

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 Authorized 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	07/05/2021 13:52 (SGT)
Date of Accident	04/05/2021 10:30 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	BIDADARI PARK DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH6383P
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	SHARP ENGINEERING & CONSTRUCTION PTE. LTD.
Company Reg No	201712732C
Email Address	sharp.ecpl@gmail.com
Mobile Phone No	(Phone) +65-92319679
Alternative Phone No	+65-92319679

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
Variant	150 5MT
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	Goods vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	-
Cover Note Number	-

DRIVER

Name of Driver	MOHAN SATHISHKUMAR
Passport No/FIN	G2277136T

Date Of Birth	02/04/1989
Occupation	Outdoor
Date Of Driving Pass	23/03/2020
Driving experience	1 YEAR AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92319679
Alt. Phone Number	-
Email Address	sharp.ecpl@gmail.com
Address	17 JLN BESUT #03-05
Address complement	-
Postcode	-
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 - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle 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	REZA SALIM
Gender	Male

PASSENGER 2

Name	KOLANJIYAPPA VIJAYAPRAKASH
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN

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	YP486B
Vehicle Manufacturer	-

Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR8417S
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MOHAN SATHISHKUMAR
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH6383P
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

INJURED 2

Name of injured person	REZA SALIM
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH6383P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

INJURED 3

Name of injured person	KOLANJIYAPPA VIJAYAPRAKASH
Gender	-
Phone No	-

Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	GBH6383P
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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

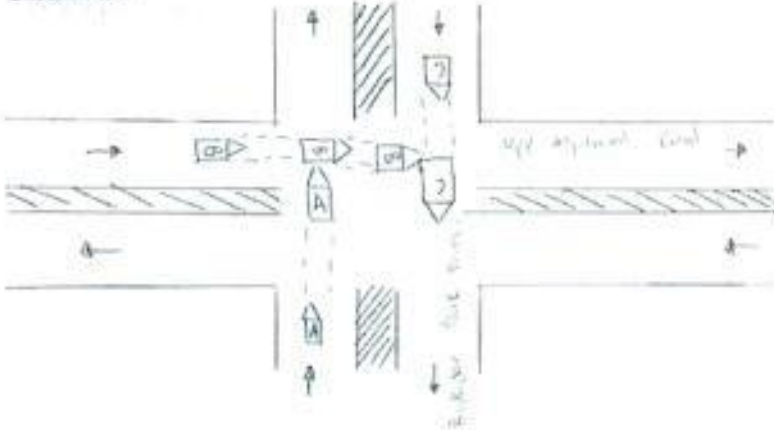


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A. 63H 6552P

B. 7P48LB

C. 5LR8475

Describe Circumstances of the Accident

On the above stated date and time, I was traveling along Al-Bahar, Baza.
 Dr. H. I was approaching the ~~the~~ traffic, the traffic was in my lane.
 I the proceeding straight when suddenly vehicle B came from my
 left and collided into my vehicle front position, then after colliding
 on to my vehicle, vehicle B then lost control and continued straight
 and collided into vehicle C rear right position.

*****for company vehicle only*****

I REZA SALIM Is the EMPLOYEE of
 company SHARP ENGINEERING & CONSTRUCTION and im using the vehicle
GBH5382P for ☒ work ☐ private purpose .

Declaration

We declare the foregoing particulars are true in every respect

Policyholder's Signature / Date & Time

 Date: 2017/12/27
 Time: 11:00

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

Witnessed by Reporting Centre Personnel






















5/6/2021

roundcube (500 x 1600)



AXA Insurance Pte Ltd
 1800 888 4038 (within Singapore)
 (65) 6810 4835 (international)
 (65) 6810 4769
 customerservice@axa.com.sg
 www.axa.com.sg

date
 03/04/2020

policy number
 CVL / 06198001

Certificate of Insurance

Commercial Vehicles (Third Party Risk and Compensation) Act, (Chapter 145) - Commercial Vehicles (Third Party Risk and Compensation) Rules, 1999 (Malaysia)
 1997 (Malaysia) - Commercial Vehicles (Third Party Risk) Rules, 1999 (Malaysia)

Policy details

Policyholder name	SHARP ENGINEERING & CONSTRUCTION PTE. LTD.	Certificate number	06198001 / 1
Car	Compass	NO	
Engine number	UVD2854330	Chassis number	211A120Y004211159
Vehicle Registration number	CB932897		
Period of Insurance	from 04/08/2019 to 03/08/2021 (both dates inclusive)		
Sum Insured	Market Value at the Time of Loss		
Insurance Agent Company	AXA		

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 then 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 while towing a trailer except the towing of any disabled mechanically propelled vehicle.

* The above limitations are subject to Section 9 of the Commercial Vehicles (Third Party Risk and Compensation) Act, (Chapter 145) and Section 95 of the Road Transport Act 1997. An excess of \$5,000 is to be provided under these limitations.

Excess

The excess shall be as follows:

For any claim, the excess of \$5,000 is applicable for any named/unnamed drivers who are licensed to drive 24 years old and/or have been licensed for 10 years and/or have been licensed for 1 year to less than 2 years on the relevant classes of driving licence.

For any claim, the excess of \$7,000.00 is applicable for any named/unnamed drivers who are licensed to drive 24 years old and/or have been licensed for 10 years and/or have been licensed for 1 year to less than 2 years on the relevant classes of driving licence.

Additional clauses & endorsements to your policy

Virtual Insurance Agencies Pte Ltd
 182 Waterloo Street #02-02
 Singapore 187906
 Tel: (65) 63380083 Fax: (65) 63380047

VIRTUAL INSURANCE AGENCIES PTE LTD
 182 Waterloo Street #02-02
 Skyline Building, Singapore 187906
 Tel: (65) 63380083 Fax: (65) 63380047

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