

## 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 09:10
Date Of Accident	02/01/2018 06:40
Exact Location Of Accident	KPE TOWARDS CITY BEFORE TUNNEL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN9680Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ARIJIT BHATTACHARYYA
NRIC No	S7362936E
Email Address	CAPT.ARIJITB@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86612231
Alternative Phone No	OFFICE-66937340

### Vehicle Particulars

Manufacturer	CHEVROLET
Model	ORLANDO-1.4 TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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/P1536266
Cover Note Number	

### Driver

Name of Driver	ARIJIT BHATTACHARYYA
NRIC No	S7362936E
Date Of Birth	30/03/1973
Occupation	INDOOR
Date Of Driving Pass	31/10/2006
Driving Experience	11 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86612231
Fax Number	
Contact Number	OFFICE-66937340
EEmail Address	CAPT.ARIJITB@GMAIL.COM

Address	308A, PUNGGOL WALK
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	CHAIN COLLISION
Weather Conditions	DRIZZLING STILL DARK
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
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)	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

REFER TO REPORT ATTACHED , POLICE REPORT ALSO

#### 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	SLU6311K
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGY1797M
Vehicle Make/Model/Colour	SUZUKI

Details Of Properties

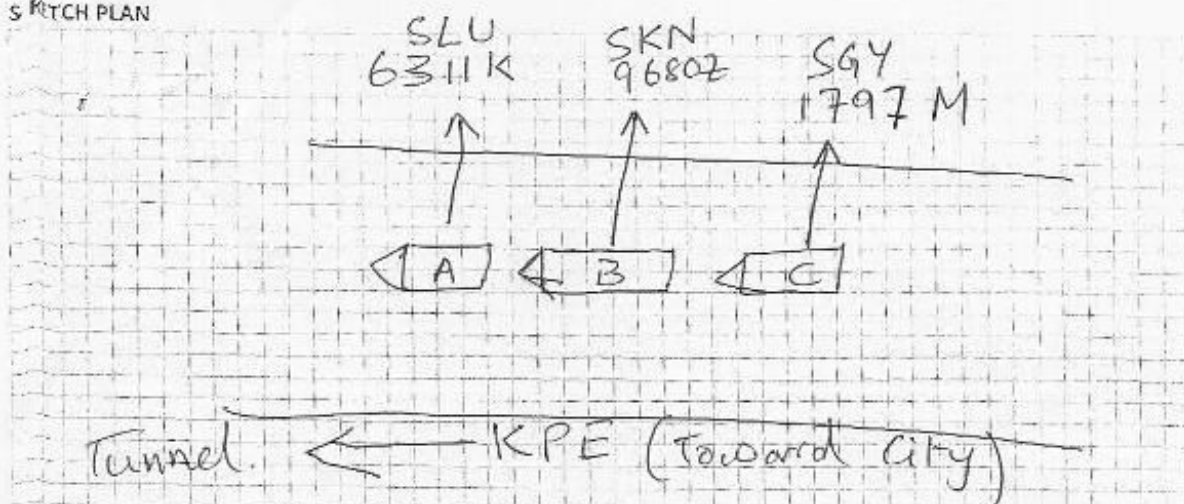
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ARIJIT BHATTACHARYYA
Approximate Age	
Injuries Sustain	BACK PAIN
Injured person in which vehicle?	
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

# Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were driving to drop our daughter to school, on KPE (towards City) before the tunnel entrance.

The car SLU 6311K (BMW) in front of me slow down and suddenly stop due to traffic. I also stopped in time, and no contact made. The car behind me SGY 1797 M (suzuki) did not stop in time and hit me from behind. Very heavy impact, which caused me to slide forward and hit the car (SLU 6311K) on the back.

I am having pain in lower back and will go to check with doctor and report to police.

I left the scene after LTA truck and attendant came and asked me to drive away. Reported to Alpine Motors at 9:30am.

## DECLARATION

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

*Matthew*  
Policyholder's Signature

Date & Time:

02/JAN 2018

9:30am

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/TIN No.:

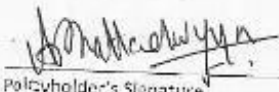
## SKETCH PLAN

**IMPORTANT NOTICE**

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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:

02 JAN, 2018  
9:30am

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

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

# INSURANCE CERT

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



Private Cars COMP  
POLICY SCHEDULE  
RENEWAL  
Original

<b>POLICY INFORMATION</b>		Policy No. : VPA/P1536266
Source	: (01) 04131 ALPINE CREDIT-CHEVROLET SCHEME	
Insured	: ARIJIT BHATTACHARYYA	
Address	: 73 TAMPINES AVENUE 1 #05-04 WATERVIEW AT TAMPINES SINGAPORE 529780	
Business/Profession	: COMMERCIAL MANAGER Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 01/08/2017 To 31/07/2018 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
<b>PREMIUM</b>		
Premium After 30.00% : SGD 1,026.77		
NCD		
Prem W/Shop	Disc	: SGD 154.02
15.00%		
Safe Driver	Disc	: SGD 102.68
10.00%		
GST 7.00%		: SGD 53.91
Annual Premium		: SGD 823.99
Total Payable		: SGD 823.99
<b>RISK DETAILS THE MOTOR VEHICLE</b>		
Type Of Cover	: Comprehensive	
Regn No.	: SKN9680Z	
Type Of Use	: Private Car	
Make/Model	: CHEVROLET ORLANDO 1.4 AT TURBO	
Year of Manufacture	: 2014	Seating Capacity (excl. Driver) : 06
Body Type	: MULTI - PURPOSE VEHICLE	Engine C.C. : 1362
Engine No.	: 14NET141140110	Chassis No. : KL1YA7589EK605407
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance		
Hire Purchase	: DBS BANK LTD	
Basic Own Damage Excess		: SGD 1,000.00
<b>Named Drivers</b>		
1 ARIJIT BHATTACHARYYA		
<b>ILLEGALITY CLAUSE</b>		
Under no circumstances shall this insurance policy be deemed to provide cover and no liability be incurred to pay or provide any benefit hereunder to the extent that		



# MINMED CLINIC (PUNGGOL)

83 Punggol Central Waterway Point, #02-15, Singapore 828761  
Tel: 6388 0123 Fax: 6583 0103

## Medical Certificate

Date : 02 Jan 2018

MC No. : 0000029876

This is to certify that :

Name : ARIJIT BHATTACHARYYA

NRIC : S7362936E

is Unfit for Duty for 3 days

from 02/01/2018 to 04/01/2018 inclusive.

**MINMED CLINIC (PUNGGOL)**

83 Punggol Central, Waterway Point  
#02-15, Singapore 828761  
Tel: 6388 0123 Fax: 6583 0103

LOCUM

*\*This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Minmed Clinic (Haig Road)	30 HAIG ROAD SINGAPORE 436737	Phone 6743 0123
Minmed Clinic (Jurong East)	50 JURONG GATEWAY ROAD #04-17 JEH SINGAPORE 608549	Phone 6333 0123
Minmed Clinic (Sengkang)	1 SENKANG SQUARE #04-13 COMPASS ONE SINGAPORE 545078	Phone 6386 0123
Minmed Clinic (Punggol)	83 PUNGGOL CENTRAL #02-15 WATERWAY POINT SINGAPORE 828761	Phone 6388 0123
Minmed Health Screeners	236 ORCHARD ROAD #10-04/05/10 PARAGON TOWER 1 LOBBY 21 SINGAPORE 238858	Phone 6339 8339

Website : [www.minmed.sg](http://www.minmed.sg) Email : [ask@minmed.sg](mailto:ask@minmed.sg)





**SINGAPORE  
POLICE FORCE**



T/20180102/2048

1 of 4

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No: T/20180102/2048

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/01/2018 12:18	Vide Report No.:	Station Diary No.: 50
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**Informant's Particulars**

Name of Informant: ARIJIT BHATTACHARYYA			Address: APT BLK 308A PUNGGOL WALK #03-414 SINGAPORE 821308	
ID Type / ID No.: NRIC NO / S7362936E			Contact No.:	Mobile: 86612231
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 44	Date of Birth: 30/03/1973	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: OPERATION MANAGER			Driving Licence Information: Class: 3	
			Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 02/01/2018 06:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PUNGGOL EAST KALLANG PAYA LEBAR EXPRESSWAY ALONG PUNGGOL EAST BEFORE ENTRANCE OF TUNNEL TO KPE				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
SGY1797M	Car				Slightly Damaged	0
SKN9680Z	Car	CHEVROLET	ORLANDO 1.4AT TURBO	Grey	Slightly Damaged	2
SLU6311K	Car				Slightly Damaged	1





**SINGAPORE  
POLICE FORCE**



T/20180102/2046

2 of 4

Report No. T/20180102/2046

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

**CONTINUATION OF REPORT**

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKN9680Z	AXA INSURANCE SINGAPORE PTE LTD	P1536266	01/08/2017	31/07/2018

**Details of Person Involved**

Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Name	VINCENT WANG	ID No.	NIL
Related Vehicle	SGY1797M (Car)	Contact No.	87421834
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	ARIJIT BHATTACHARYYA	ID No.	S7362936E
Related Vehicle	SKN9680Z (Car)	Contact No.	86612231
Hospital/Clinic	MINMED CLINIC (PUNGGOL)	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	02/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name	PETER CHEW	ID No.	NIL
Related Vehicle	SLU6311K (Car)	Contact No.	96646020
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL



**SINGAPORE  
POLICE FORCE**



T/20180102/2048

4 of 4

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20180102/2048

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:

F /

Sgt 2 LOUIS SEAH ZHENG LIANG

Signature Of Informant:

*[Handwritten signature]*

Signature Of Interpreter:

Not applicable

Date/Time:

02/01/2018 12:18

Officer In Charge Of Case:

TP / GIA /

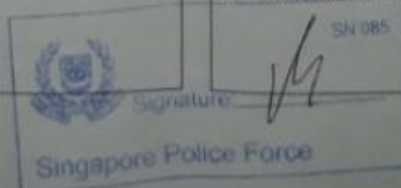
Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

SN 085

Authentication Stamp  
NP168



police report



SINGAPORE  
POLICE FORCE



T/20180102/2048

3 of 4

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

Report No. T/20180102/2048

CONTINUATION OF REPORT

**Brief Details.**

On 02/01/2018 at about 0640hrs, I was driving my vehicle bearing vehicle no. SKN9680Z a grey CHEVROLET ORLANDO together with my wife and my daughter along Punggol East towards KPE. I was driving on the extreme right lane heading towards KPE. As the traffic was building up, I noticed the vehicle bearing vehicle no. SLU6311K a brown B.M.W. which was in front of me suddenly stopped. Hence, I applied the brakes and managed to stop in time and did not collide on the rear of that vehicle. However, I suddenly felt an impact from the rear of my vehicle which caused my vehicle to move forward resulting my vehicle to collide onto the vehicle SLU6311K. I then alighted from my vehicle and realized that another vehicle bearing vehicle no. SGY1797M a red SUZUKI had collided onto the rear of my vehicle. The affected drivers then alighted and checked with us whether the ambulance was required which we informed that it was not required. Shortly, the LTA road marshal came and asked for us to drive off.

After sending my daughter to school, I felt pain in my back hence I went to Minmed Clinic at Punggol to consult the doctor and was granted 3 days MC from 02/01/2018 to 04/01/2018. MC no. 0000029876.

Accident Photo

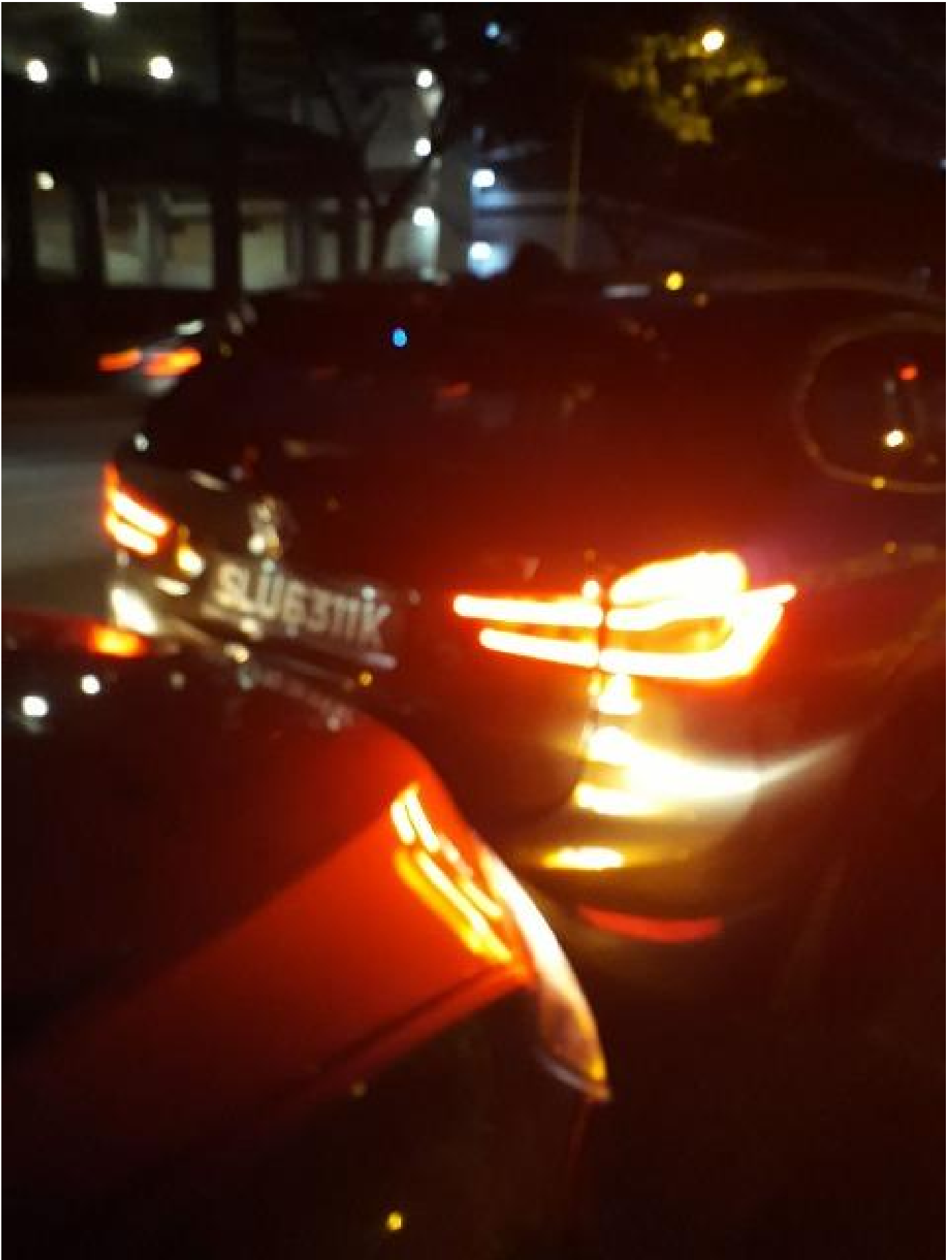


Accident Photo

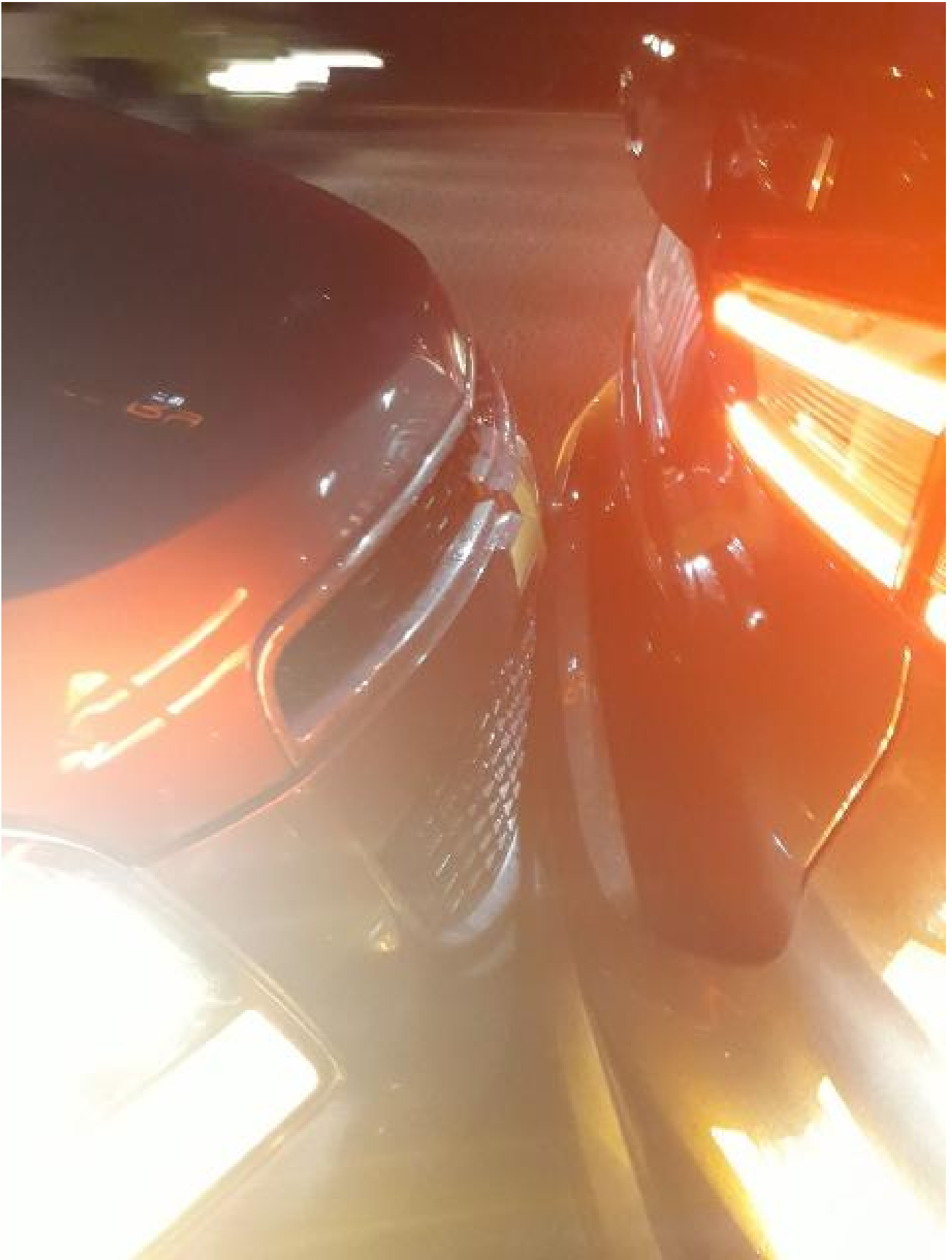




Accident Photo



Accident Photo

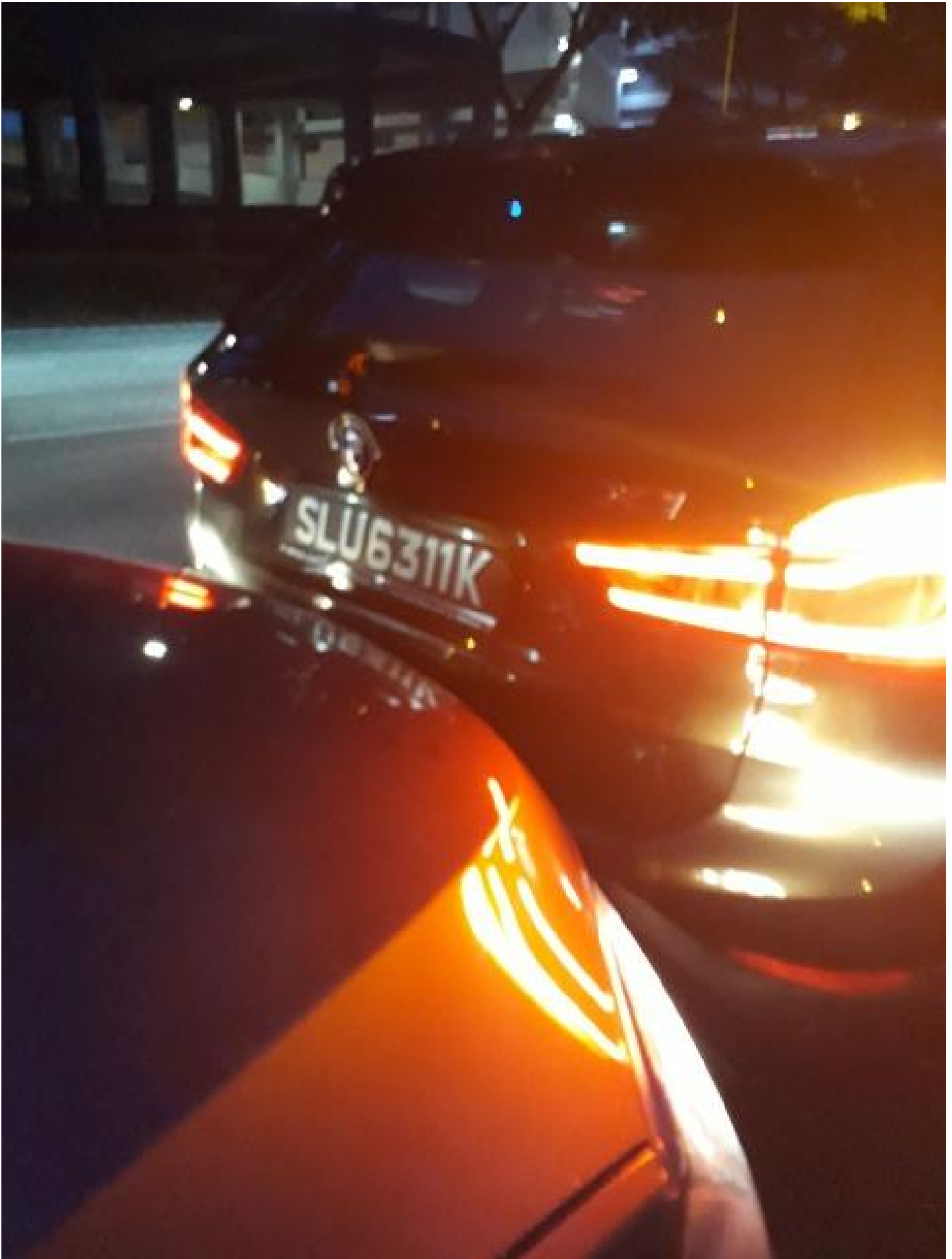




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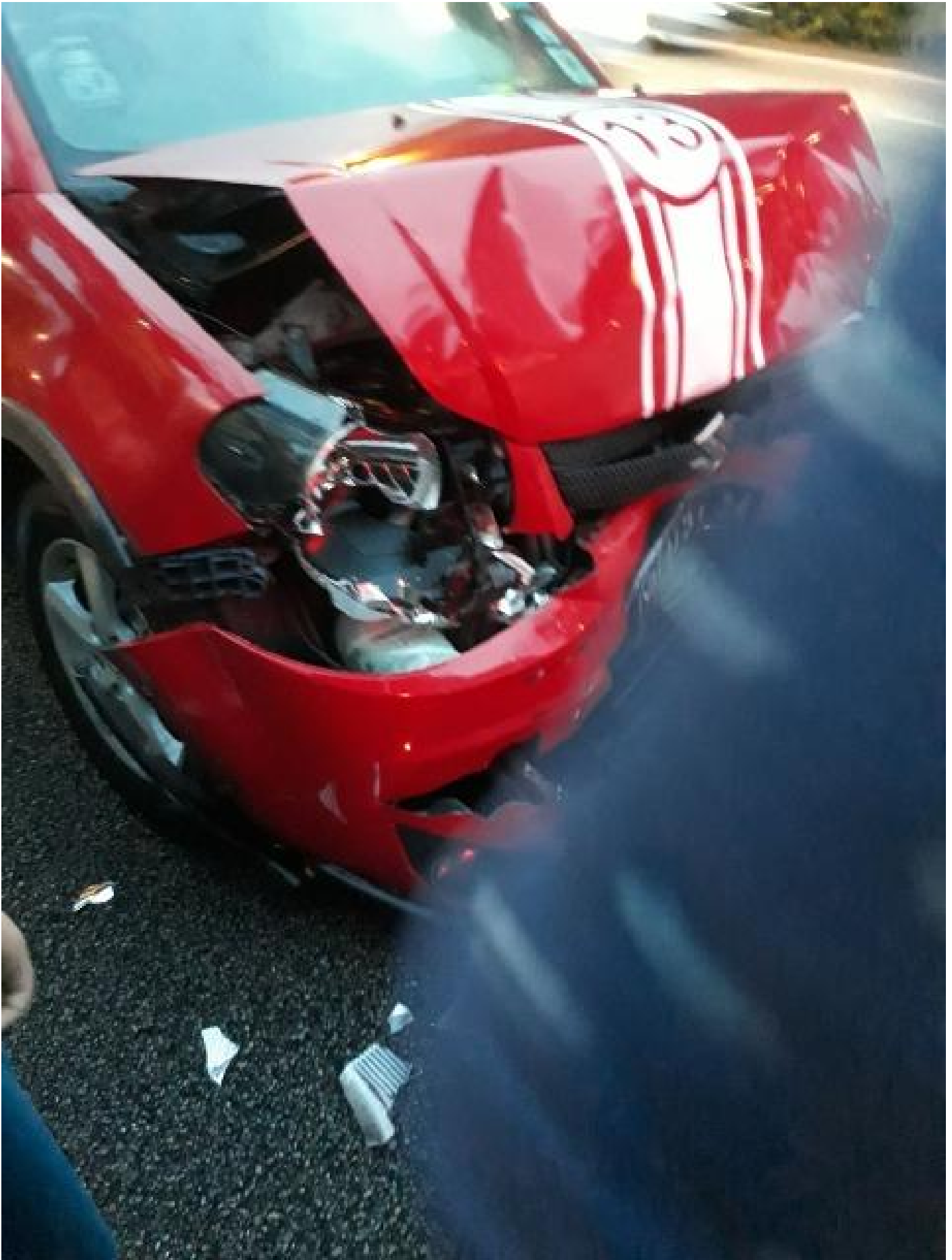
Accident Photo



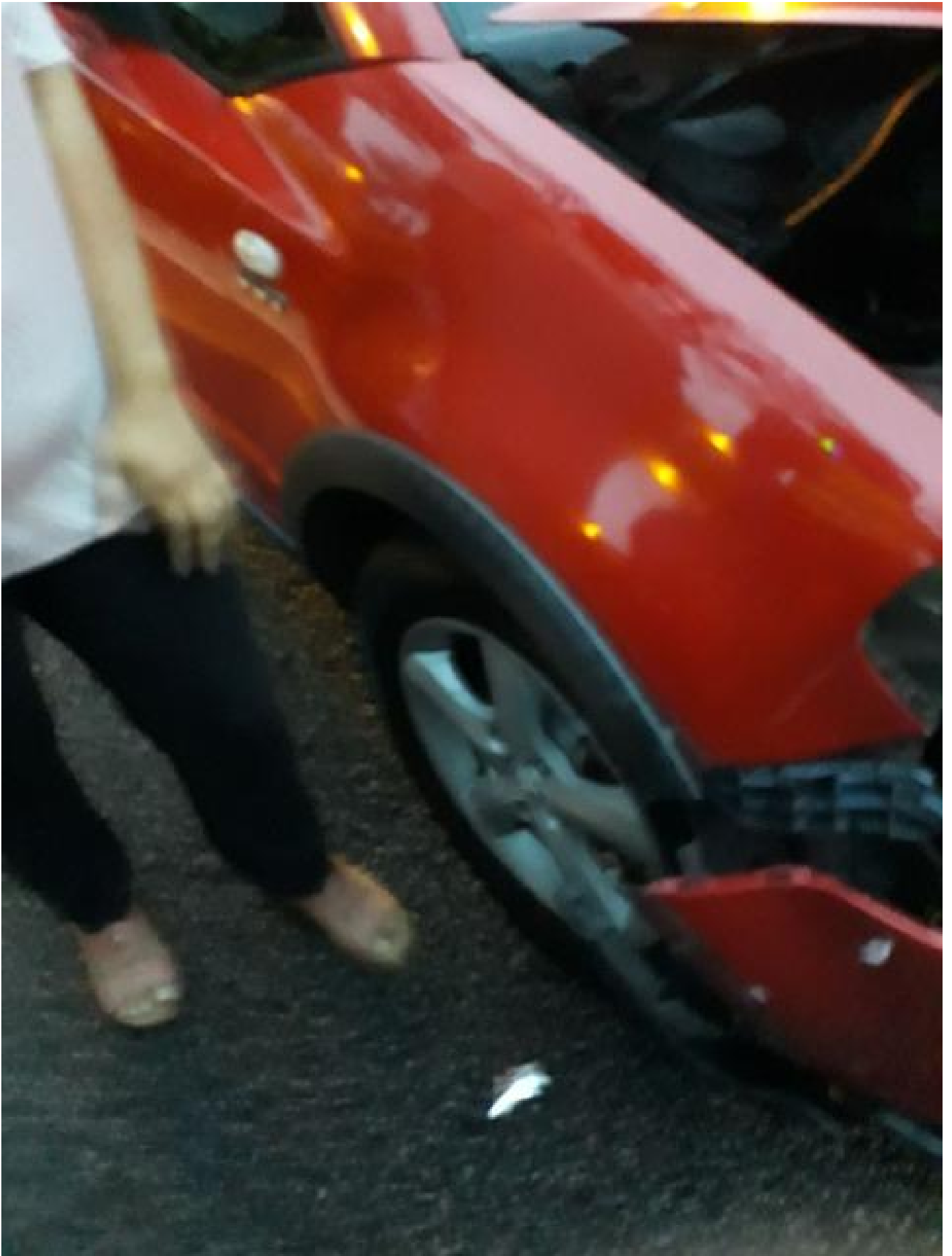
Accident Photo



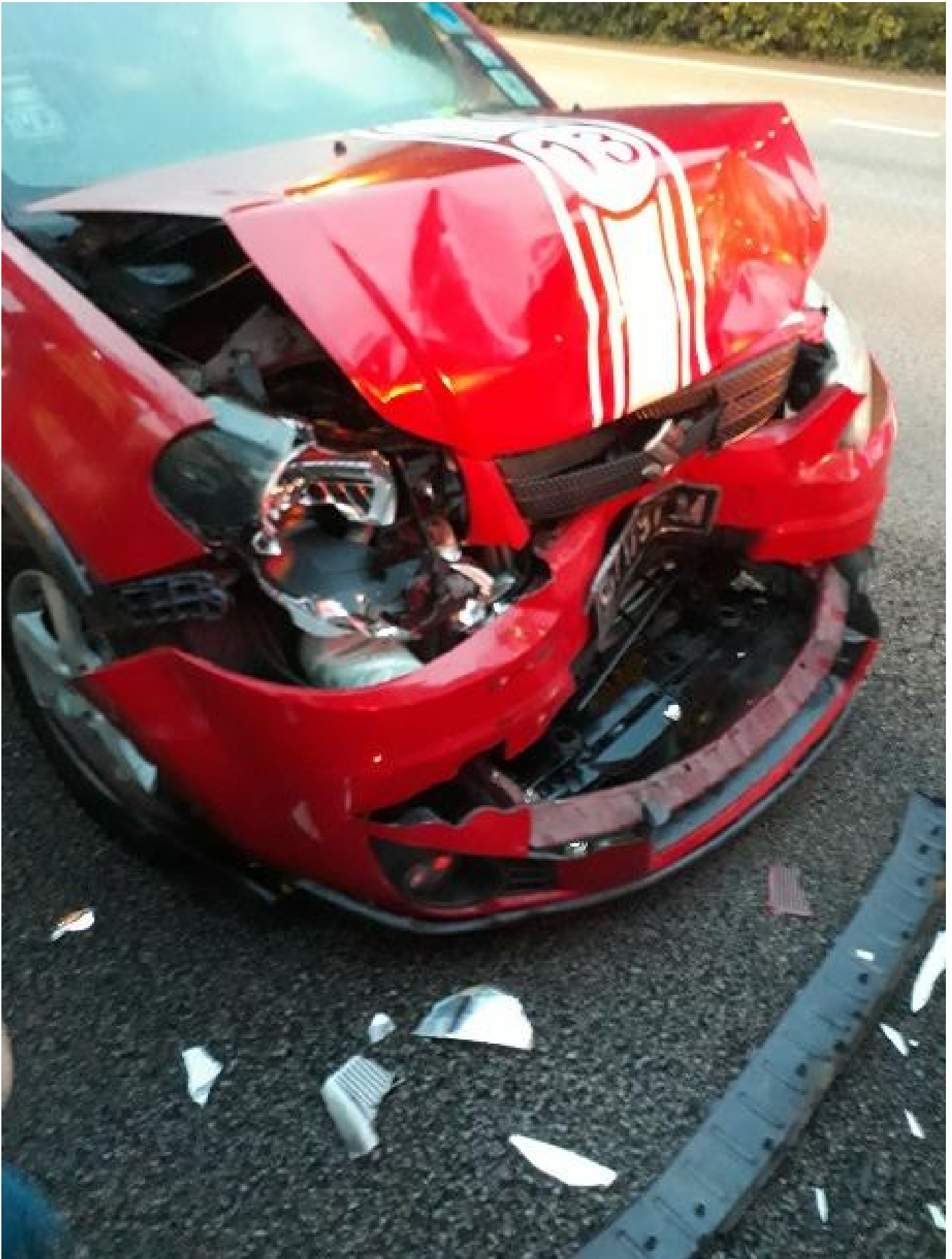
Accident Photo



Accident Photo



Accident Photo





Accident Photo





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Accident Photo



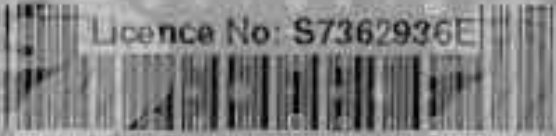
Driving License

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

	PASS DATE
Class 2B Motorcycles =< 200 cc	31 Oct 2006
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	31 Oct 2006

\*NP 428A

Licence No: S7362936E



Identification Card

4382787



NRIC No. S7362936E



Date of issue  
06-04-2009

APT BLK 308A PUNGGOL WALK #03-414  
SINGAPORE 821308  
NRIC No: S7362936E  
Date: 01/04/2017



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**



License Number: **S7362936E**  
Name: **ARIJIT BHATTACHARYYA**


Birth Date: **30 Mar 1973**  
Issue Date: **31 Oct 2006**



 001455774G

Identification Card

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S7362936E		
	Name	ARIJIT BHATTACHARYYA
	Race	INDIAN
	Date of birth	30-03-1973
	Sex	M
	Country of birth	INDIA



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
 6 Raffles Quay #18-00 Singapore 048580  
 Tel (65) 6724 0010 Fax (65) 6224 3030  
 Operating Hours: Monday to Friday, 09:00 – 17:00  
 UEN: S665500206 / GST Reg. No.: M400017735

**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 : MAN A10000048 Vehicle Registration No: SKN 9680Z  
 Name (as shown in NRIC) : ARJIT BHATTACHARYA NRIC/FIN/Passport No : S7362936E  
 (\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
 Address : \_\_\_\_\_ Singapore( )  
 Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_  
 Email Address : \_\_\_\_\_  
 Date of Accident : 21/1/2018 Time of Accident : 6.40 AM.  
 Place of Accident : KPE Towards city before tunnel  
 Insurance Company : AXA

### (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:

To change 3<sup>rd</sup> Party instead of Reporting  
only.

6/2  
 Policyholder / Driver's Signature  
 Date:

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