

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 Submission 20/03/2021 12:17 (SGT)
Date of Accident 19/03/2021 07:05 (SGT)
Exact Location of Accident Sungei Kadut, Singapore
Additional Location Information Sungei Kadut Street 3
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YN5847X

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner Soon Li Heng Civil Engineering Pte Ltd
Company Reg No 199406923E
Email Address contact@slh.com.sg
Mobile Phone No (Phone) +65-62844107
Alternative Phone No +65-62844107

VEHICLE PARTICULARS

Manufacturer Hino
Model XZU710R-HKMSS
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 4009

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number VFX/P2422168
Cover Note Number -

DRIVER

Name of Driver Vellaichamy Sellamuthu
Passport No/FIN F8410329L

Date Of Birth	05/02/1975
Occupation	Outdoor
Date Of Driving Pass	27/01/2017
Driving experience	4 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94478325
Alt. Phone Number	-
Email Address	contact@slh.com.sg
Address	Block 62 Sungei Kadut Drive #L2-H2
Address complement	-
Postcode	729571
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Paid Driver
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	3
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Unknown
Gender	Male

PASSENGER 2

Name	Unknown
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Eunos Neighbourhood Police Post
Police Station Phone No	(Phone) +65-18004439999
Alt. Police Station Phone No	(Fax) +65-62444376
Police Station Address	Blk 629 Bedok Reservoir Road #01-1620 Singapore 470629
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

Refer Police Report No. T/20210319/2328

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	XD5903G
Vehicle Manufacturer	Hino
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	Front and Rh Side
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

SKETCH PLAN

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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.

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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



Policyholder's Signature / Date & Time:

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

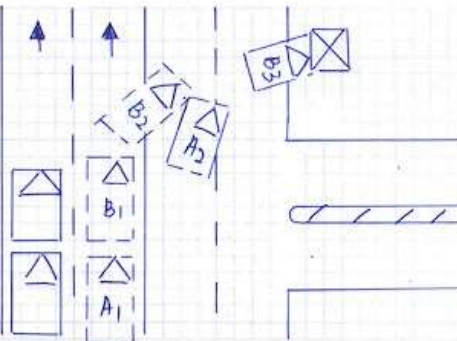
Witnessed by Reporting Centre Personnel:

Sketch Plan

(SKDF)

Vehicle A: YN5847X

Vehicle B: XD5903G



Describe Circumstances of the Accident

On the stated date & time, I, vehicle 'A',
 7N5847Y, was travelling along the stated venue.
 It was a go straight only lane and vehicle 'B',
 XD5903G, suddenly slam on its brakes. I swerved
 out in order to avoid the collision and vehicle 'B',
 then swerved out as well. Our vehicles then collided.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Date &
Time

M

Driver's Signature (if driver is not the policyholder) / Date
& Time

Witnessed by Reporting Centre
Personnel

























SINGAPORE POLICE FORCE



T/20210319/2328

1 of 3

Report No. T/20210319/2328

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2021 12:33		Vide Report No.: E/20210319/0045	Station Diary No.: 10
Informant's Particulars			
Name of Informant: VELLAICHAMY SELLAMUTHU		Address: C/O APT BLK 62 SUNGEI KADUT DRIVE #L2-H2 SINGAPORE 729571	
ID Type / ID No.: FIN NO / F8410329L	Contact No.: Home/Office: Mobile: 94478325		
Nationality: INDIAN	Email:		
Sex: Male	Age: 46	Date of Birth: 05/02/1975	Type of Informant: Driver
Race: Indian	Language:		Institution / School Name:
Occupation: Lorry driver	Driving Licence Information: Class: 2B.3		Date of Expiry:

General Information of the Accident				
Type of Accident: Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/03/2021 07:05	Type of Location: Straight Road	
Location: SUNGEI KADUT STREET 3				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 60 Km/h	Traffic Volume: Moderate	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Type of Collision: Between Moving Vehicles - Head To Side		
			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
XD5903G	Lorry	MITSUBISHI		White	Seriously Damaged	0
YN5847X	Lorry	HINO		Green	Totally Damaged	2

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

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**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-439999



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Report No. T/20210319/2328

CONTINUATION OF REPORT

Driver		ID No.		S1129409Z
Name	LO YAH MENG	Contact No.	NIL	
Related Vehicle	XD5903G (Lorry)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Discharge	NIL	
Date Treatment	NIL	Degree of Injury	NIL	
No. of Days granted Medical Leave	NIL			
Driver		ID No.		F8410329L
Name	VELLAICHAMY SELLAMUTHU	Contact No.	94478325	
Related Vehicle	YN5847X (Lorry)	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Hospital/Clinic	NIL	Date Discharge	NIL	
Date Treatment	NIL	Degree of Injury	NIL	
No. of Days granted Medical Leave	NIL			

Brief Details.

On 19/03/21 at about 0705hrs, I was driving my lorry(YN5847X) along Sungei Kadut St 3 on lane 1 towards Mandal. Suddenly, the lorry(XD5903G) in front of me did an emergency brake and made a right turn on a single white line. I did not have the time to react to the sudden change so I also did a right turn to avoid the collision. After I did the emergency right turn, the front lorry collided onto the front left side of my lorry causing a serious damage to my vehicle. I wish to state that the lorry did not signal right or slow down his lorry before a right turn. I had 2 passengers with me when the accident happened and none of them was injured. I came down to take a look at the accident and subsequently called for traffic police. After I called the police, the other lorry driver told me that he also called for ambulance.

On the arrival of ambulance, the paramedic made a check on the drivers and passengers, none of us was injured and subsequently the paramedics left the scene. Shortly after the ambulance left, the scene, the traffic police arrived. After accessing the accident, the police gave me a case card and asked me to lodge a traffic accident report.

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SINGAPORE POLICE FORCE

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999



T/20210319/2328

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Report No. T/20210319/2328

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 /
Staff Sgt SOONG PEI XING

Signature Of Informant:

[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
19/03/2021 12:33

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt JOFILIANO BIN MOHAMED ALI
Contact No.: 65476960

Classification Of Case:

Authentication Stamp
NP168



[Signature]
SIGNATURE

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



11/1/2021 to 10/1/2022

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.	: VFX/P2422168	Account No. : 03165
Coverage	: Comprehensive	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: SOON LI HENG CIVIL ENGINEERING PTE LTD	
Vehicle Registration No.	: YN5847X	
Period of Insurance	: From 11/01/2021 To 10/01/2022 (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)

EXCESS :

Sect I - Any Authorised Driver : SGD 500.00

Windscreen Excess : SGD 100.00

* 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).

陳保險經紀私營有限公司
TAN INSURANCE BROKERS PTE LTD
3A/5A Alwal Street, Chenn Leonn Building
Singapore 199896
www.tib.com.sg
Tel: (65) 6742 6766 Fax: (65) 6742 6669

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOSAMY on 26/01/2021

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).

LETTER OF UNDERTAKING

I/We, Soon Li Heng civil engineering the owner of vehicle no. _____

My/Our Insurance is under M/s AXA Insurance Singapore 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 Singapore 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. and signature of policyholder



.....
 Company Stamp

.....
 Date