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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	13/01/2018 11:54
Date Of Accident	10/01/2018 18:30
Exact Location Of Accident	UPPER PAYA LEBAR RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU5874H
Insured/Policyholder	
Name Of Registered Owner	ADIL RATANSHAW BALAPORIA
NRIC No	S7183534J
Email Address	ADILBALAPORIA@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98666636
Alternative Phone No	OFFICE-98666636
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	CRUZE 1.6L AUTO ABS D/AB 2WR 4DR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USED
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	GA156878
Cover Note Number	
Driver	
Name of Driver	ADIL RATANSHAW BALAPORIA

Name of Driver ADIL RATANSHAW BALAPORIA

NRIC No S7183534J

Date Of Birth 02/11/1971

Occupation INDOOR

Date Of Driving Pass 17/02/1998

Driving Experience 19 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98666636

Fax Number

Contact Number OFFICE-98666636

EMail Address ADILBALAPORIA@YAHOO.COM

Address BLK132 LORONG AH SOO #06-410

Postcode 530132

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

-

NO

NO

NO

General Information of the Accident

Type Of Accident SIDE SWIPE
Weather Conditions RAINING
Road Surface WET

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?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO STATEMENT

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 SLH3787J

Vehicle Make/Model/Colour

Details Of Properties RIGHT SIDE

Vehicle Category PRIVATE CAR

Name of Driver TEO SIAM BEE (ZHIANG SIAN MEI)

NRIC/Passport Number S1462230F Contact Number 97486833

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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.
- 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.
- 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:
 - 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")
- 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:
 - 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 & Tim

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

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DECLARATION In bustane and was quiet fast. I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Date & Time; (If driver is not the policyholder) Name:	100	THE TOTAL	
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Date & Time; (If driver is not the policyholder) Name:		L. Ly	had gard
Date & Time; (If driver is not the policyholder) Name:	Mall .		
Date & Time; (If driver is not the policyholder) Name:	(1) Algloy		_
1111 2010	17/1/2018		

Common Statement

	O Driver
ACCIDENT STATEMENT	
Date of Accident Time	Location of Accident
	UPPER PAYA LEBAR
100118 1830 m	VII CK INJIT LLDAK
Vehicle Registration Number SSU S87. Name of Policyholder Add Rodanshaw NRIC/ FIN/ Passport/ ROC in Policyholder is company! Address 132, LORON C AHSOO, Contact Number 98666636 Occupation Manager VEHICLE PARTICULARS (VEHICLE A) Vehicle Make / Model Chenrolet Cru Type of Vehicle SALOON Exact Purpose for which vehicle was being used at the time of accident. Commute home Are you claring under your own insurance policy? Vehicle category INSURANCE COMPANY (VEHICLE A) Name of Insurance Company Type of Policy CompREHENSIVE Fleet Policy Policy Number VAI/GAIS6878	Tel Balaporia # 06-410, S'PORE -530132 LZE 1.6 Salcon MPV CRV Van Lorry Bus M/cycle Others SALCON No Remarks 3rd Party. Private Commercial Motorcycle Comprehensive TP Fire & Theft Third party Ves No
DRIVER Name of Driver NRIC/FIN/ Passport Date of Birth O2-1(-7) Occupation Driving Pass Date 17/2/198	BALAPORIA
Gender MALF 9866636	Male O Female
Address 132, # 06-410, LORONG	AKS00, 31 RORF - 530132
	1000, - NOND - 330132
Was driver an employee of the Insured Company	C Yes No
If No. relationship of Driver with the Insured	
Vehicle Number of Driver's Own Vehicle (if applicable) Insurance of Driver's Own Vehicle (if applicable)	
GENERAL INFORMATION OF THE ACCIDENT	1 4 5
Type of Collision (E.g. Chain Collision/ Head Cn. etc.)	side Collision
Weather Conditions	Clear Raining Others
Road Surface	Wet O Bry O Others
Damage Area	left side
OTHER INFORMATION	- 1 - SOURCE TON
Was there any foreign vehicle(s) involved?	No O Yes
Was anybody injured in the accident? (Including Witness)	 No Yes
Was any other vehicle(s) or property damaged?	○ No Yes
Was there any camera video footage (in car)?	● No ○ Yes
DETAILS OF POLICE ACTION	

O Yes

O Yes

er No

Was the accident reported to the Police?

If Yes, against whom?

If Yes, please state which police station & Report No. Was notice of intended Prosecution given? Owner |

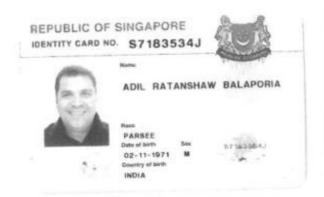
Common Statement

OWN VEHICLE REGISTRATION NUMBER	SJU 5874H
DETAILS OF OTHER VEHICLES OR PROPERTY DAI	MAGED
Other Vehicle or Property 1 (VEHICLE 8) Vehicle Registration Number SLH 37875	
Vehicle Registration Number SLH 378 / 0	
Vehicle Make/ Model/ Colour Details of Properties IIf Other Party is not a Vehicle)	
Details of Properties (If Other Farty is not a Vehicle)	
Damage Area Right Side	-= 1 . 10 M. A. A. M. F. I
Name of Driver TEO SIAM B	EB (ZHIANG XIATVIIICI)
NRIC/FIN/ Passport S146 22 30 F	EE (ZHIANG XIANMEI)
Contact Number / Email Address 976	186833
Address	
Name of Insurance Company	
Other Vehicle or Property 2	
Vehicle Registration Number	A.
Vehicle Make/ Model/ Colour	N
Details of Properties (If Other Party is not a Vehicle)	
Damage Area	
Name of Driver	
NRIC/ FIN/ Passport	
Contact Number / Email Address	
Address	
Name of Insurance Company	
DETAILS OF WITNESS	
Name A/-H	*
Phone / Email Address	
Address	
NRIC/FIN/ Passport	
DETAILS OF INJURED PERSON 1	
Name NRIC/ FIN/ Passnor	
NRICI FINI Passport	
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	
Were Seat Belts Worn?	C Yes O No
Was Injured conveyed to hospital by ambulance?	○ Yes ○ No
DETAILS OF INJURED PERSON 2	A
Name NRIC/FIN/ Passport	Δ .
, ,	H
Address	
Approximate Age	
Injuries Sustained	
If Vehicle Occupants, state in which vehicle?	C) Yes C) No
Were Seat Belts Worn?	O Yes O No
Was Injured conveyed to Hospital by Ambulance?	O 161 10 No
Declaration	
IWe declare that the above particulars & information provided	above are true in every aspect
W61,000 11/1/	2018 manle
Date & Timb	100012
Signature Trusy Holder	2018 1000 hs
(Concern Chyp I applicable)	Into too le
1000/1	1000 NS
Date & Title	
Signature of Driver Date 8 Time	
(If Ciriver is the Policy Holder)	

DRIVING LICENCE AND NRIC









AXA FROM

Date:	11/1/18
To: Ov	wher of Vehicle Number. \$ \$3U \$874M
The fo	ollowing has been advised to you via your workshop, BH AGO Workshop, through their
Please	tick the applicable box if you had been advice on the content as seen below:
1	You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
1	You had been advised by the workshop on the liability and merits of the case accordingly.
1	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
1	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
AT	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
+	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
1	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
1	For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
	For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using any combination of genuine original parts and/or original equipment manufacturer (OEM) parts.
11	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage
1	
1	
Signed a	31

Name and signature of workshop personnel including company stamp

INSURANCE



AXA Insurance Pte Ltd 1800 880 4888 (Within Singapere) (65) 6880 4888 (International) (65) 5880 4740 customer.care@axa.com.sg www.asa.com.sg

New business

date 24/01/2017

your servicing distributor INSMART (INSURANCE) AGENCY PTE LTD / 11618

your servicing distributor contact. 6749 6110

ADIL RATANSHAW BALAPORIA BLK 132 #06-410 LORONG AH SOO SINGAPORE 530132

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name Period of Insurance ADIL RATANSHAW BALAPORIA Comprehensive

Policy number FIN / NRIC

VA1 / GA156878 \$71835341

from 21/01/2017 to 20/01/2018 (both dates inclusive)

Premium breakdown

Gross Premium after 30% NCD Total Discounts 7%-GST Final Premium

SGD 1,263.53 - SGD 350.65 SGD 63.90 SGD 976.78

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- . Windscreen Replacement with Excess Off Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Logal Liability

Add-on Benefits

- Personal accident benefit of up to \$ 50000 for you and your named drivers
- Courtesy car Standard in Singapore up to bon (10) days

Vehicle details

Make & Model of Vehicle Vehicle registration number

Body type Seating capacity (excl driver) Off-Peak car

CHEVROLET CRUZE 1.6 SJU5874H SALOON No

Year of manufacture Type of Use Engine capacity (c.c.) Engine number Chassis number

2009 Private use 1598 F16035169091 KL1JA6961AK587124

Insured's Estimated Market Value Limitation to use Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts) As per Certificate of Insurance LAKEVIEW CREDIT PTE LTD

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess Windscreen Excess

SGD 500.00 SGD 100.00

Drivers details

AXA Insurance Pte Ltd (199903512M) 8 Shonton Way, #24-01, AXA Tower, Singapore 068811 Customer Centre, #81-01

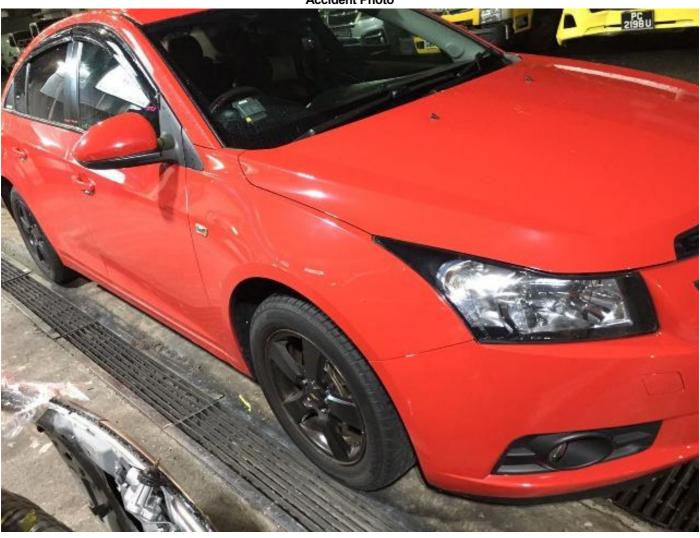
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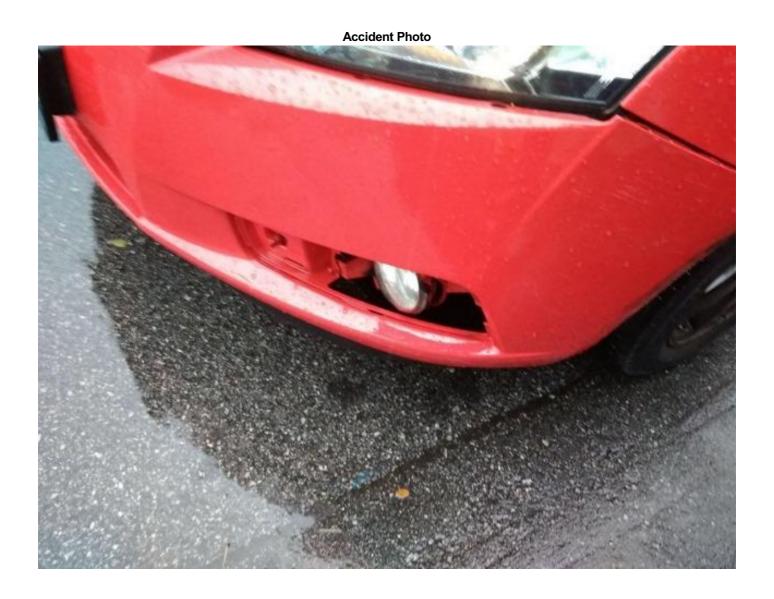


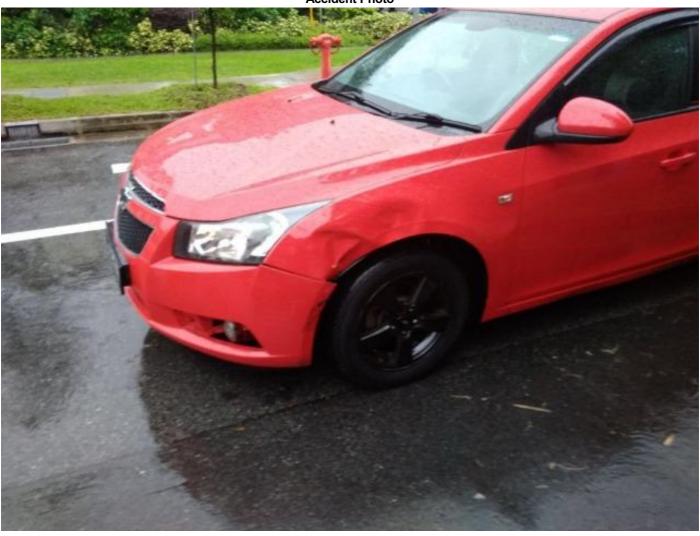


















Driving License

