

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 | 20/10/2017 16:31 |
| Date Of Accident | 19/10/2017 15:00 |
| Exact Location Of Accident | BUFFALO ROAD OUTSIDE TEKKA |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLQ9645Z |
| Insured/Policyholder | |
| Name Of Registered Owner | VINOD KUMAR MORE |
| NRIC No | S2604941E |
| Email Address | VINOD@THEJEWELBOX.COM |
| Mobile Phone No | (LOCAL) +65-96736662 |
| Alternative Phone No | OFFICE-96736662 |

Vehicle Particulars

| | |
|--|--------------|
| Manufacturer | BMW |
| Model | X1 |
| Exact Purpose for which vehicle was being used at time of accident | NORMAL USAGE |
| 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 PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | GA246506/1 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | VINOD KUMAR MORE |
| NRIC No | S2604941E |
| Date Of Birth | 02/03/1962 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/03/1994 |
| Driving Experience | 23 YEARS AND 7 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96736662 |
| Fax Number | |
| Contact Number | OFFICE-96736662 |
| Email Address | VINOD@THEJEWELBOX.COM |

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 - OPENING DOOR OF VEHICLE

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

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 2

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

REFER TO ATTACH.

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 SH8089A

Vehicle Make/Model/Colour BLUE SONATA TAXI

Details Of Properties MY RIGHT DOOR KNOCKED & SCRATCHED LOCK BROKEN

Name of Driver MR TAY

NRIC/Passport Number S1487448H

Contact Number 93224590

Address

Postcode

Insurance Company Name FIRST CAPITAL INSURANCE LTD

Nature Of Damage REAR LEFT

No. Of Passenger (Including Driver) 1

Details of Witness

Name J. FEROSE/NIKITA MORE

Phone Number 91009247/91724496

Email Address

SKETCH PLAN

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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

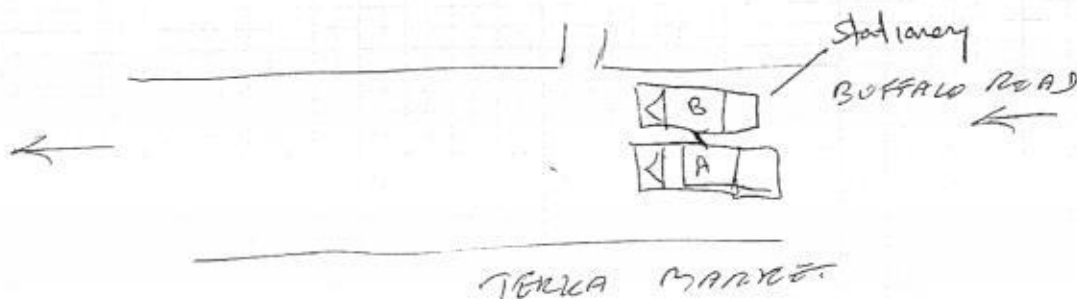
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

20/10/17

 Policyholder's Signature / Date & Time

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


 Witnessed by Reporting Centre Personnel

Sketch Plan




Sketch Plan Pg. 2


Describe Circumstances of the Accident

TAXI ON RIGHT LANE SUDDENLY STOPPED AND AS I
BY PASSED HIS LEFT PASSENGER DOOR OPENED
AND KNOCKED INTO MY DRIVER'S DOOR

Declaration

We declare the foregoing particulars are true in every respect.

 20/10/17

 20/10/17

Witnessed by Reporting Centre