088028M

Name
RAJAMONI JAYA CHANDRAN

Birth Date
11 Jun 1988

Issue Date
07 Feb 2018

Valid Till
19/11/2019

002771315E

VISIT PASS
Immigration Regulations

Name
RAJAMONI JAYA CHANDRAN

FIN
G2088028M

Date of Birth
11-06-1988

Sex
M

Nationality
INDIAN

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.

21-06-2018

Download SGWorkPass App to check status

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

EFFECTIVE DATE

Class	Description	Effective Date
Class 2B	Motorcycles =< 200 cc	20 Nov 2014
Class 3	Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg	20 Nov 2014

NP 428A

Licence No: G2088028M

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



CHASSIS/NO:	FEA01BA20317		
U. L. WT :	2000	KG	
M. L. WT :	35000	KG	
PAX CAP :	1 DRIVER	2	OTHER
TYRE SIZE :	(F) 185 75R 15		
	(R) 185 75R 10		

 
Certificate No. QAIC/SG/170

MONZONE AIR-CONDITIONING LTD 
Website: www.refrigerated-truck.com

Accident Photo

