

# 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 ..... 07/09/2021 15:46 (SGT)  
Date of Accident ..... 06/09/2021 18:00 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... WOODLANDS SECTOR 1  
Country/State of Loss ..... Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... XE6227M

### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... NAM HO DMC PTE LTD  
Company Reg No ..... 2XXXXX207M  
Email Address ..... CONNECT3LAU@GMAIL.COM  
Mobile Phone No ..... (Phone) +65-91015307  
Alternative Phone No ..... +65-91015307

### VEHICLE PARTICULARS

Manufacturer ..... Hino  
Model ..... Sh1eeka  
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 - Claiming third party  
Vehicle Category ..... Commercial vehicle  
Transmission ..... Manual  
CC ..... 12913

### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... Comprehensive  
Fleet Policy ..... No  
Policy Number ..... GA564685/1  
Cover Note Number ..... -

### DRIVER

Name of Driver ..... TEVAN SANKARAN S/O JEYASANKAR  
NRIC No ..... SXXXX684C

Date Of Birth .....	07/01/1994
Occupation .....	Outdoor
Date Of Driving Pass .....	08/02/2019
Driving experience .....	2 YEARS AND 7 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-91015307
Alt. Phone Number .....	-
Email Address .....	CONNECT3LAU@GMAIL.COM
Address .....	BLK 364A SEMBAWANG CRESCENT #08-227
Address complement .....	-
Postcode .....	751364
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
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 .....	Collision - Head on collision
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 vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Woodlands East Neighbourhood Police Centre
Police Station Phone No .....	(Phone) +65-18007679999
Police Station Address .....	3 Woodlands Drive 63 Singapore 737890
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE SIZE TOO BIG
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SLB4415H
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car

Name of Driver ..... -  
Contact Number ..... -  
Address ..... -  
Address complement ..... -  
Postcode ..... -  
Insurance Company Name ..... -  
Nature Of Damage ..... -  
Details of property damaged in accident ..... -  
No. Of Passenger (Including Driver) ..... -

**SKETCH PLAN**

**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. 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.



Policyholder's Signature  
Date & Time:



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

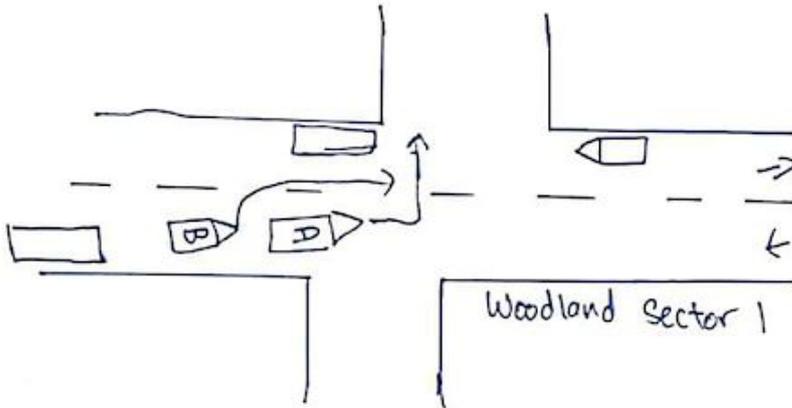


Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

SKETCH PLAN

A-XE6227M

B-SLB 4415 H.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police 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:



*Luan*

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

*W*



























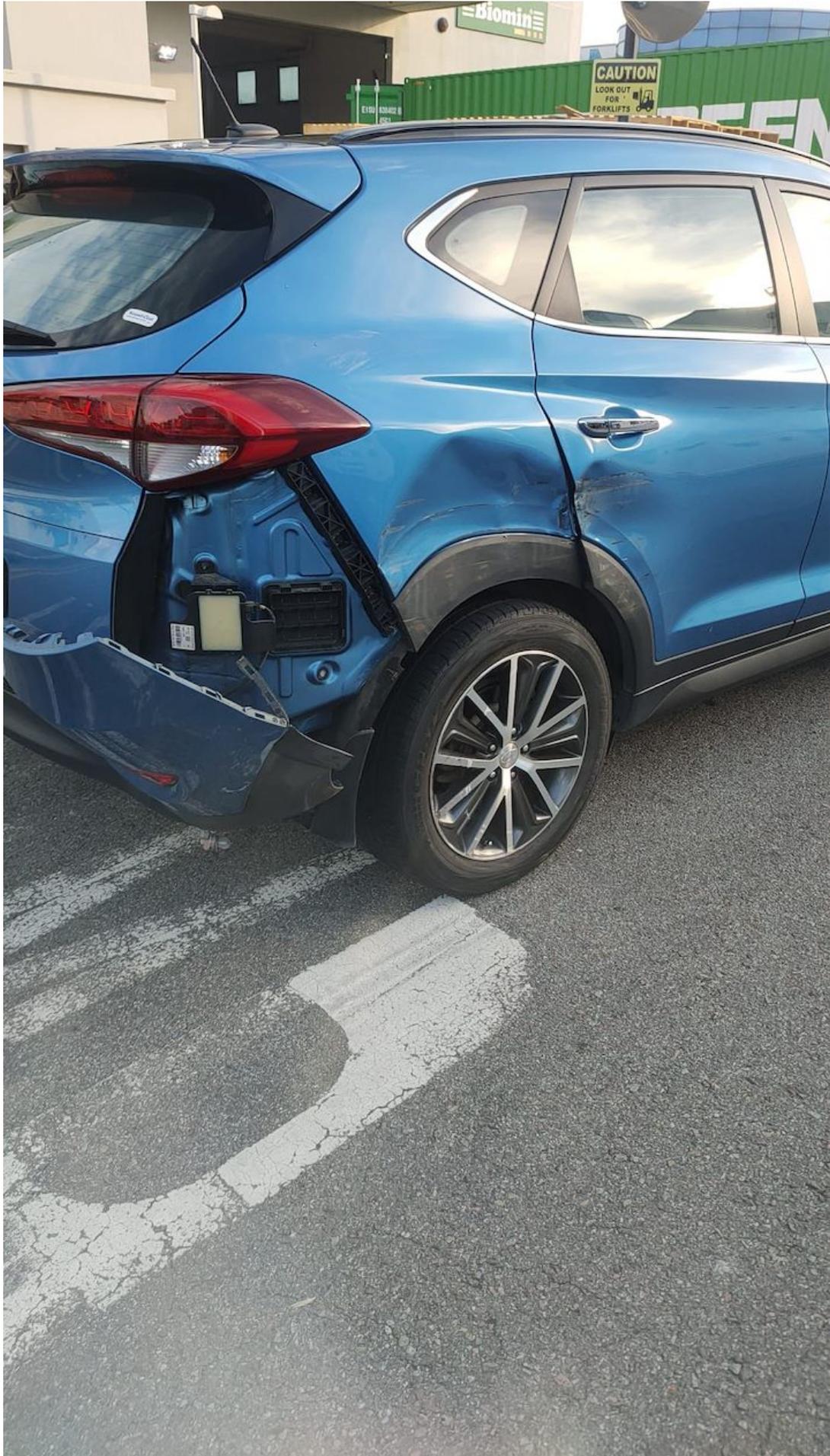

















**SINGAPORE  
POLICE FORCE**


T/20210907/2058

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

1 of 4

Report No. T/20210907/2058

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 07/09/2021 14:15		Vide Report No.:		Station Diary No.: 68	
<b>Informant's Particulars</b>					
Name of Informant: TEVAN SANKARAN S/O JEYASANKAR			Address: APT BLK 364A SEMBAWANG CRESCENT #08-227 SINGAPORE 751364		
ID Type / ID No.: NRIC NO / S9401684C			Contact No.: Home/Office: Mobile: 91015307		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 07/01/1994	Type of Informant: Driver		
Race: Indian		Language: English		Institution / School Name:	
Occupation: PRIME MOVER DRIVER			Driving Licence Information: Class: Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 06/09/2021 18:00	Type of Location: Straight Road
Location:  WOODLANDS SECTOR 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLB4415H	Car	HYUNDAI		Blue	Slightly Damaged	0
XE6227M	Lorry	HINO	SH1EEMA 55 TON 4X2 MT		Seriously Damaged	0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE  
POLICE FORCE**



T/20210907/2058

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

2 of 4

Report No. T/20210907/2058

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
XE6227M	AXA INSURANCE SINGAPORE PTE LTD	GA564685	29/01/2021	28/01/2022

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Name	Unknown	ID No.	NIL	
Related Vehicle	SLB4415H (Car)	Contact No.	NIL	
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	TEVAN SANKARAN S/O JEYASANKAR	ID No.	S9401684C	
Related Vehicle	XE6227M (Lorry)	Contact No.	91015307	
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	06/09/2021	Date Discharge	07/09/2021	
No. of Days granted Medical Leave	03	Degree of Injury	Serious	

**Brief Details.**

On 06/09/2021 at about 1800hrs, I was driving my vehicle (XE6227M) back to my company located at No. 2 Woodlands Sector 1 #05-23. When I drove up the carpark at Woodlands Spectrum along level 5, there was a ramp placed just before my company. It was a 1 lane, 2 way road and the ramp was placed at the left lane. In order for me to drive into my company, I would have to drive to the right lane which is against the flow of traffic. I checked the traffic and is clear for me to move on.

Before I moved on, there was a vehicle (SLB4415H) behind me, the driver also overtook the ramp and was behind me. After I took over the ramp and was about to turn left (on the right lane) into my company, the vehicle cut back to the left lane and as there was another truck parked into of the vehicle, the driver cut to the right lane again and resulting collision with my vehicle. I was wearing seatbelt at that point of accident and there was a CCTV installed outside my company which captured the accident. I wish to further state that the driver was driving at a fast speed.

I wish to state that my vehicle suffered dents at the front bumper set and passenger door. I went to KTPH



**SINGAPORE  
POLICE FORCE**



T/20210907/2058

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

3 of 4  
Report No. T/20210907/2058

**CONTINUATION OF REPORT**

for medical attention and neck, shoulder joint, ribcage below chest and left kneecap sustained bruises and sprain. I was given 3 days Medical leave.



**SINGAPORE  
POLICE FORCE**



T/20210907/2058

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

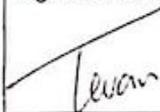
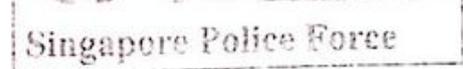
4 of 4  
Report No. T/20210907/2058

**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 L / Sr Staff Sgt LEE YEE HUAT	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 07/09/2021 14:15
Officer In Charge Of Case: TP / AEIT / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:  
Authentication Stamp NP168  Signature 	SN 130 

CONFIDENTIAL

Annex E

## NOTICE OF REPORTING

This is to confirm that Tevan Sankaran S/O Jeyasankar, S9401684C, Hp: 91015307 has reported to the Police a non-injury traffic accident which occurred at No. 2 Woodlands Sector 1 on 06/09/2021 at 1800hrs involving the following vehicles:

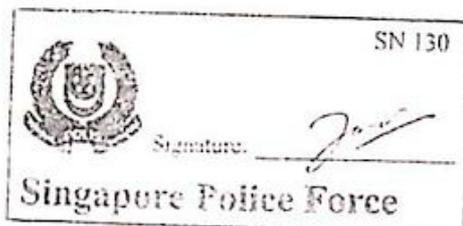
V1) XE6227M

V2) SLB4415H

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSS MUHD FADHILDate: 06/09/2021 Time: 2009HRS  
S/D Ref: 111Police Post/Unit : WOODLANDS EAST NPC / WOODLANDS DIVISIONOriginal - to be issued to informant  
Duplicate - to be submitted to Traffic Police

CONFIDENTIAL





**POLICYHOLDER ACKNOWLEDGEMENT FORM**

Date: 7/9/2021 To: Owner of Vehicle Number XE6277M

The following has been advised to you via your workshop, Connect 3 through their staff. Please tick the applicable box if you had been advised on any of the following

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence
- You had been advised by the workshop on the liability and merits of the case accordingly
- You had been advised by the workshop of the claims procedure as follows:
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected
  - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible
- If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AXA help, please forward the photos of the front and back of the NPIC and driving license to [motor.doc@axa.com.sg](mailto:motor.doc@axa.com.sg)
- You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get
- \$200 off on your Basic Own Damage Excess or
  - \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
  - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is \_\_\_\_\_ . The estimated arrival time does not include the repair period.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy
- For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

AXA Insurance Pte Ltd (Company Reg No: 10980527)  
 11 Robinson Road, #14-01 AXA Tower, Singapore 048511  
 AXA Customer Centre, Tel: 21 22  
 Telephone: +65 6550 4488 [axa.com.sg](http://axa.com.sg)



Signed and acknowledged by

*Tubay*



Name and signature of policyholder / authorized driver\* and company stamp (where applicable)

\*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle

*[Signature]*



Name and signature of workshop personnel including company stamp

AVA Insurance (UK) Ltd. (Incorporated in the UK)  
AVA Insurance (UK) Ltd. 24 Old Bailey, London EC4A 3DF  
AVA Customer Centre 011 23 23 24  
Telephone: +45 4520 4550 Fax: +45 4520 4551



redefining / standards

### COMMERCIAL MOTOR CLAIMS FORM (CMCF)

This form is meant to be signed between the claimant and the workshop. It contains 3 sections broken down as:

- 1) **The Authorization Form:** Meant for the Policyholder/Employer/Hirer/any equivalent authorized person to attest that the driver/employee at the time of the accident was authorized to drive the damaged vehicle and has the right to make the accident reporting.
- 2) **The Policyholder Acknowledgement Form:** This section covers all mandatory information that workshop must share with the claimant with regards to the claim process.
- 3) **The Lump Sum Repair Form:** Meant to acknowledge that the workshop has duly advised the claimant on the lump sum repair and that claimant is accepting the conditions.

The authorized signatory must mark and complete all Sections he/she acknowledges and must sign the relevant Sections, where applicable. If Section 3 is acknowledged subsequently, the signatory must state the date at the dedicated field and counter sign thereat.

#### Section 1: Authorization from Policyholder/Employer/Hirer

I Ham Ho DMC Pte Ltd hereby confirm that Mrs Tevon Santaran S/o Jeyasankar

NRIC No./FIN No./Passport No. S9401684C, is an employee of

Ham Ho DMC Pte Ltd, and he/she was authorized to drive the insured vehicle

bearing registration no. XE 6227M during the time of the accident on

6/9/2021 (Date).

I hereby further confirm that he/she is authorized to make the accident report on behalf of the Company.

Tuan.

