

## 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	16/10/2018 11:05
Date Of Accident	15/10/2018 18:25
Exact Location Of Accident	UPPER JURONG ROAD TOWARDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP7947S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AAK LOGISTICS SERVICES PTE LTD
Co Reg No	201325787M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66650190

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	FM65FM2RDEB
Exact Purpose for which vehicle was being used at time of accident	DELIVERY
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VCX/P2037247
Cover Note Number	

### Driver

Name of Driver	THANGAVEL DURAI
Passport No/FIN	G7124285X
Date Of Birth	04/02/1972
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84119552
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 153 BUKIT BATOK ST 11 #03-292
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 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

ON MENTION DATE & TIME, AT THE SLIP ROAD SLB2366D WAS TURNING RIGHT AFTER CROSSING THE LINE, SLB2366D MAKE A TOTAL SUDDEN STOP. THE ROAD WAS CLEAR WITH NO ON COMING VEHICLE ON THE RIGHT. AS I MOVE FORWARD AS THE ROAD WAS TOTALLY CLEAR, I HAVE NO IDEA WHY SLB2366D MAKE THAT SUDDEN STOP FOR ME TO HIT HIM ON HIS REAR.

#### Attachment(s)

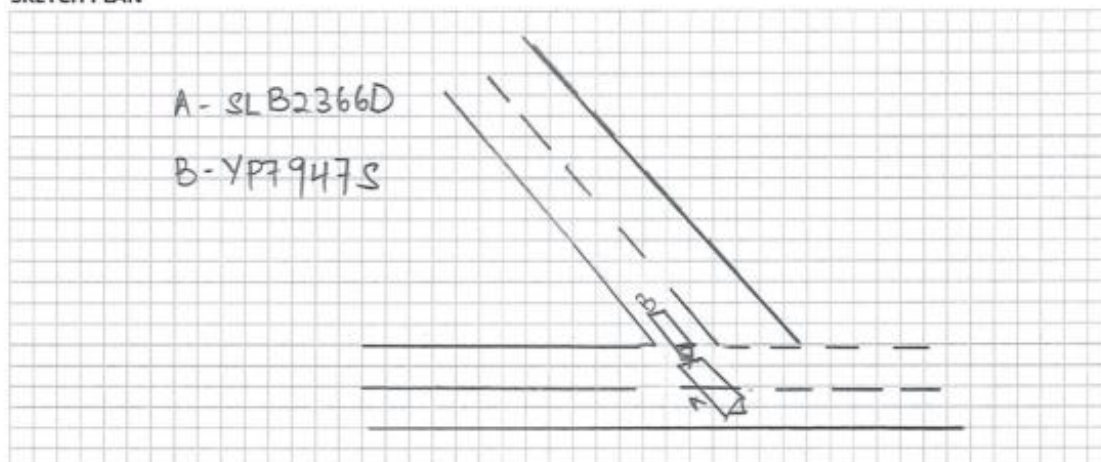
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLB2366D
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TING PING KEE
NRIC/Passport Number	S1701154E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

### Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer report

## 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: 16/10/18 @ 11Am

Reporting Centre Personnel's Signature

Name: JANAKA

NRIC/FIN No.: 885096571

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

Employer:  
**AAK LOGISTICS SERVICES PTE. LTD.**

Tel. +65 86650190

 Name:  
**THANGAVEL DURAI**

S Pass No.  
**D 32365035**

Work on:  
**SERVICE**

 **K0266188**

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

 Licence Number:  
Name: **G 7 1 2 4 2 8 5 X**

**THANGAVEL DURAI**

Birth Date: **04 Feb 1972**  
Issue Date: **13 Nov 2015**  
Valid Till: **20/12/2020**

 **003492754F**



**VISIT PASS**  
Immigration Regulations

06-04-2006

Name  
**THANGAVEL DURAI**

FIN  
**G7124285X**

Date of Birth  
**04-03-1973**

Sex  
**M**

Nationality  
**INDIAN**

**MULTIPLE JOURNEY VISA ISSUED**

Download SG/WorkPass app to check status



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



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

Class	Description	EFFECTIVE DATE
Class 3	Motor Cars <= 3000kg with <=7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg	21 Dec 2006
Class 4	Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg	18 Dec 2012

MP 426A

Licence No: G7124285X



Accident Photo



Accident Photo





Accident Photo

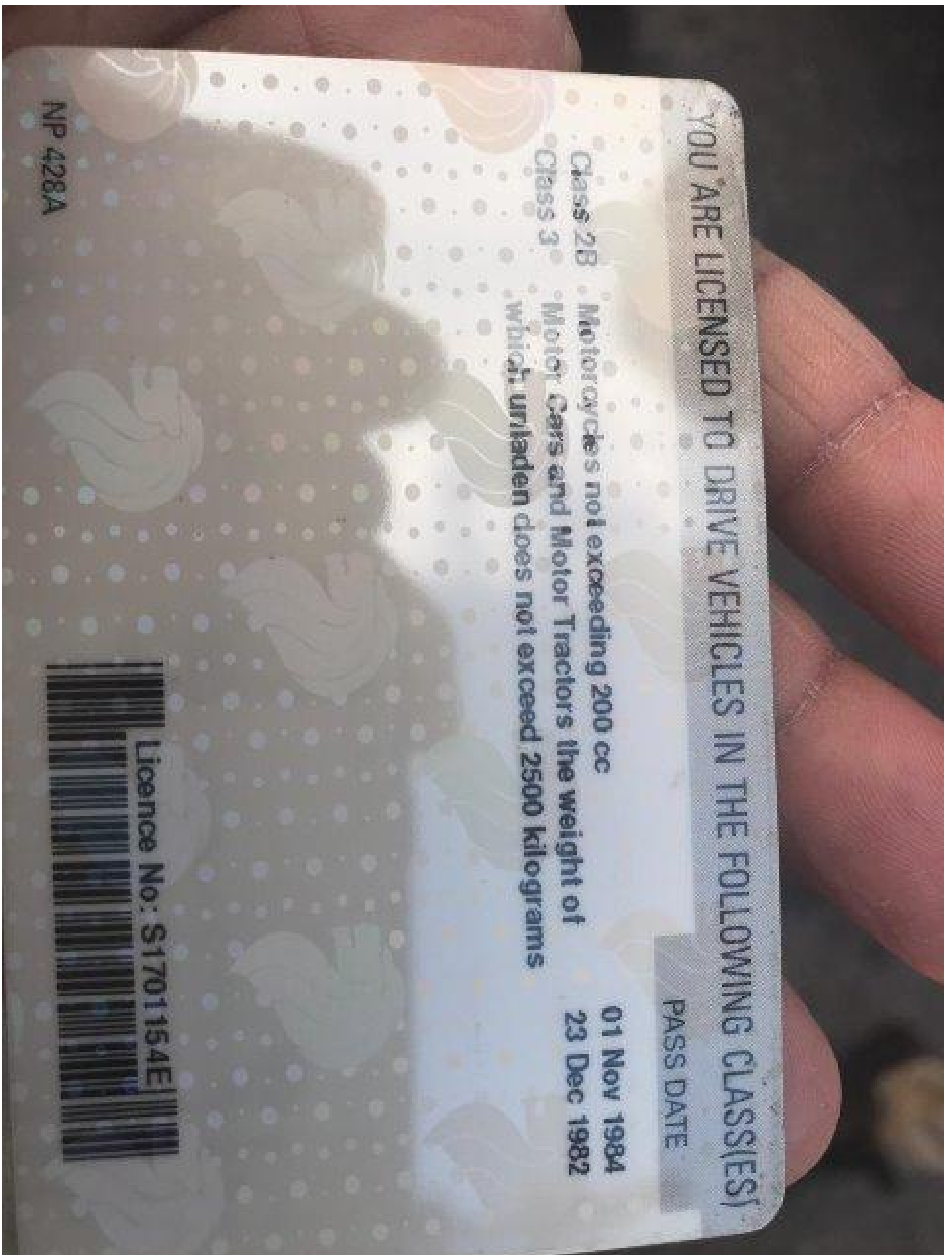




Accident Photo







Accident Photo





Accident Photo

