SF0F21CE0003 / FALCON-AIR AUTO SERVICES PTE LTD [575721]
ENTRY DATE & TIME: 14/12/2021 16:10 (SGT)
SUBMITTED BY: Florence Loh
VERSION: 1 (14/12/2021 16:10 (SGT))

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 witholding 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	14/12/2021 16:10 (SGT)
Date of Accident	13/12/2021 16:45 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	INSIDE 21 KRANJI CRESCENT
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBK385H

INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	ASHKURE INSIGHT
Company Reg No	[redacted]
Email Address	[redacted]
Mobile Phone No	(Phone) +65-[redacted]
Alternative Phone No	+65-[redacted]

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	DYNA 150 5MT
Variant	-
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 - Claiming third party
Vehicle Category	Commercial vehicle
Transmission	Manual
CC	2982

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA589718/1
Cover Note Number	-

DRIVER

Name of Driver	RAMALINGAM VENGATESAN
Passport No/FIN	[redacted]

Date Of Birth	[redacted]
Occupation	Outdoor
Date Of Driving Pass	[redacted]
Driving experience	[redacted]
Gender	Male
Mobile Number	(Phone) +65[redacted]
Alt. Phone Number	-
Email Address	[redacted]
Address	B
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 - Head to Rear
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOSTAFA GOLAM
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.

NOTE: VEHICLE REPAIR AT OWNER W/SHOP - WAH YU AUTOMOTIVE

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	XD2680T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	CHIN SEOW BENG
-	[redacted]
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

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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' 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

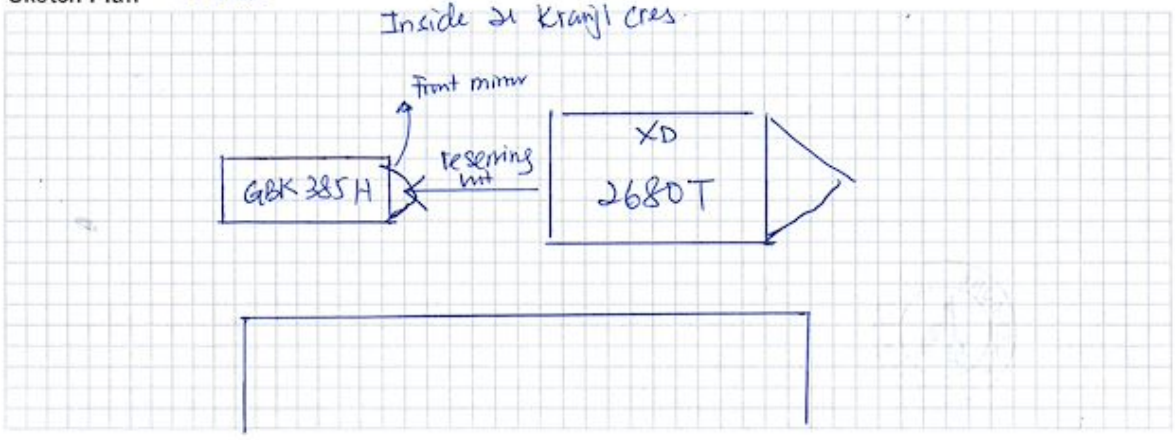
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

ASHKURE INSIGHT S3220914A

FALCON-AIR AUTO SERVICES PTE LTD SIN MING

Policyholder's Signature / Date & Time 14/12/21 14.15hrs	Driver's Signature (If driver is not the policyholder) / Date & Time 14/12/21 14.15hrs	Witnessed by Reporting Centre Personnel

Sketch Plan



16.45pm

Describe Circumstances of the Accident

My lorry stationed at 21 Kranji Cres and a skip tank truck reversed and hit my lorry front portion. I honked a couple of time but he did not hear and continue reversing (see attach video).

Witness: ① chandru [redacted]

[redacted]

[redacted] driver.
Ipar- Mostafa Golam (M).

Declaration

I/We declare the foregoing particulars are true in every respect.

ASHKURE INSIGHT S3220914A

Policyholder's Signature / Date & Time 14/12/21 14-15hrs

Driver's Signature (if driver is not the policyholder) / Date & Time 14/12/21 14-15hrs

FALCON AIR AUTO SERVICES PTE LTD SIN MING

Witnessed by Reporting Centre Personnel

POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 14/12/2021 To: Owner of Vehicle Number: GBK 385H

The following has been advised to you via your workshop, Falcon-Air Auto Services Pte Ltd through their staff, Florence Loh. 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 on the claims procedure for the type of claim that you will be making due to this accident.
- 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.

( ) 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.

( ) 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.

( ) The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.

( ) 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 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.

( ) 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.

(✓) Others thirty party (owner w/shop).

Signed and acknowledged by:

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.

Florence Loh **Name and signature of workshop personnel including company stamp**

To Whom It May Concern,

Accident involving my vehicle no GBK 385H on 13/12/2021 (date) with XD 26807 (other veh no) along inside 21 Kranji Crescent

I, Kang Beng Huat NRIC No : [redacted]

owner of vehicle no - GBK 385H am aware of the accident of my vehicle on GBK 385H (Date) while car was driven by Ramalingam Vengatesan

IC No [redacted] I hereby authorise him/her to make the report.

Name Kang Beng Huat

Date : 14/12/21

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the above accident.

_____

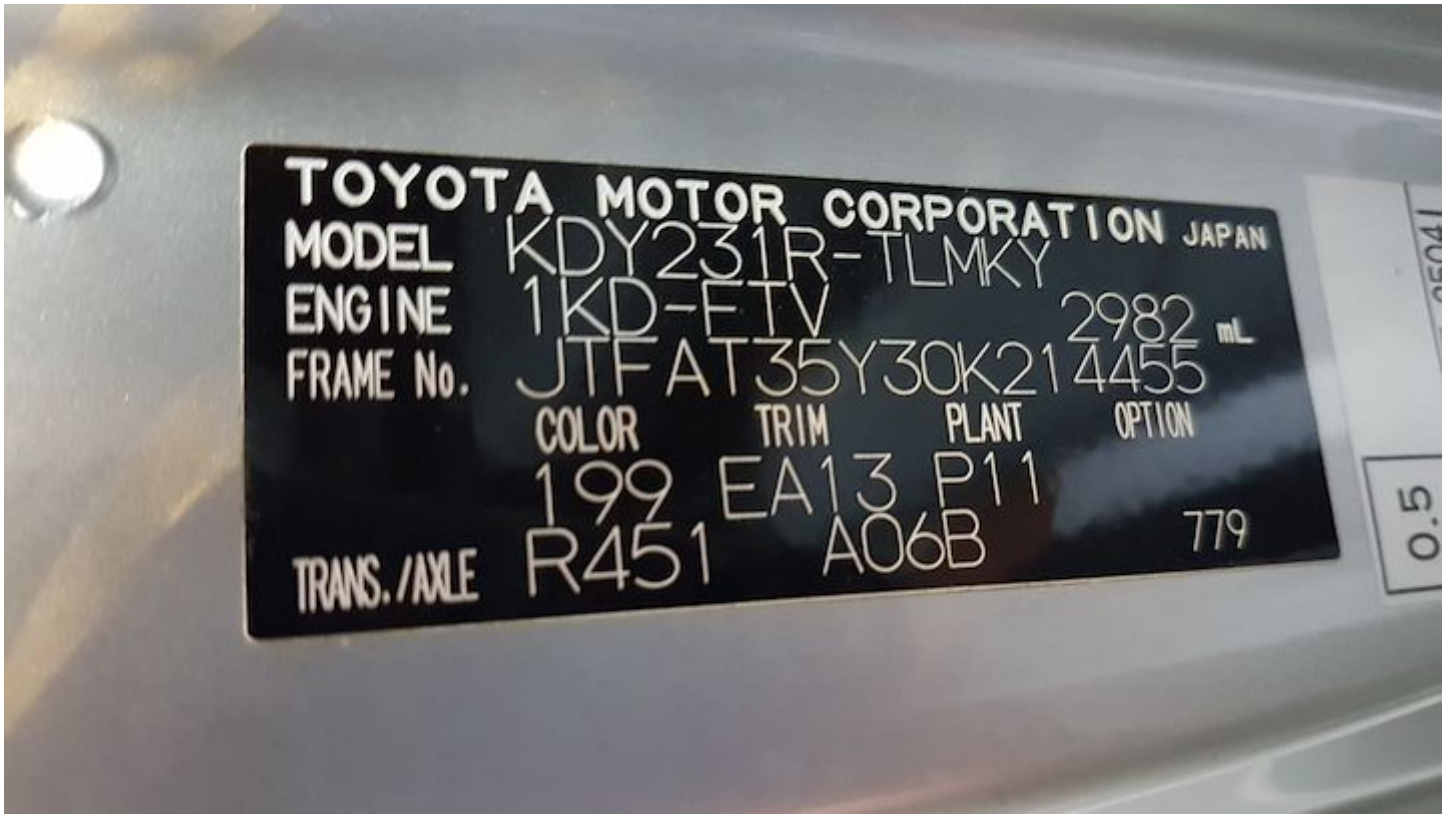
Name

Date

IMAGES

IMAGES #2

IMAGES #3


TOYOTA MOTOR CORPORATION JAPAN
MODEL KDY231R-TLMKY
ENGINE 1KD-FTV 2982 mL
FRAME No. JTFAT35Y30K214455
COLOR TRIM PLANT OPTION
199 EA13 P11
TRANS./AXLE R451 A06B 779
0.5

IMAGES #4

IMAGES #5