

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 | 04/01/2018 11:21 |
| Date Of Accident | 03/01/2018 20:10 |
| Exact Location Of Accident | JURONG TOWN HALL ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------------------------|
| Vehicle Registration Number | SGR4111J |
| Insured/Policyholder | |
| Name Of Registered Owner | JAYAKUMAR S/O RETHINASAMY |
| NRIC No | S1622707B |
| Email Address | JAYAKUMAR7962@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-90627263 |
| Alternative Phone No | OTHERS-90627263 |

Vehicle Particulars

| | |
|--------------|------------------|
| Manufacturer | KIA |
| Model | MAGENTIS-2.0 (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 PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | VPA/P1648932 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | JAYAKUMAR S/O RETHINASAMY |
| NRIC No | S1622707B |
| Date Of Birth | 21/02/1963 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/07/1985 |
| Driving Experience | 32 YEARS AND 5 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90627263 |
| Fax Number | |
| Contact Number | OTHERS-90627263 |
| Email Address | JAYAKUMAR7962@GMAIL.COM |

| | |
|---|-------------------------------|
| Address | BLK 25 MARSILING DRIVE 12-213 |
| 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 - 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 | |
| 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) | 1 |

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

PLEASE REFER ATTACHED SKETCH PLAN.

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 | SHD6648B |
| Vehicle Make/Model/Colour | I40 |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | CHOO HIAN HENG |
| NRIC/Passport Number | S1297610J |
| Contact Number | 96239707 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Accident Sketch Plan

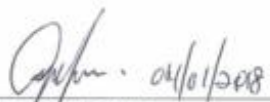
SKETCH PLAN

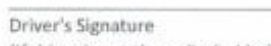
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

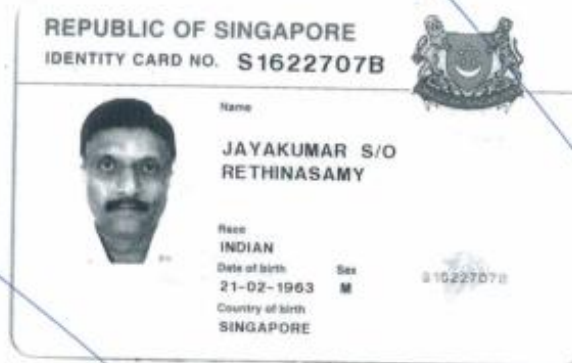
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:


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

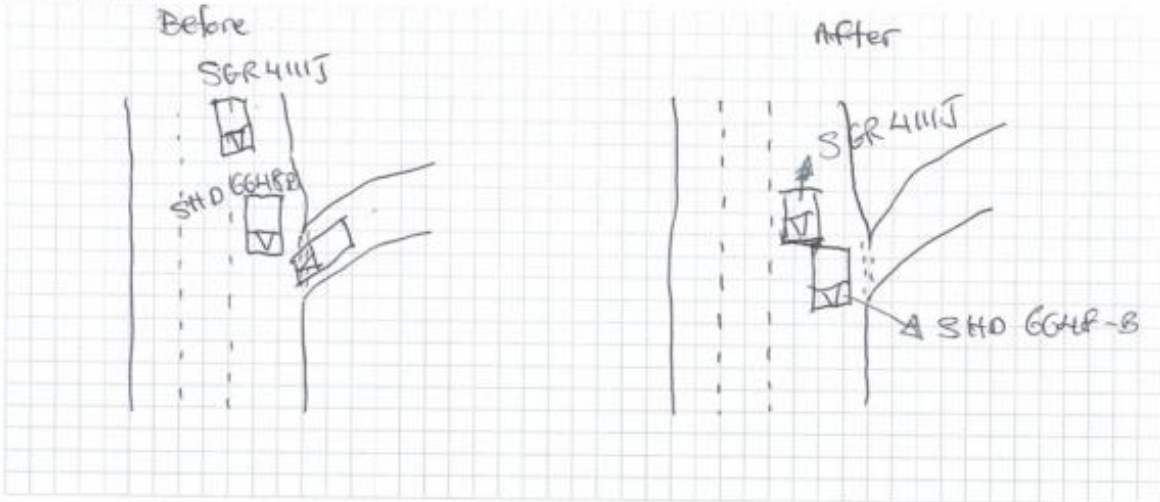

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I engaged my left hand signal to move to the left lane, having check my left mirror and shoulder suddenly I saw my front vehicle SHD 6648-B taxi brake light become very bright and stop, I could not step my brake pedal on time.

04/01/2018 Date of accident
1910-hrs Time of impact

DECLARATION

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

Policyholder's Signature
Date & Time: 04/01/2018 1114

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

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

Accident Sketch Plan Pg. 1

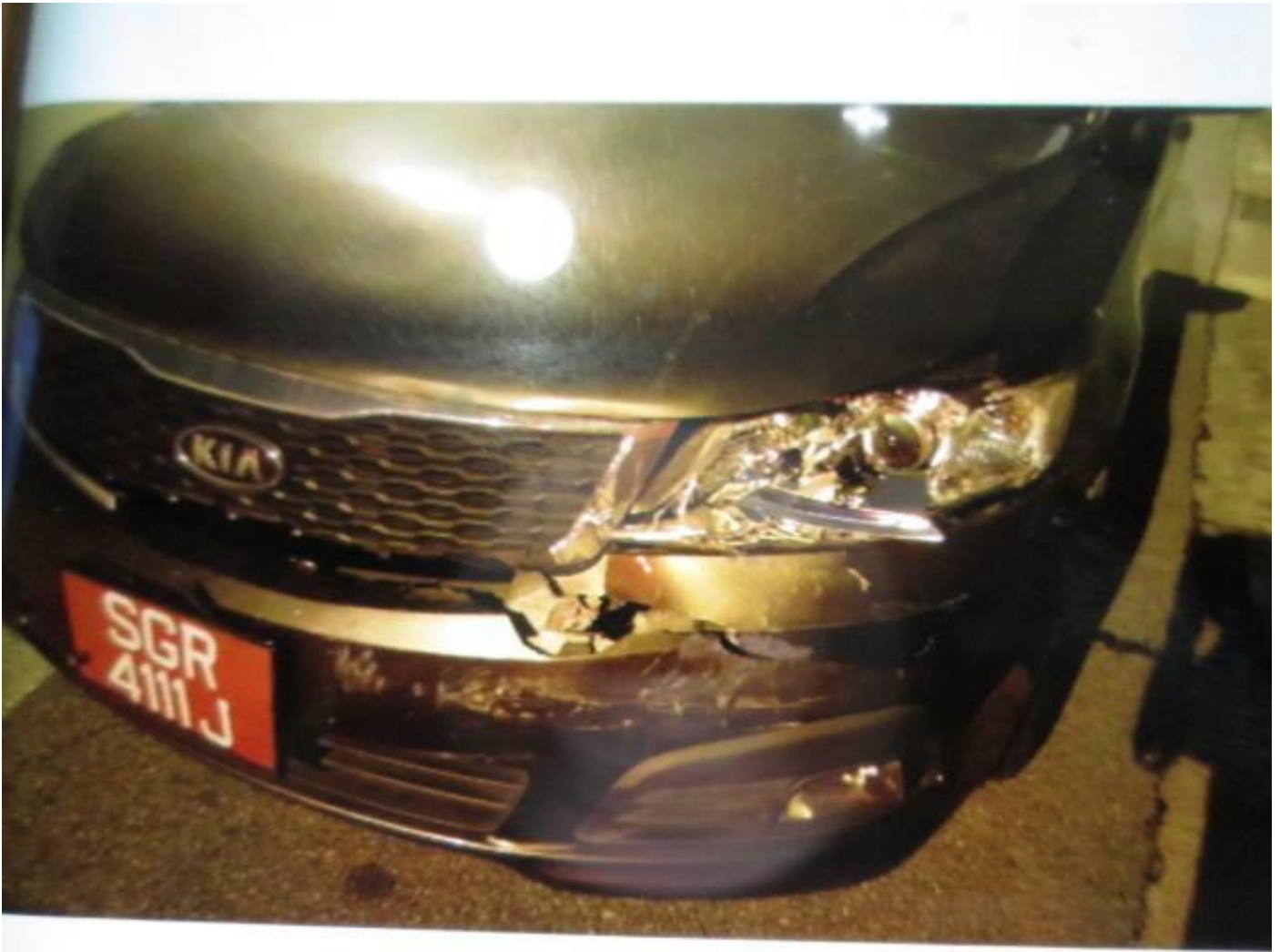
AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
Duplicate

| | | | |
|--|--------|--|--------------------------------------|
| POLICY INFORMATION | | Policy No. : VPA/P1648932 | |
| Source | : | (03) 01826 CITIBANK SINGAPORE LTD | |
| Insured | : | RETHINASAMY JAYAKUMAR | |
| Address | : | BLK 25 MARSILING DRIVE #12-213 SINGAPORE 730025 | |
| Business/Profession | : | TRADE - TRANSPORTATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance. | |
| Period of Insurance : From 07/08/2017 To 06/08/2018 (Both Dates Inclusive) | | | |
| Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. | | | |
| PREMIUM | | | |
| Premium After 50.00% : SGD 887.20 | | | |
| NCD | | | |
| Safe Driver | Disc : | SGD 88.72 | |
| 10.00% | | | |
| NCD Protector | : | SGD 63.88 | |
| GST 7.00% | : | SGD 60.36 | |
| Annual Premium | : | SGD 922.72 | |
| Total Payable | : | SGD 922.72 | |
| RISK DETAILS THE MOTOR VEHICLE | | | |
| Type Of Cover | : | Comprehensive | |
| Regn No. | : | SGR4111J | |
| Type Of Use | : | Private Car | |
| Make/Model | : | KIA MAGENTIS 2.0 | |
| Year of Manufacture | : | 2009 | Seating Capacity (excl. Driver) : 04 |
| Body Type | : | SALOON | Engine C.C. : 1998 |
| Engine No. | : | G4KD9H054095 | Chassis No. : KNAGE227395376088 |
| 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 | : | MALAYAN BANKING BERHAD | |
| <u>Extra Coverage(Premium Breakdown)</u> | | <u>Limits (SGD)</u> | <u>Premium (SGD)</u> |
| NCD Protector | | | 63.88 |
| Basic Own Damage Excess | | : SGD 400.00 | |
| <u>Named Drivers</u> | | | |
| 1 RETHINASAMY JAYAKUMAR | | | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

