

## 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	16/07/2019 14:39
Date Of Accident	07/07/2019 01:20
Exact Location Of Accident	ALONG ORCHARD RD TOWARDS BUGIS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GZ3193L
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#### Insured/Policyholder

Name Of Registered Owner	INCORPORATE ENGINEERING PTE. LTD.
Co Reg No	201130452E
Email Address	INCORPENT@SINGNET.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-94825071

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE MANUAL
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	GOODS 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	GA320201/1
Cover Note Number	

#### Driver

Name of Driver	DHARMINDER SINGH
Passport No/FIN	G7616233L
Date Of Birth	01/03/1984
Occupation	OUTDOOR
Date Of Driving Pass	17/08/2012
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94825071
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	WOODLANDS DORMITORY SINGAPORE
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 - CROSS JUNCTION
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?	YES
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)	6
Passenger 1	NAME: : SINGARAM RAMESH GENDER: : MALE
Passenger 2	NAME: : MURUGANANDAM BOOMINATHAN GENDER: : MALE
Passenger 3	NAME: : CHICKALINGAM PRASATH GENDER: : MALE
Passenger 4	NAME: : PARAMASIVAM PATHIBAN GENDER: : MALE
Passenger 5	NAME: : VEERASAMY MANOKARAN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

#### 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 SHA7901D  
Vehicle Make/Model/Colour HYUNDAI / I40 1.7L CRDI AT ABS AIRBAG 4DR  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name DHARMINDER SINGH  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GZ3193L  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SINGARAM RAMESH  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GZ3193L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 3

Name MURUGANANDAM BOOMINATHAN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GZ3193L  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 4

Name CHICKALINGAM PRASATH  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? GZ3193L  
Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 5

NamePARAMASIVAM PATHIBAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?GZ3193L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

DETAILS OF INJURED PERSON 6

NameVEERASAMY MANOKARAN

Approximate Age

Injuries Sustain

Injured person in which vehicle?GZ3193L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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, 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.

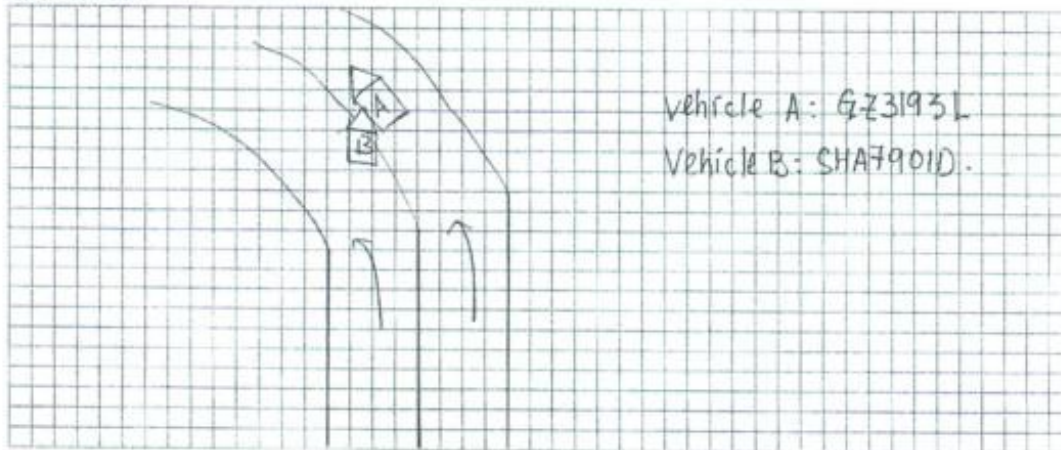
Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: Sukumar  
NRIC/FIN No.: S80403774

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report.  
Police Report No: T/2019 07 08 / 2173.

I, Dharminder Singh an employee of the company and I was driving the vehicle (GZ3193L) for work purposes.

### 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: S. Chinnai  
NRIC/FIN No.: S104037711

QATARMC SketchPlanForm\_V3

Accident Photo





Accident Photo





Accident Photo



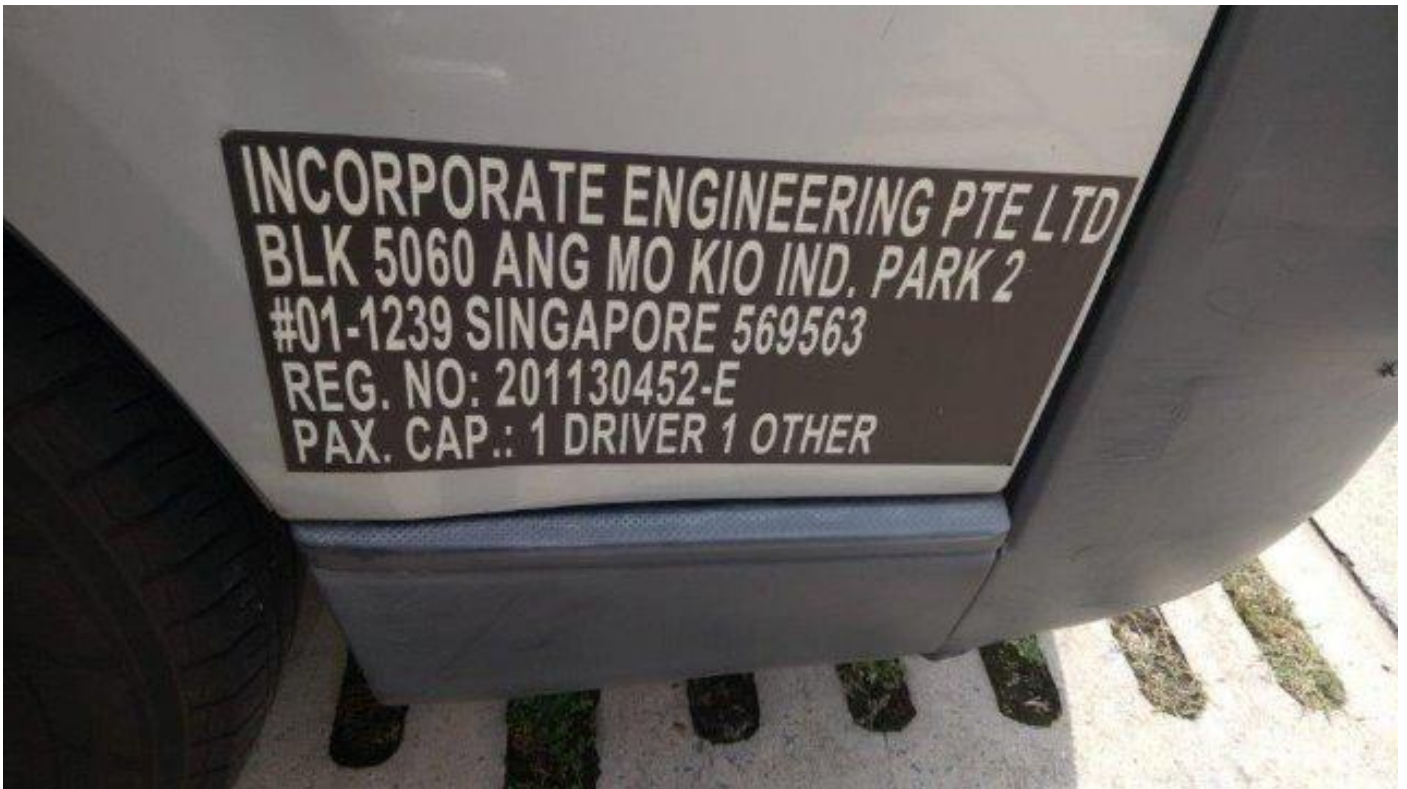
Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



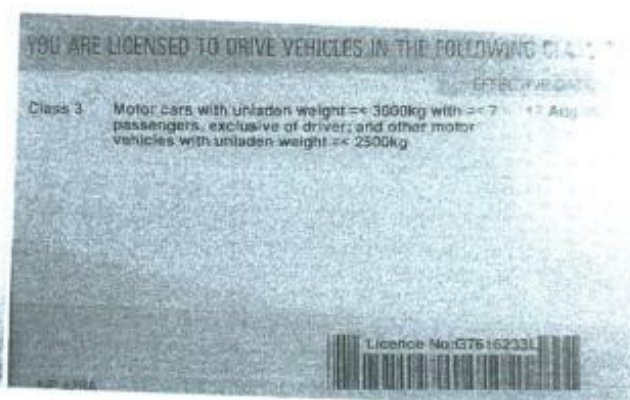
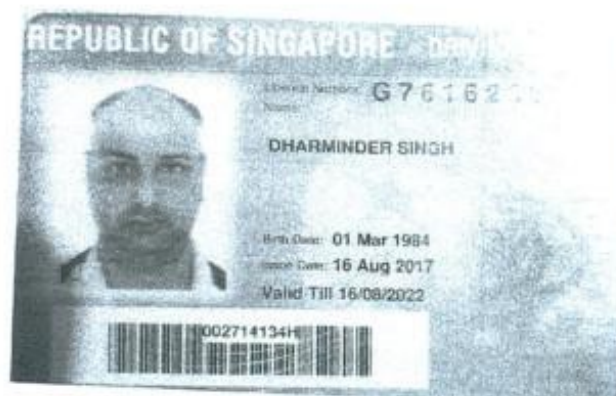
Accident Photo



Accident Photo



## Driving License





## Insurance policy



redefining / insurance

AXA Insurance Pte Ltd  
☎ 1800 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
✉ (65) 6880 4740  
✉ customer.care@axa.com.sg  
🌐 www.axa.com.sg

date  
**15/02/2019**

policy number  
**CV3 / GA320201**

# Certificate of Insurance

Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia) - Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	INCORPORATE ENGINEERING PTE LTD	Certificate number	GA320201 / 1
Cover	Third Party, Fire & Theft	NCD	20%
Engine number	2KD1425398	Chassis number	JTFH502P000040304
Vehicle Registration number	GZ3193L		
Period of Insurance	from 08/03/2019 to 07/03/2020 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	Nil		

### 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.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

\* Limitations rendered inoperative by Section 8 of the Commercial 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.

### Excess

An additional excess is applicable as follows:

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190708/2173

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 3

Report No: T/20190708/2173

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2019 21:17		Vide Report No.:	Station Diary No. 146
<b>Informant's Particulars</b>			
Name of Informant: DHARMINDER SINGH		Address: Woodlands dormitory SINGAPORE	
ID Type / ID No.: FIN NO / G7616233L		Contact No. Home/Office: Mobile: 94825071	
Nationality: INDIAN		Email:	
Sex: Male	Age: 35	Date of Birth: 01/03/1984	Type of Informant: Driver
Race: Indian		Language:	Institution / School Name:
Occupation: Van driver		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/07/2019 01:20	Type of Location: X-Junction
Location: Along Road 1 ORCHARD ROAD				
Along Orchard Road towards bugis direction, left turning into Buyong Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GZ3193L	Van				Slightly Damaged	5
SHA7901D	Car				Slightly Damaged	3

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



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POLICE FORCE**



T/20190708/2173

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Report No. T/20190708/2173

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	DHARMINDER SINGH	ID No.	G7616233L
Related Vehicle	GZ3193L (Van)	Contact No.	94825071
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/07/2019	Date Discharge	08/07/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	Voo Zin Tho@Seow Chwee Hock	ID No.	SHA7901D
Related Vehicle	SHA7901D (Car)	Contact No.	97638680
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 07/07/2019 at about 0120hrs I was traveling with my van bearing number: V1) GZ3193L, along Orchard road towards Bugis with another 5 passengers(workers) onboard. While coming to the X-junction of Orchard road and Buyong Road, I made a left turn into Buyong Road. In the midst of the left turn there was a comfort taxi bearing number: V2) SHA7901D, hit onto the left portion of my vehicle. After which we pulled our vehicle to the road side and affirmed that no one needed immediate medical attention, thus we decided to exchange particulars to go for insurance claims. On 08/07/2019 my boss brought me and another 5 workers who were onboard the van to see doctor and all of us were given 03 days MC. The 5 workers particulars as below:

- 1) Singaram Ramesh, G8395867M;
- 2) Muruganandam Boominathan, G8660689K;
- 3) Chickalingam Prasath, G8578699M;
- 4) Paramasivam Pathiban, G2948619R;
- 5) Veerasamy Manokaran, G8685279U.



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20190708/2173

Police Station Of Origin  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

3 of 3

Report No: T/20190708/2173

## CONTINUATION OF REPORT

### Sketch Plan

Informant is not able to provide sketch plan



**IMPORTANT:** Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report

J /

Sr Staff Sgt SUN SIJIA

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

08/07/2019 21:17

Officer In Charge Of Case:

TP / AEIT /

SI MOHAMAD ZULFAZDLI BIN ABDULLAH

Contact No: 85478204

Classification Of Case:

Authentication Stamp

NP165