

## 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	02/01/2018 13:40
Date Of Accident	01/01/2018 18:35
Exact Location Of Accident	BLK 208A CAR PARK ( BEHIDE BEDOK MALL )
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKM2959Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SUVINDER SINGH BAJAJ
NRIC No	S7333340G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91448815
Alternative Phone No	OTHERS-91448815

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	PASSAT-1.8 TSI AT ABS D/AIRBAG 4DR 2WD (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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P1470992
Cover Note Number	

### Driver

Name of Driver	HARSAHIBA KAUR REKHI
NRIC No	S8074473J
Date Of Birth	17/09/1980
Occupation	INDOOR
Date Of Driving Pass	16/09/2003
Driving Experience	14 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91085551
Fax Number	
Contact Number	
Email Address	HARSAHIBA@GMAIL.COM

Address	38A LENGKONG TIGA SINGAPORE
Postcode	417460
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : KABIRSINGH BAJAJ GENDER: : MALE

#### 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

TP REVERSE HIT INSURED REFER TO ATTACH STATEMENT RECORDED BY JIA MIN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 67415336

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### Details of Witness 1

Name	HJ
Phone Number	96575793
Email Address	

#### Details of Witness 2

Name	YS
Phone Number	90674929
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW5801T
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	WOO KIM KWEE
NRIC/Passport Number	S0180828A
Contact Number	83797317
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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 lodgment 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.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature  
Date & Time:

*Harschibe Rn*  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

*2/1/18  
1.22pm*

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

*JsaMin*

## Sketch Plan #2

### SKETCH PLAN

	<p><u>Vehicle No</u></p> <p>A - <u>SCM5869Y</u></p> <p>B - <u>GW580IT</u></p>
<p><u>Legend</u></p> <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;">               Vehicle           </div> <div style="text-align: center;">               Bike           </div> </div>	

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was straightening and reversing my car, the vehicle number GW580IT hit the front of my car and drove off.

When car B reverse & hit on me, my car is stationary.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature  
 Date & Time:

Habschke M  
 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

Jia Min  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

2/1/17  
1.22pm

2



# Common Statement

## ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 11/17		Time 1834		2 Exact location of accident Blk JOSA (Behind Badde Mall Carpark)		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) HJ / 96575793	
To objects other than vehicles No <input type="checkbox"/> Yes <input type="checkbox"/>		6 Insurance company AXA <input checked="" type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO		Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		Policy No. VPA/P1420992	
7 Driver Same as Owner <input type="checkbox"/>		Name Harsahiba Kaur		NRIC / Passport no. S80744737		Class of licence 91085351	
HP 91448815		Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>		10 Indicate the point of initial impact with an arrow (→)		11 Visible damage to vehicle A	

Registration No. (VEHICLE A) SKM359Y	
6 Insured / policyholder (see insurance cert.)	
Name Sunder Singh	
(capital letters) Bajaj	
Address	
NRIC / Passport no. S73333406	
Tel no. (from 9am till 5pm)	
HP 91448815	
7 Vehicle	
Make, type Volkswagen Passat 1.8 TSI	
AT 3654PH7 HJD	
8 Insurance company	
AXA <input checked="" type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO	
Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
Policy No. VPA/P1420992	
9 Driver	
Same as Owner <input type="checkbox"/>	
Name Harsahiba Kaur	
(capital letters) Rekhi	
NRIC / Passport no. S80744737	
Class of licence 91085351	
HP 91448815	
Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

12 CIRCUMSTANCES	
Put a cross (X) in each of the relevant boxes applicable to your vehicle	
<input type="checkbox"/> Chain Collision <input type="checkbox"/> Collided into Object <input type="checkbox"/> Collided into Motorcyclist <input type="checkbox"/> Collided into Parked Vehicle <input type="checkbox"/> Collided into Pedestrian <input type="checkbox"/> Collided into Property <input type="checkbox"/> Collision - Change/Cross Lane <input type="checkbox"/> Collision - Cross Junction <input type="checkbox"/> Collision - Head on Collision <input type="checkbox"/> Collision - Head to Rear <input type="checkbox"/> Collision - Major/Minor Rtl <input type="checkbox"/> Collision - Opening Door of Vehicle <input type="checkbox"/> Collision - Roundabout <input type="checkbox"/> Collision - U-Turn <input type="checkbox"/> Drink Driving / Drug Influence <input type="checkbox"/> Fire, Explosion or Lightning <input type="checkbox"/> Flood <input type="checkbox"/> Hit and Run / Vandalism / Damaged whilst Parked <input type="checkbox"/> Hit by Fallen Tree / Other Objects <input type="checkbox"/> No Collision <input type="checkbox"/> Side Swipe <input type="checkbox"/> Theft	
State TOTAL number of boxes marked with a cross	

Registration No. (VEHICLE B) AW58017	
6 Insured / policyholder (see insurance cert.)	
Name	
(capital letters)	
Address	
NRIC / Passport no.	
Tel no. (from 9am till 5pm)	
HP	
7 Vehicle	
Make, type	
8 Insurance company	
C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO	
Does the policy cover damage to vehicle B? No <input type="checkbox"/> Yes <input type="checkbox"/>	
Policy No. (if available)	
9 Driver (See driving licence)	
(if different from insured B above)	
Name Woo Kim Kwee	
(capital letters)	
NRIC / Passport no. S0180858A	
Class of licence 3	
HP 93797217	
Gender Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>	

10 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 47

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

15 Signatures of drivers

A Harsahiba Kaur

11 Visible damage to vehicle B

14 My remarks

B

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

# Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)		
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)				
Insured	1 Occupation (if more than one, state all)		Email: <u>harsahiba@gmail.com</u>	
	2 Vehicle registration no.	CC	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Spouse</u>		state the vehicle number and name of insurer of driver's own vehicle (where applicable)	
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify			
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.			
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)			
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass	
	17/9/80	Indoor	Outdoor	16/9/03
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability			
	9 Full details of all driving convictions including pending prosecutions in the last 36 months			
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage	
			Insurer's name and address (if known)	
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station			
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?			
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	
	16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> km/hr	
	17 What warnings were given by driver or other party?			
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	19 What lights were displayed on your vehicle/the other vehicle(s)?			
	20 If your vehicle is commercial, state weight of load carried at time of accident			
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)			
Declaration	22 State number of Passengers (including Driver) <u>2</u> KABIR SINGH BAJAJ			
	I/We declare the foregoing particulars are true in every respect			
Policyholder's signature		Date		
Driver's signature (if driver is not the policyholder) <u>Harsahiba</u>		Date <u>2/1/18</u>		



DRIVER NRIC & LICENCE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8074473J**

Name: **HARSAHIBA KAUR REKHI**

Birth Date: **17 Sep 1980**

Issue Date: **16 Sep 2003**

000830958A



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S8074473J**



Name: **HARSAHIBA KAUR REKHI**

Race: **SIKH**

Date of birth: **17-09-1980**

Sex: **F**

Country of birth: **INDIA**

**S8074473J**

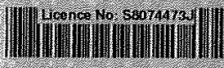
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **16 Sep 2003**

NP 428A

Licence No: **S8074473J**



4909108



NRIC No. **S8074473J**



Date of issue: **28-11-2012**

**38A LENGKONG TIGA**  
**SINGAPORE 417480**

NRIC No: **S8074473J** Date: **29/11/2017**



**AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel:(65)63387288 Fax:(65)63382522  
 Website:www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.service@axa.com.sg

**CERTIFICATE OF INSURANCE**

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPA/P1470992 Account No. : 13820  
 Coverage : Comprehensive  
 Sum Insured : Market Value At The Time Of Loss  
 Name of Policy Holder : SUVINDER SINGH BAJAJ  
 Vehicle Registration No. : SKM2959Y  
 Period of Insurance : From 17/02/2017 To 16/02/2018 (Both Dates Inclusive)

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

(a) The Policyholder  
 The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner  
 (b) Any other person who is driving on the Policyholder's order or with his permission  
 Provided that the person driving is permitted in accordance with the licensing or other laws or 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.

**LIMITATIONS AS TO USE\***

Use only for social, domestic and pleasure purposes and for the Policyholder's business  
 The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

Basic Own Damage Excess : SGD 800.00  
 Windscreen Excess : SGD 100.00

An Additional Excess is applicable as follows:  
 S\$500.00 for Unnamed Authorized Driver &/or Declared Young & Inexperienced Driver.  
 S\$5,000.00 for Undeclared Young and Inexperienced Driver.  
 (Please refer to your policy on the terms & conditions)

\* 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, 1987 (Malaysia), are not to be included under these headings.

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

**AXA INSURANCE PTE LTD**

Authorized Signature

Issued by - SGOAKAS2 on 09/02/2017

**IMPORTANT :**

Policyholders 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).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo

