

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	11/04/2016 15:56
Date Of Accident	09/04/2016 00:15
Exact Location Of Accident	KEPPEL ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJR7186M
Insured/Policyholder	
Name Of Registered Owner	PADMANABHAN ABHAYAKUMAR
NRIC No	S2661818E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91595588
Alternative Phone No	Office-83067106

Vehicle Particulars

Manufacturer	HONDA
Model	FIT 1.3L 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	GA091285
Cover Note Number	

Driver

Name of Driver	ANUPAM ABHAYAKUMAR
NRIC No	S9171597Z
Date Of Birth	11/01/1991
Occupation	Outdoor
Date Of Driving Pass	11/08/2011
Driving Experience	4 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-83067106
Fax Number	
Contact Number	Home-68751549
E-Mail Address	ANUPAM110191@HOTMAIL.COM

Address	202 PASIR PANJANG ROAD #01-01
Postcode	118572
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Children
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	Unknown - REFER TO SKETCH AND STATEMENT
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)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Traffic Police Division Hq - Singapore City
Police Station Address	ROAD: 10 Ubi Avenue 3 , POSTCODE: 408865 , COUNTRY: Singapore
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

CAR WAS AT THE TRAFFIC POLICE COMPOUND.
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD247K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	UNKNOWN
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	

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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.

P. Abhayakumar
11/4/2016

Policyholder's Signature / Date & Time

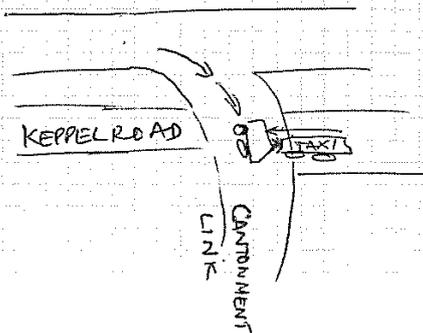
edgr April 11th 2016

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

[Signature]

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

On the abovementioned time and date, while traveling on Keppel Road, I wanted to make a right turn into Cantonment Link. I saw the green light and proceeded to turn & the right arrow light turned to red while I was turning. A speeding Transcab taxi came and hit me on the side. At the impact my car turned around and the taxi mounted the curb.

Declaration

We declare the foregoing particulars are true in every respect.

P. Abhayakumar
11/4/2016
Policyholder's Signature / Date & Time

[Signature] April 11th 2016
Driver's Signature (if driver is not the policyholder) / Date & Time

[Signature]
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20160409/2013

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20160409/2013

CONTINUATION OF REPORT

Driver			
Name	ANUPAM ABHAYAKUMAR		ID No. S9171597Z
Related Vehicle	NIL		Contact No. 83067106
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME, WHILE TRAVELING ALONG THE ROAD. I WANTED TO MAKE A RIGHT TURN, I SAW THE GREEN LIGHT AND PROCEEDED WITH THE TURN HOWEVER WHILE TURNING I THEN SAW THE RED ARROW. HOWEVER BY THAT TIME IT WAS TOLATE AND ANOTHER TAXI HAD HIT ONTO MY VEHICLE. THERE WAS NO INJURY INVOLVED.



SINGAPORE
POLICE FORCE



T/20160409/2013

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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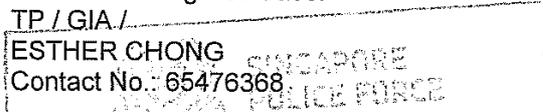
Report No. T/20160409/2013

CONTINUATION OF REPORT

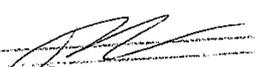
Sketch Plan

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: TP / PJ LEONG WEN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2016 02:55
Officer In Charge Of Case: TP / GIA / ESTHER CHONG Contact No.: 65476368 	Classification Of Case:

Authentication Stamp
NP168

Signature: 

Sketch Plan Pg.6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2661818E



 Name
PADMANABHAN ABHAYAKUMAR

Race
INDIAN

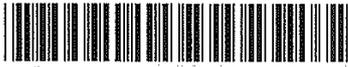
Date of birth
12-03-1965

Sex
M

Country of birth
INDIA

S2661818E

4075366



NRIC No. S2661818E



Date of Issue
20-07-2007

202 PASIR PANJANG ROAD #01-01
SINGAPORE 118572

NRIC No: S2661818E Date: 29/10/2011 No: 6851311

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9171597Z



Name
ANUPAM ABHAYAKUMAR

Face
INDIAN

Date of birth **11-01-1991** Sex **M** **S9171597Z**

Country of birth
INDIA



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S9171597Z**

ANUPAM ABHAYAKUMAR

Birth Date **11 Jan 1991**
Issue Date **11 Aug 2011**



001990524J

4298658



NRIC No **S9171597Z**



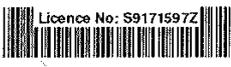
Date of issue
28-10-2008

2008 PANJANG ROAD #01-01
118572
NRIC No: **S9171597Z** Date: **23/12/2011** No: **6971324**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg **11 Aug 2011**



Licence No: **S9171597Z**

NP 428A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



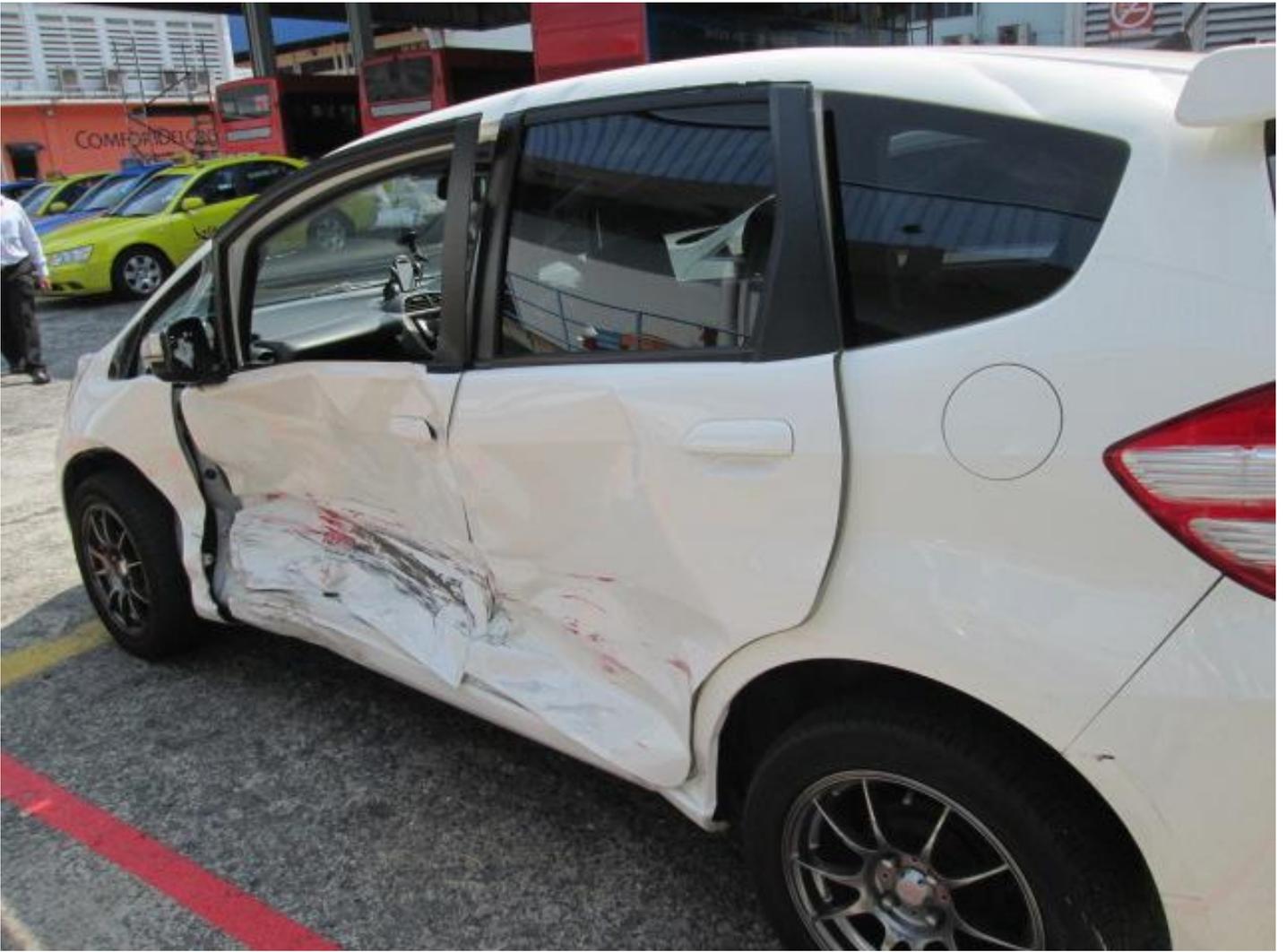
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