

## 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	18/02/2016 17:53
Date Of Accident	14/02/2016 19:00
Exact Location Of Accident	ANCHORVALE ROAD
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR2629K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RHENUGA D/O K R RAJENDRAN
NRIC No	S8105503C
Email Address	acebricks24@gmail.com
Mobile Phone No	(LOCAL) +65-82686957
Alternative Phone No	Office-NOPHONE

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 (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?	Yes
If No, Please state action to be taken	
Vehicle Category	Private Car

### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA033845/1
Cover Note Number	

### Driver

Name of Driver	RHENUGA D/O K R RAJENDRAN
NRIC No	S8105503C
Date Of Birth	24/02/1981
Occupation	Indoor
Date Of Driving Pass	29/09/2006
Driving Experience	9 Years And 4 Months
Gender	Female
Mobile Number	(Local) +65-82686957
Fax Number	
Contact Number	Office-NOPHONE
Email Address	acebricks24@gmail.com

Address	888 UPPER BT TIMAH RD #04-17
Postcode	678185
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- Change/cross lane
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	3

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

ON 14/02/2016 @ ABT 1900HRS. WHEN CHANGE MY LANE TO LEFT I HAD ACCIDENTALLY KNOCKED ONTO THE TAXI(SHC5246P) WHICH IS ON MY LEFT LANE AT REAR RIGHT PORTION. NO ONE WAS INJURED. THAT'S ALL.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5246P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	98597747
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan Pg.1

### 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.

I AM AWARED THAT MY INSURER MAY HAVE A 14 DAYS TIMEFRAME FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.

Policyholder's Signature / Date &

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

Witnessed by Reporting Centre

#### Sketch Plan

Anchorvale Rd

Vehicle A: SJR 2628 K

Vehicle B: SHC 5246 P

## Sketch Plan Pg.2

Describe Circumstances of the Accident

On 11/02/2016 @ abt 1500hrs when change my lane to left I had accidentally knocked onto the taxi (SHC5246P) which is on my left lane at rear right portion. No one was injured. That's all.

## Declaration

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

- ☒ Claim own policy  
☐ Claim third party  
☐ Claim OD / TP at other workshop \_\_\_\_\_  
☐ For record purpose

Policy No.

Insurer China (C) Veh.No. SK SJR 2629K

A

Policyholder's Signature / Date &  
Time

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



Witnessed by Reporting Centre  
Personnel

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo

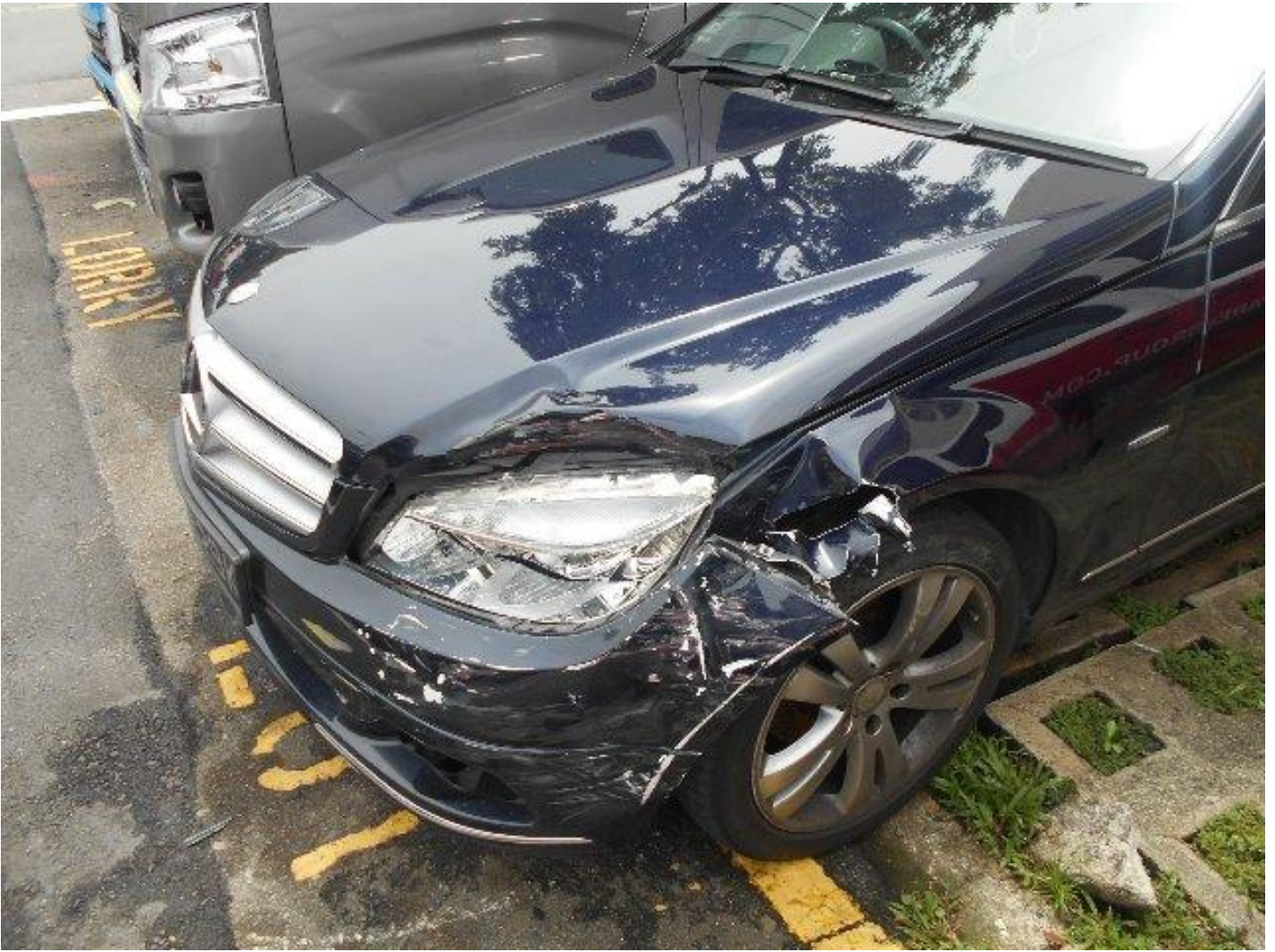


Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Addendum Sheet Pg.1**

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE** : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MSAT 16020989      Vehicle Registration No : SJR 2629K  
Name(as shown in NRIC): Rhenugha D/O K R Rajendran  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S8105503C  
Address : \_\_\_\_\_  
Contact (Tel) : \_\_\_\_\_ (H/P): 8268 6957  
(Email) : \_\_\_\_\_  
Date of Accident : 14/02/2016      Time of Accident : 19:00  
Place of Accident : Sengkang Anchorvale Rd  
Insurance Company : \_\_\_\_\_

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Place of Accident should be Anchorvale Rd
  - Name of Insurance Company should be AXA Insurance (S) P/L
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

\_\_\_\_\_  
Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm