

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 ability
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 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 Report	26/02/2015 11:07
Date Of Accident	24/02/2015 21:00
Exact Location Of Accident	SERANGOON RD & ROWELL RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJT5708K
Insured/Policyholder	
Name Of Registered Owner	KATHIWALLA FAHAD ABDUL MAJID
NRIC No	G5695782R
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81630559
Alternative Phone No	Office-81630559

Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE-3.2 V6(A)
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
If No, Please state action to be taken	Third Party
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	CN660857
Cover Note Number	

Driver

Name of Driver	KATHIWALLA FAHAD ABDUL MAJID
NRIC No	G5695782R
Date Of Birth	21/05/1982
Occupation	Indoor
Date Of Driving Pass	05/08/2009
Driving Experience	5 Years And 6 Months
Gender	Male
Mobile Number	(Local) +65-81630559
Fax Number	
Contact Number	Office-81630559
EEmail Address	NOEMAIL

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Collision- Head to Rear (TP Hit Insured)
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? Yes
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Bedok South Neighbourhood Police Centre
 Police Station Address **ROAD:** 20 Chai Chee Drive , **POSTCODE:** 469045 , **COUNTRY:** Singapore
 Police Station Contact **TEL NO:** 1800-2448999 - **FAX NO:** 62446558
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT: T/20150225/2096.
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2928U
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF INJURED PERSON 1

Name KATHIWALLA FAHAD ABDUL MAJID
 Approximate Age
 Injuries Sustain

Injured person in which vehicle? SJT5708K
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name PASSENGER
Approximate Age
Injuries Sustain
Injured person in which vehicle? SJT5708K
Were seat belts worn?
Was injured conveyed to hospital by ambulance?
Address
Postcode

Sketch Plan Pg.1

SKETCH PLAN

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- 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 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

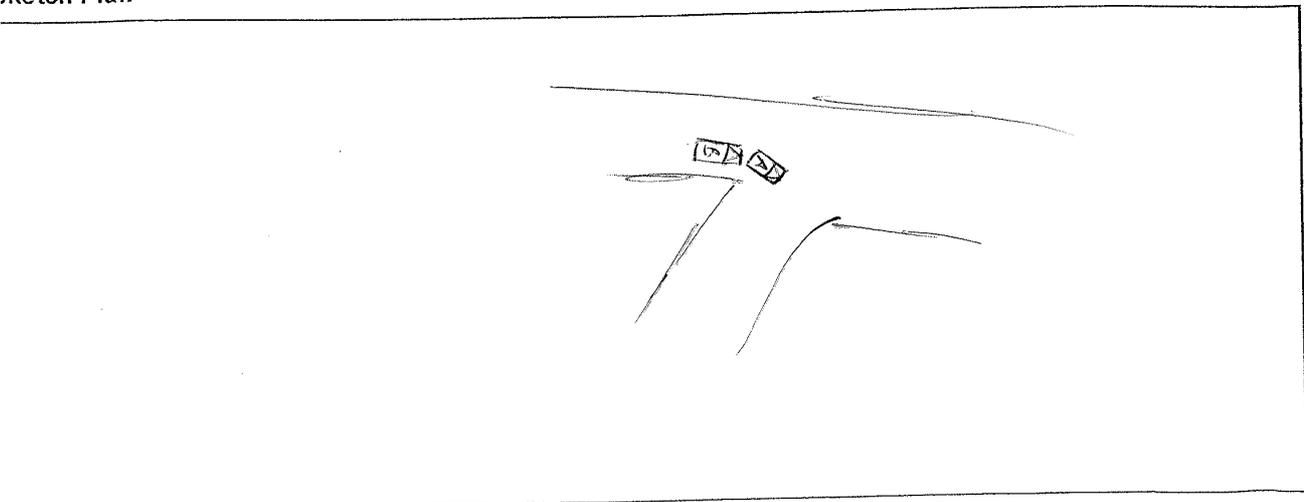
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

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

REF TO POLICE REPORT

Declaration

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

Witnessed by Reporting Centre Personnel

Insurance Co. AXA
Vehicle NO. 2JT570&K Date Of Accident 24, 02, 2015
 Reporting Only
 Own Damage Claim
 Third Party Claim

Sketch Plan #3 Pg.1

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20150225/2096

1 of 3

Report No. T/20150225/2096

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2015 16:24	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: KATHIWALLA FAHAD ABDUL MAJID		Address: APT BLK 141 LORONG 2 TOA PAYOH #11-153 SINGAPORE 311141	
ID Type / ID No.: FIN NO / G5695782R		Contact No.: Home/Office: Mobile: 81630559	
Nationality: INDIAN		Email:	
Sex: Male	Age: 32	Date of Birth: 21/05/1982	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Managing director/Chief executive officer		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/02/2015 21:00	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 SERANGOON ROAD ROWELL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD2928U	Taxi				Slightly Damaged	0
SJT5708K	Car				Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
SJT5708K	AXA INSURANCE SINGAPORE PTE LTD		08/10/2014	07/10/2015

Sketch Plan #4 Pg.1

Police Station Of Origin:
 Bedok South N.P.C
 20 Chai Chee Drive SINGAPORE 469045
 Tel No: 1800-2448999



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Report No. T/20150225/2096

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	KATHIWALLA FAHAD ABDUL MAJID	ID No.	G5695782R
Related Vehicle	SJT5708K (Car)	Contact No.	81630559
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	25/02/2015	Date Discharge	25/02/2015
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight

Brief Details.

On 24/02/2015 at about 9pm, I was driving along Serangoon Rd when I noticed a taxi, SHD2928U, parked on the right most lane before Rowell Rd with its hazard lights switched on. I was turning into Rowell Rd when I saw some pedestrians crossing the road, thus I stopped my car to let them cross. Suddenly I felt an impact from the back of my car, and then immediately followed by another impact which dragged my car forward, causing the rear end of my car to go sideways.

I then stepped out of my car and saw that the taxi earlier had collided into my car. I do not have any in-car camera in my vehicle, but I noticed a camera mounted in the taxi. At that point of time I did not feel any pain, so we agreed to settle the matter through our respective insurance companies.

However later at about 2330hrs when I was at home, I felt pain at the back of my neck and my right hand. Thus I went to the hospital on 25/02/2015 at about 12pm to check on my injuries. I received an out-patient treatment and 3 days MC from 25/02/2015 to 27/02/2015.

I also wish to state that there is CCTV at one of the lamp post near the junction.

There were 2 witnesses who came up me and provided me with their details as follows:

Gary Dave, contact no: 90609027

Asad, contact no: 91384800

Sketch Plan #5 Pg.1

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999



T/20150225/2096

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Report No. T/20150225/2096

CONTINUATION OF REPORT

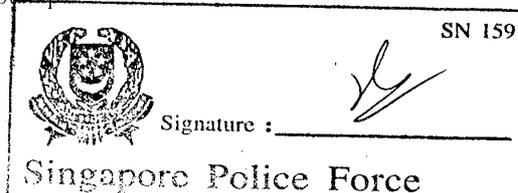
Sketch Plan

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: G / Muhammad Hafiz Bin Abdul Razak 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/02/2015 16:24
Officer In Charge Of Case: TP / AEIT / Toh Hoe Sian Jenn Contact No.: 65476185	Classification Of Case:

Authentication Stamp
NP168



EMPLOYMENT PASS
 Employment of Foreign Manpower Act (Chapter 91A)
 Republic of Singapore

Employer
BLISS COMPUTER TRADING PTE LTD

Name
KATHIWALLA FAHAD ABDUL MAJID

Occupation
MANAGING DIRECTOR

FIN
G5695782R

Date of Application
15-10-2014

Date of Issue
10-12-2014

Date of Expiry
10-12-2016

L5144603



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **G5695782R**
 Name
KATHIWALLA FAHAD ABDUL MAJID

Birth Date: **21 May 1982**
 Issue Date: **02 Sep 2014**
 Valid Till **01 Sep 2019**

002341423D



VISIT PASS
 Immigration Regulations

Name
KATHIWALLA FAHAD ABDUL MAJID

Date of Birth **21-05-1982** Sex **M** Nationality **INDIAN**

FIN **G5695782R** Date of Issue **10-12-2014** Date of Expiry **10-12-2016**

MULTIPLE JOURNEY VISA ISSUED

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.



YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	05 Aug 2009
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	05 Aug 2009

NP 428A

Licence No: **G5695782R**



AXA INSURANCE SINGAPORE PTE LTD

5 Shelton Way #27-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel: 6330 7268 Fax: 5338 2922
 Website: www.axa.com.sg
 GST Registration Number: M2-0095922-2



Original

Agent Code: 01949

Policy No. (if any): -

New Business

SmartDrive Quote Ref.

MOTOR COVER NOTE

No. CN660857

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 169) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1976; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE SINGAPORE PTE LTD
INSURED	KATHIWALLA FAHAD ABDUL MAJID
MAKE AND DESCRIPTION OF VEHICLE	PORSCHÉ CAYENNE V6 A
VEHICLE REGISTRATION NO.	SJT5708K
YEAR OF MANUFACTURE	2006
ENGINE NO.	61609514
CHASSIS NO.	WP1ZZ2SPZ6LA04305
ENGINE CAPACITY/TONNAGE	3189C.C.
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HITACHI CAPITAL SINGAPORE PTE LTD
VALUE (S\$)	S\$110,000.00
PERIOD OF INSURANCE	FROM: 08/10/2014 TO: 07/10/2015
EXCESS (S\$)	AS PER QUOTED & AGREED
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 169) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).



Issued by ANIKA INSURANCE BROKERS & CONS on 08/10/2014 3:24pm

AXA INSURANCE SINGAPORE PTE LTD

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$63.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTRCA/07E/01/03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

