

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	14/03/2022 09:26 (SGT)
Date of Accident	11/03/2022 08:00 (SGT)
Exact Location of Accident	391 Orchard Rd, Singapore 238872
Additional Location Information	TAKASHIMAYA LOADING BAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF2325U
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	BENGAWAN SOLO PTE LTD
Company Reg No	199102507H
Email Address	andi.suwandi@bengawansolo.com.sg
Mobile Phone No	(Phone) +65-67569088
Alternative Phone No	(Office) +65-67569088

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Dyna
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	2982

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	P0351841
Cover Note Number	-

DRIVER

Name of Driver	LOGENDRAN TIVATHAS
NRIC No	S7988263A

Date Of Birth	08/10/1979
Occupation	Outdoor
Date Of Driving Pass	18/03/2010
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-81589056
Alt. Phone Number	-
Email Address	andi.suwandi@bengawansolo.com.sg
Address	5 JALAN INDAH 12/11 81200 JOHOR BAHRU
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)	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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

I WAS REVERSING MY VEHICLE. I DID NOT NOTICE VEHICLE B WAS STATIONARY AT THE REAR. END UP, HIT ONTO VEHICLE B FRONT PORTION.

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	GBE8486D
Vehicle Manufacturer	-
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	-
Details of property damaged in accident	VEHICLE B
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.

BENGAWAN SOLO PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was reversing my vehicle, I did not notice vehicle B was stationary at the rear end up hit onto vehicle B front portion.

Declaration

We declare the foregoing particulars are true in every respect.

4ENGAWAN SOLO PTE LTD

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

LETTER OF UNDERTAKING

I/We, BENGAWAN SOLO PTE LTD, the owner of vehicle no. ABF 2325U

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

BENGAWAN SOLO PTE LTD

.....
Company stamp

.....
Date























AXA Insurance Pte Ltd
 ☎ 1800 880488
 ✉ customer.care@axa.com.sg
 🌐 www.axa.com.sg

Certificate of Insurance

• Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189)
 • Road Transport Act, 1987 (Malaysia)
 • Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
 • Motor Vehicles (Third-Party Risks) Rules, 1950 (Malaysia)

Policy details

CERTIFICATE NO.	P0351841	Account No.	01279
Name of Policy Holder	BENGAWAN SOLO PTE LTD		
Coverage	Comprehensive		
Sum Insured	Market Value At The Time Of Loss		
Vehicle Registration	GBF2325U		
Period of Insurance	From 01/01/2022 To 31/12/2022 (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.

Limitation 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

Seat 1 - Any Authorized Driver	: SGD 700.00
Windscreen Excess	: SGD 140.00

* 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, (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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SG0VKRS on 10/12/2021

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).

FOR INDIVIDUAL CUSTOMERS	: Cover Under the policy is valid only upon the payment of the full premium stated on the policy.
FOR NON-INDIVIDUAL CUSTOMERS	: Please refer to the Premium Warranty Clause on the policy.

AXA Insurance Pte Ltd
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 GST Registration Number: 199603512M