

## 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             | 10/04/2019 15:04                 |
| Date Of Accident           | 09/04/2019 16:00                 |
| Exact Location Of Accident | LORONG CHUAN TO SERANGOON GARDEN |
| Country/State of Loss      | SINGAPORE                        |

### DETAILS OF OWN VEHICLE

|                             |                          |
|-----------------------------|--------------------------|
| Vehicle Registration Number | GW4405K                  |
| <b>Insured/Policyholder</b> |                          |
| Name Of Registered Owner    | ELDRIC MARKETING PTE LTD |
| Co Reg No                   | 197502143C               |
| Email Address               | ELDRIC@SINGNET.COM.SG    |
| Mobile Phone No             |                          |
| Alternative Phone No        | OFFICE-67438388          |

### Vehicle Particulars

|                                                                              |                    |
|------------------------------------------------------------------------------|--------------------|
| Manufacturer                                                                 | TOYOTA             |
| Model                                                                        | LITEACE            |
| 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          | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy              | NO                            |
| Policy Number             | P1786994                      |
| Cover Note Number         |                               |

### Driver

|                      |                       |
|----------------------|-----------------------|
| Name of Driver       | MOKKAIYAN KANNAN      |
| NRIC No              | G5067677W             |
| Date Of Birth        | 19/04/1983            |
| Occupation           | OUTDOOR               |
| Date Of Driving Pass | 06/05/2013            |
| Driving Experience   | 5 YEARS AND 11 MONTHS |
| Gender               | MALE                  |
| Mobile Number        | (LOCAL) +65-81126575  |
| Fax Number           |                       |
| Contact Number       |                       |
| EEmail 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 - HEAD TO REAR |
| 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)                                                     | 2                                           |
| Passenger 1                                                                                 | NAME: : RAMASAMY KRISHNAN<br>GENDER: : MALE |

#### 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

VEHICLE B JAM BRAKE. I COUDN'T STOP IN TIME AND HIT ONTO VEHICLE B REAR.

#### 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         | SMF6458M    |
| Vehicle Make/Model/Colour           |             |
| Details Of Properties               | VEHICLE B   |
| 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 Pg. 1

### SKETCH PLAN

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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.

**ELDRIO MARKETING PTE LTD**

**5 PEREIRA ROAD  
#02-01 ASIAWIDE INDUSTRIAL BUILDING  
SINGAPORE 368025  
TEL. 67438388 FAX: 67430202**

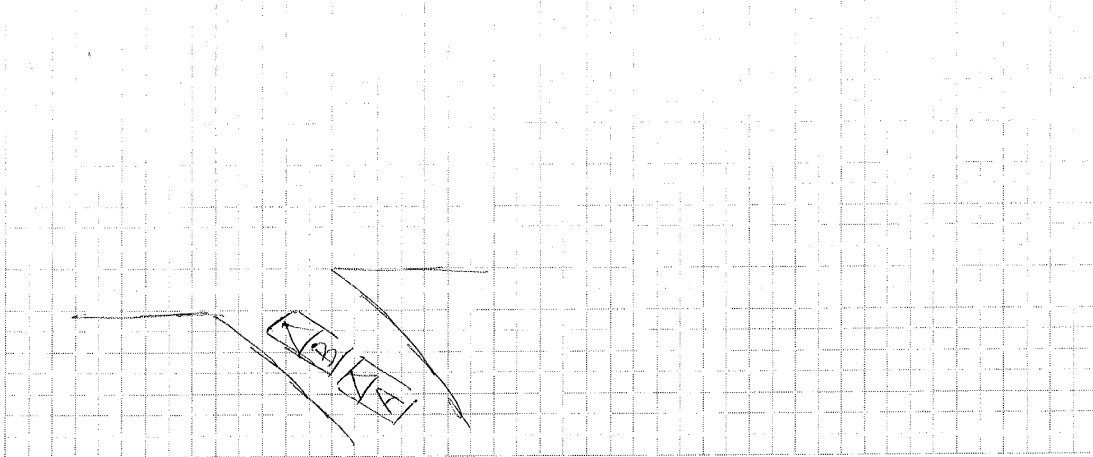
Policyholder's Signature  
Date & Time:

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

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

VEHICLE B JAM BRAKE, I COULDN'T STOP IN  
TIME AND HIT ONTO VEHICLE B REAR.

## DECLARATION

17 We declare the foregoing particulars are true in every respect.

5 PEREIRA ROAD  
#02-01 ASIAWIDE INDUSTRIAL BUILDING  
SINGAPORE 368025  
TEL: 67438388 FAX: 67430202

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.:

## **LETTER OF UNDERTAKING**

I/We, ELDRIC MARKETING PTE LTD, the owner of vehicle no. 9W 4405R

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

  
.....  
Nric no. & signature of policyholder

ELDRIC MARKETING PTE LTD  
5 PEREIRA ROAD  
#02-01 ASIAWIDE INDUSTRIAL BUILDING  
SINGAPORE 368025  
TEL. 67438388 FAX: 67430202

.....  
Company stamp

10/04/2019  
.....  
Date

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

Employer  
**ELDRIC MARKETING PTE LTD**



Name:  
**MOKKAIYAN KANNAN**

S Pass No.  
**0 35742743**

Sector:  
**SERVICE**



**K0528373**

**REPUBLIC OF SINGAPORE DRIVING LICENCE**



Licence Number  
**G5067677W**

Name  
**MOKKAIYAN KANNAN**

Birth Date: **19 Apr 1983**

Issue Date: **09 Jun 2018**

Valid Till **08/06/2023**



**002811363G**

**VISIT PASS**  
Immigration Regulations

27-06-2018

Name  
**MOKKAIYAN KANNAN**

FIN  
**G5067677W**

Date of Birth  
**19-04-1983**

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.**

Download SGWorkPass App to check status





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

|                                                                                                                                                    | EFFECTIVE DATE |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------|
| Class 2B Motorcycles =< 200 cc                                                                                                                     | 06 May 2013    |
| Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg | 06 May 2013    |
| Class 4 Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg                                           | 26 Sep 2017    |
| Motor vehicles which are not constructed to carry load or passengers and the unladen weight =< 7250kg                                              |                |

NP 428A



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. : VCC/P1786994 Account No. : 04145  
Coverage : Third Party Fire & Theft Only  
Sum Insured : Market Value At The Time Of Loss  
Name of Policy Holder : ELDRIC MARKETING PTE LTD  
Vehicle Registration No. : GW4405K  
Period of Insurance : From 04/07/2018 To 03/07/2019 (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 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.

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.

(05)

\* 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 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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOMOHA on 26/06/2018

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)).

The Premium Warranty Clause requires the premium to be failing which there would be no liability under the policy endorsement etc.

ELDRIC MARKETING PTE LTD  
BUILD-IN APPLIANCES FOR ALL YOUR KITCHEN NEEDS

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Office Manager  
E pauline@eldric.sg

email: eldrice@singnet.com.sg

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Showroom +65 6339 1188 W www.billi.com.sg



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Accident Photo





Accident Photo



Accident Photo



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Accident Photo





Accident Photo



Accident Photo

