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.

- 4. The issue and acceptance of this is form by instrained 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

INSURED/POLICYHOLDER

Is company? Yes Name Of Registered Owner BENGAWAN SOLO PTE LTD Company Reg No 199102507H **Email Address** andi.suwandi@bengawansolo.com.sq 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

Are you claiming under your own insurance policy for repair to your vehicle?

Vehicle Category Transmission

CC

Employment

No - Reporting only Commercial vehicle

Manual 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? Nο 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 Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο 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

Address

Name of Driver
Contact Number

Address complement	-
Postcode	_
nsurance Company Name	_
Nature Of Damage	_
Details of property damaged in accident	VEHICLE B
lo. 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 Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.

MENGAWAN 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

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SENGAWAN SOLG PTE LTD

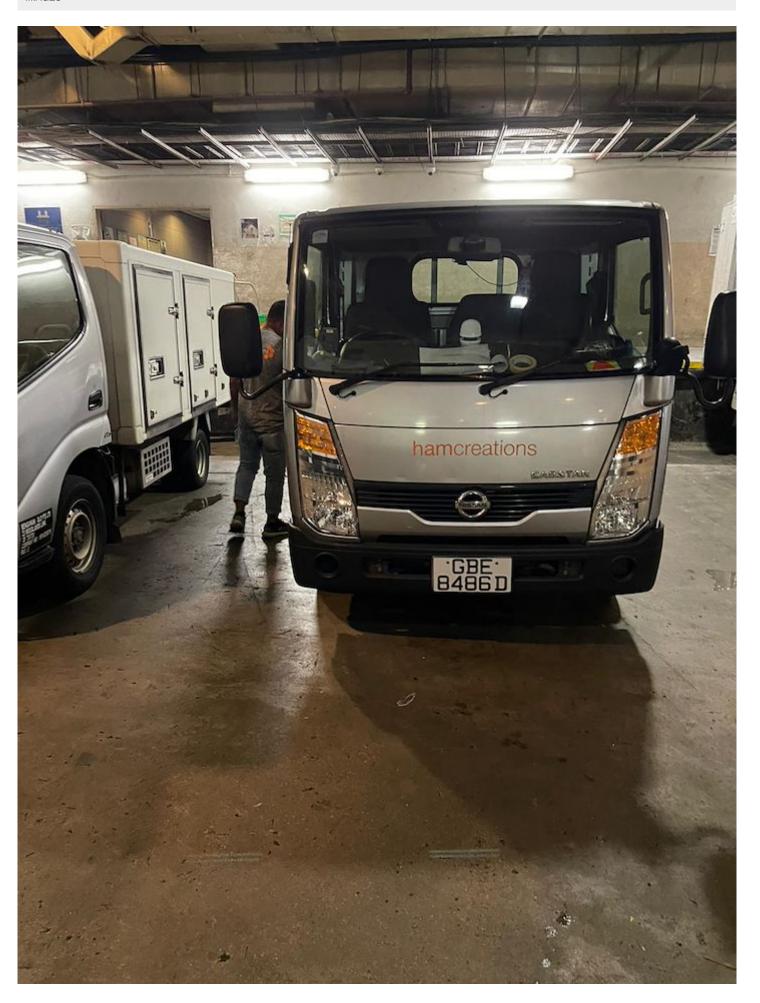
Policyholder's Signature / Date & Time

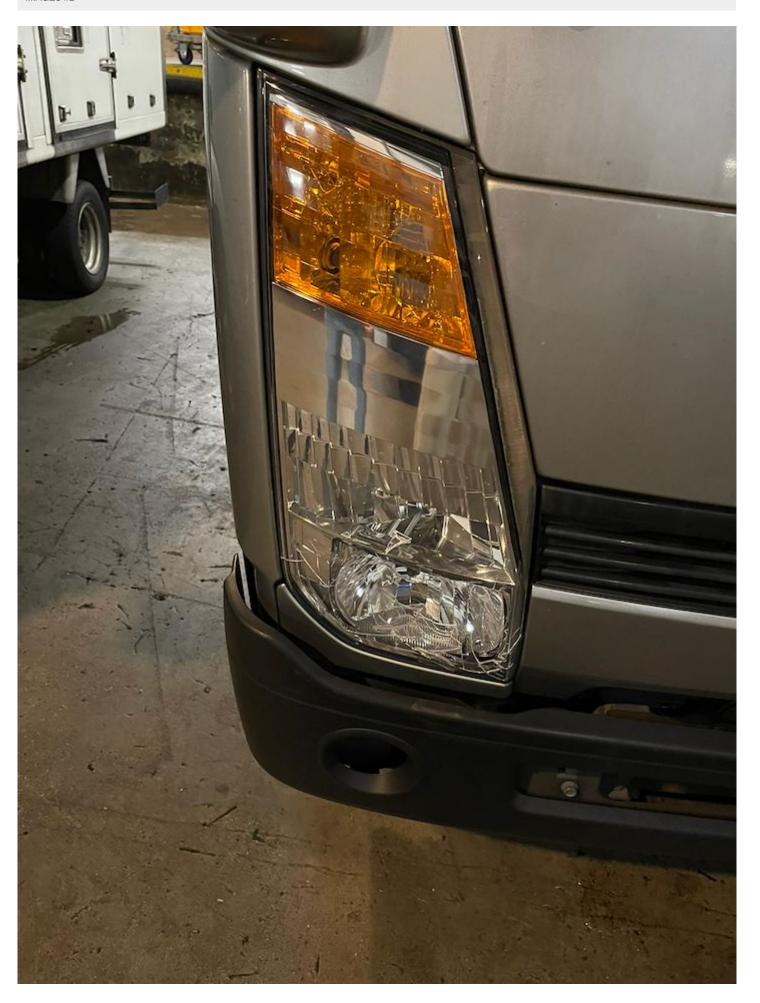
Driver's Signature (if driver is not the policyholder) / Date & Time

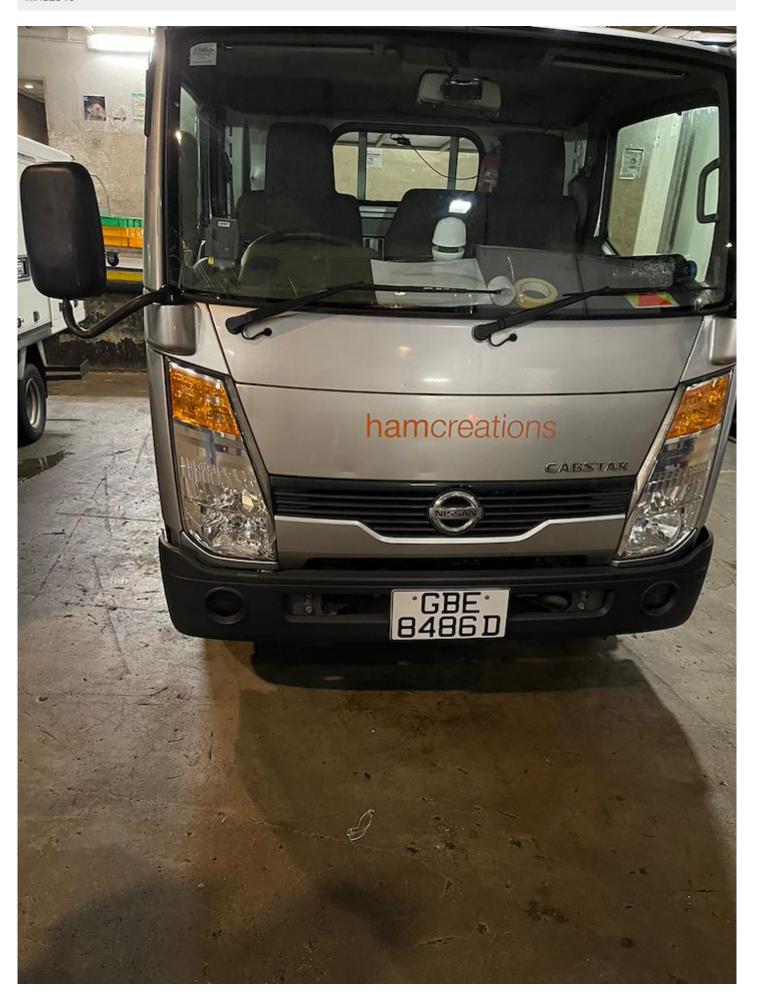
Witnessed by Reporting Centre Personnel

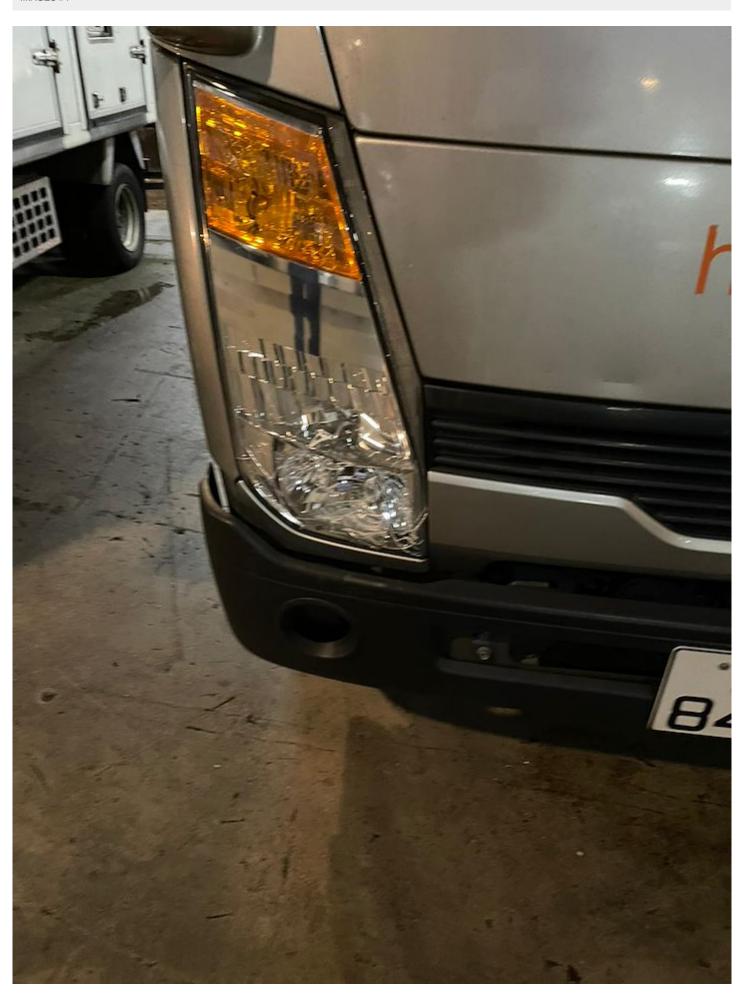
LETTER OF UNDERTAKING

I/We, BENGAWAN 2000 PIE CTI	, the owner of vehi	cle no. 987 23250				
My/Our Insurance is under M/s AXA I claim under my/our Policy or against the such a claim to M/s AXA Insurance Ptowithin 14(fourteen) days of occurrent	ne Third Party and if the f Ltd with all relevant fact	ormer shall submit				
My/Our Third Party claim is handle by	my/our preferred worksh	op,				
Signed and Acknowledge by:						
	BENGAWAN SOLO PTE LTD					
Nric no. & signature of policyholder	Company stamp	Date				























AXA Insurance Pte Ltd

☑ 1800 8804888

customer.care@axa.com.sg □ www.axa.com.sg

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation Pules, 1960)

Motor Vehicles (third-Early Risks) Roles, 1959 (Malaysia)

Policy details

CERTIFICATE NO. P0351841

· Road Transport Act, 1987 (Malayvia)

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

Provided that the person driving is permitted in accordance with the licensing or other laws of 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

Sect I - 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, (184) (Malaysia), are not to be included under these headings.

(We bereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party lisks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOVKRS on 10/12/2021

IMPORTANT:

IMPORTANT:

Policytoiders 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).

EDR INDIVIDUAL CUSTOMERS

COVER Under the policy is valid only upon the payment of the full premium stated on the policy.

Please refer to the Premium Warranty Clause on the policy.

AXA Insurance Pte Ltd B Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 GST Registration Number: 199903512M

