

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	09/10/2019 09:34
Date Of Accident	07/10/2019 20:15
Exact Location Of Accident	GUILLEMARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP3469G
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Insured/Policyholder

Name Of Registered Owner	UNIVERSAL DISPLAYS PTE LTD
Co Reg No	199407101W
Email Address	MARSHALLTHEAN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91596060
Alternative Phone No	OFFICE-67448487

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FUSO FIGHTER-7.5 D FK62 SERIES (FK62FMZ1RDEB) (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	GOODS VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1970915
Cover Note Number	

Driver

Name of Driver	RAMALINGAM RAJAMANI
Passport No/FIN	G7924971N
Date Of Birth	05/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/04/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82539755
Fax Number	
Contact Number	
Email Address	MARSHALLTHEAN@YAHOO.COM

Address	BLK 602 BEDOK RESERVOIR ROAD #04-528 EUNOS RAINBOW
Postcode	470602
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	SIDE SWIPE
Weather Conditions	RAINING
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?	YES
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)	3
Passenger 1	NAME: : HARUN GENDER: : MALE
Passenger 2	NAME: : SHARIFUL GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 60 DAKOTA CRESCENT #01-213/ 215 , POSTCODE: 390060 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3449999 - FAX NO: 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO. : T20191008/2110

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	SHA6774K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NG KET CHONG

NRIC/Passport Number	S1228872G
Contact Number	96735089
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	RAMALINGAM RAJAMANI
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	YP3469G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 602 BEDOK RESERVOIR ROAD #04-528 EUNOS RAINBOW
Postcode	470602

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, 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:

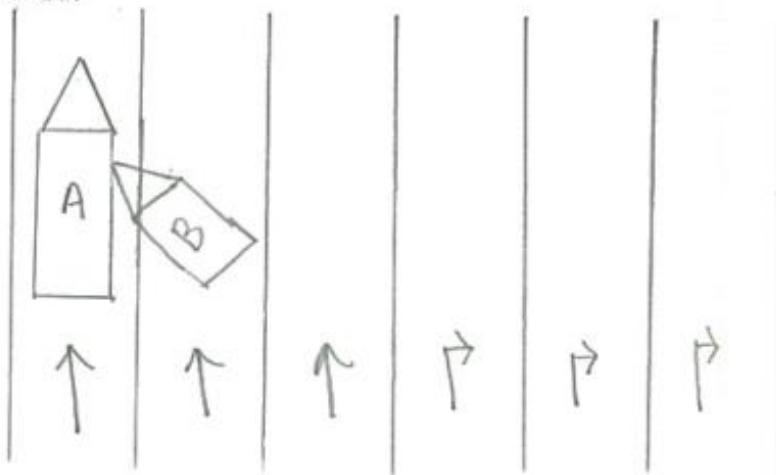
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

H: JP34676

B : SHA 6774K

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

DECLARATION

I/We declare on pain of perjury that foregoing particulars are true in every respect.



Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

08-10-2019
5:55 PM

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

POLICE REPORT PAGE 1



**SINGAPORE
POLICE FORCE**



T/20191008/2110

1 of 4

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

Report No. T/20191008/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2019 16:30	Vide Report No.:	Station Diary No.: 14
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Informant's Particulars

Name of Informant: RAMALINGAM RAJAMANI	Address: APT BLK 602 BEDOK RESERVOIR ROAD #04-528 EUNOS RAINBOW SINGAPORE 470602		
ID Type / ID No.: FIN NO / G7924971N	Contact No.: Home/Office: Mobile: 82539755		
Nationality: INDIAN	Email:		
Sex: Male	Age: 35	Date of Birth: 05/06/1984	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: CONSTRUCTION	Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2019 20:00	Type of Location:
Location:				
GUILLEMARD ROAD				
Junction of Guillemard rd and Nicole highway				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHA6774K	Car				Seriously Damaged	0
YP3469G	Lorry				Slightly Damaged	2

Details of Person Involved

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

POLICE REPORT PAGE 2



**SINGAPORE
POLICE FORCE**



T/20191008/2110

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20191008/2110

CONTINUATION OF REPORT

Driver			
Name	NG KET CHONG	ID No.	S1228872G
Related Vehicle	SHA6774K (Car)	Contact No.	96735089
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
Driver			
Name	RAMALINGAM RAJAMANI	ID No.	G7924971N
Related Vehicle	YP3469G (Lorry)	Contact No.	82539755
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/10/2019	Date Discharge	08/10/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

On 07/10/2019 at about 2000hrs, I was driving my lorry (YP3469G) along guillemard rd towards Nicole highway on the most left lane. I was driving straight, and inside my lane. The traffic light was green for me, as such I proceed as per normal. Suddenly a taxi (SHA6774K) collided into the right side of my vehicle. I am unsure how did it happen.

The taxi then stopped infront of me and we then exchanged particulars.

My vehicle has a dent on the right side of the lorry.

I went to Mount Alvernia hospital on 08/10/2019 and was given 4 days of medical leave due to injury on my neck, lower back, left hand and left leg.

I would like to add that I did have passengers in my lorry during the incident.

Rashid SK Harun
G7061400L
Hp: 87877342

Islam Shariful
G6660320U
Hp: 81241178

POLICE REPORT PAGE 3



**SINGAPORE
POLICE FORCE**



T/20191008/2110

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

3 of 4

Report No. T/20191008/2110

CONTINUATION OF REPORT

POLICE REPORT PAGE 4



SINGAPORE
POLICE FORCE



T/20191008/2110

Police Station Of Origin:
Mountbatten NPP
60 Dakota Crescent #01-213 SINGAPORE
390060
Tel No: 1800-3449999

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Report No. T/20191008/2110

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:

G /

Sgt 3 NURBIHAYAT BIN ABDUL JALIL

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED

MOHD SAID

Contact No: 65476172

Authentic Stamp

NP168

Signature Of Informant:

Date/Time:

08/10/2019 16:30

Classification Of Case:

SIGNATURE

DRIVER'S S PASS / DRIVING LICENCE



AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 8804888
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg

**Original**Agent Code: **04437**Policy No. (if any): **P1970915****Renewal**

SmartDrive Quote Ref:

MOTOR COVER NOTENo. **CN051465**

- 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	UNIVERSAL DISPLAYS PTE LTD
INSURED BUSINESS REGISTRATION NO.	
MAKE AND DESCRIPTION OF VEHICLE	MITSUBISHI FUSO FK62FMZ1RDEB LORRY + CRANE
VEHICLE REGISTRATION NO.	YP3469G
YEAR OF MANUFACTURE	2016
ENGINE NO.	6M60215179
CHASSIS NO.	FK62FMA30111
ENGINE CAPACITY/TONNAGE	3.20 TONS
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 04/08/2019 TO: 30/06/2020
EXCESS (\$)	\$800 (I) ; \$160 (WS)
AXA PREMIUM WORKSHOP?	YES

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

Authorised Signature

Issued by ALLINK INSURANCE AGENCY on 28/06/2019 4:37 pm

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 :
 - Cover note issued and cancelled before inception.
 - 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/C/NOTE/V01/03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

