

## 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	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
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
EEmail 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	-
	-
	-

#### 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.	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 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


#### 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 liability**.
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. 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: 11/1/18 1000h

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

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

# Accident Sketch Plan

## SKETCH PLAN

UPPER PAYA LEBAR ROAD

- (A) SJY 5874 H  
(B) SLH 3787 J

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/1/18 at approximately 1820hrs I was driving on the Upper Paya Lebar road in lane 3. After crossing the Lorong Ahsoo traffic light. I wanted to turn in to Jalan Chermat so I decided to filter in to lane 4. As traffic in lane 1, 2 & 3 was slow, I continuously gave left signal and after the yellow line ended and became broken yellow line, I checked my blind spot and there was no car so I began filtering.

Suddenly, as I was filtering, in a car which was travelling illegally in the bus lane bridged into my car. It was very fast as if I was raining heavily the other car could not stop in time. Kindly note all 3 other lanes were slow moving traffic and only the bus lane was empty hence the other car was very fast and due to rain cannot stop resulting it banging my car.

Note: The other car (number SLH 3787 J) has an in car camera which would conclusively indicate that the car was in bus lane and was quite fast.

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

2/1/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# Common Statement

☐ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident 10/01/18 Time 1830h Location of Accident UPPER PAYA LEBAR Rd

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number SJU 5874M  
Name of Policyholder Add. Ratanshaw Balaporia  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company)  
Address 132, LORONG AH500, # 06-410, S'PORE - 530132  
Contact Number 98666636 Tel Hp  
Occupation Manager

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model Chevrolet Cruze 1.6  
Type of Vehicle SALOON Saloon, MPV, CRV, Van, Lorry, Bus/Micycle, Others SALOON

Exact Purpose for which vehicle was being used at the time of accident commute home

Are you claiming under your own insurance policy?

☒ Yes ☒ No Remarks 3rd party.  
☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company AXA  
Type of Policy COMPREHENSIVE  
Fleet Policy  
Policy Number VAI/GA156878

☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
☐ Yes ☐ No

### DRIVER

Name of Driver ADIL. RATANSHAW BALAPORIA  
NRIC/ FIN/ Passport 571835345  
Date of Birth 02-11-71  
Occupation MANAGER  
Driving Pass Date 17/2/98  
Gender MALE  
Contact Number 98666636 Tel Hp  
Address 132, # 06-410, LORONG AH500, S'PORE - 530132  
Email Address adilbalaporia@yahoo.com

☒ Male ☐ Female  
☐ Yes ☒ No

Was driver an employee of the Insured Company?

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

Type of Collision (E.g. Chain Collision/ Head On, etc)

Weather Conditions

Road Surface

Damage Area

side collision  
☒ Clear ☒ Raining ☐ Others  
☒ Wet ☐ Dry ☐ Others  
Left side

### OTHER INFORMATION

Was there any foreign vehicle(s) involved?

Was anybody injured in the accident? (Including Witness)

Was any other vehicle(s) or property damaged?

Was there any camera video footage (in car)?

### DETAILS OF POLICE ACTION

Was the accident reported to the Police?

If Yes, please state which police station & Report No.

Was notice of intended Prosecution given?

If Yes, against whom?

☒ No ☐ Yes  
☒ No ☐ Yes  
☐ No ☒ Yes  
☒ No ☐ Yes  
☒ No ☐ Yes  
☒ No ☐ Yes

Common Statement

OWN VEHICLE REGISTRATION NUMBER

SSU 5874H

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLH 3787J

Vehicle Make/ Model/ Colour

NISSAN

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Right Side

Name of Driver

TEO

SIAM

BEE

(ZHIANG

XIAN/MEI)

NRIC/ FIN/ Passport

51462230 F

97486833

Contact Number / Email Address

Address

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

N.A.

Vehicle Make/ Model/ Colour

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

N.A.

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

N.A.

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

N.A.

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

Declaration

I/We declare that the above particulars & information provided above are true in every aspect



Signature of Policy Holder

(Consent/Chop if applicable)



Signature of Driver (Date & Time)  
(If Driver is not the Policy Holder)

11/1/2018 1000h  
Date & Time

11/1/2018 1000h  
Date & Time

# DRIVING LICENCE AND NRIC

3889333

NRIC No: S7183534J

Date of issue: 07-06-2006

APT BLK 132 LORONG AH SDD #06-410  
SINGAPORE 530132

NRIC No: S7183534J Date: 11/02/2010 No: 6302700

## YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	17 Feb 1990
Class 2A Motorcycles between 201 cc and 400 cc	21 Apr 2009
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	17 Feb 1998

NP 428A



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7183534J

Name: ADIL RATANSHAW BALAPORIA

Photo:

Religion: PARSEE  
Date of birth: 02-11-1971  
Country of birth: INDIA

Sex: M

S7183534J

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7183534J

Name: ADIL RATANSHAW BALAPORIA

Birth Date: 02 Nov 1971  
Issue Date: 17 Apr 2017

0026753736



redefining insurance

Date:

11/1/18

To: Owner of Vehicle Number: SSU 5874M

The following has been advised to you via your workshop, BH Auto Workshop, through their staff, \_\_\_\_\_

Please tick the applicable box if you had been advice on the content as seen below:

☒ 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.

☒ You had been advised by the workshop on the liability and merits of the case accordingly.

☒ 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.

☒ 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.

☒ 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.

☒ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.

☒ 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.

☒ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage 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 claim.

☒ Others 3rd party @ BH Auto Workshop

Signed and acknowledge by:

[Signature]  
Name and signature of policyholder/authorised driver

\_\_\_\_\_  
Name and signature of workshop personnel including company stamp



## INSURANCE



redefining / insurance

ADIL RATANSHAW BALAPORIA  
BLK 132 #06-410  
LORONG AH S00  
SINGAPORE 530132

AXA Insurance Pte Ltd  
1600 880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
(65) 6880 4740  
customer.care@axa.com.sg  
www.axa.com.sg

### New business

date  
**24/01/2017**

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

your servicing distributor contact  
**6749 6110**

## Policy Schedule

Your SmartDrive Comprehensive Essential

### Your policy snapshot

Policyholder name	ADIL RATANSHAW BALAPORIA	Policy number	VA1 / GA156878
Cover	Comprehensive	FIN / NRIC	S7183534J
Period of Insurance	from 21/01/2017 to 20/01/2018 (both dates inclusive)		

### Premium breakdown

Gross Premium after 30% NCD	SGD 1,263.53
Total Discounts	- SGD 350.65
7% GST	SGD 63.90
<b>Final Premium</b>	<b>SGD 976.78</b>

### Your benefits highlights

(refer to Policy Wording for full terms and conditions)

#### SmartDrive Comprehensive Essential Benefits

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

#### Add-on Benefits

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

### Vehicle details

Make & Model of Vehicle	CHEVROLET CRUZE 1.6	Year of manufacture	2009
Vehicle registration number	SJU5874H	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	4	Engine number	F16D3516909J
Off-Peak car	No	Chassis number	KL1JA6961AK587124

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	LAKEVIEW CREDIT PTE LTD

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

Basic Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

### Drivers details

AXA Insurance Pte Ltd (190903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #B1-01

1 of 2

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Driving License

