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 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 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 lodgement of this report to the insurers, yo aforesaid.	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	26/01/2018 12:37
Date Of Accident	25/01/2018 18:40
Exact Location Of Accident	YISHUN AVE 1 TOWARDS MANDAI
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKC1695S
Insured/Policyholder	
Name Of Registered Owner	RAMAIAR SUBRAMANIAN MURALIDARAN
NRIC No	S7783115J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94740767

Alternative Phone No **Vehicle Particulars**

HYUNDAI Manufacturer

Model ELANTRA 1.6 AT ABS D/AB 2WD 4DR SR

Exact Purpose for which vehicle was being used at

time of accident

PRIVATE USE

OTHERS-94740767

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA009783/1

Cover Note Number

Driver

Name of Driver RAMAIAR SUBRAMANIAN MURALIDARAN

NRIC No S7783115J Date Of Birth 24/09/1977 Occupation INDOOR **Date Of Driving Pass** 20/10/2010

Driving Experience 7 YEARS AND 3 MONTHS

Gender MALE

(LOCAL) +65-94740767 Mobile Number

Fax Number

OTHERS-94740767 Contact Number

EMail Address NOEMAIL

BLK 446 CHOA CHU KANG AVENUE 4 #03-297 Address

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 **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?

NO

1

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)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO 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?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGT3556E

Vehicle Make/Model/Colour MITSUBISHI LANCER 1.6 M

Details Of Properties

PRIVATE CAR Vehicle Category

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 SLN747M

Vehicle Make/Model/Colour SUBARU IMPREZA 5D 2.0 R-S AWD AT ABS **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)

Sketch Plan

Vehicle A = SKC/6955 Vehicle B = SGT 3556E Vishun Ave 1>MANDAI Vehicle C = SLN 747M SKETCH PLAN DESCRIBE CIRCUMSTANCES OF THE ACCIDENT ON THE STATED DATE & TIME. I , VEHIA' WAS TRAVELLING ON THE STATED VENUE. AS THE FRONT VEHICLE STOPPED, I FOLLOW SUIT. SUDDENLY, VEH. B' BANG ONTO MY REAR PORTION THUS CAUSING MY VEHICLE TO PROPEL FORWARD AND HIT ONTO VEH. C'. THERE IS A CHAIN COLLISION INVOLVING 3 CARS. DECLARATION I/We declare the foregoing particulars are true in every respect. Date & Time: Suhamu (If driver is not the policyholder) HAIC/FIN NO 380403794 Date & Time:

GM9thC SkotchPlanF-over_93

Sketch Plan #2

SKETCH PLAN

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 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)
 - 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 Signature

Date & Time:

P. S. MV Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Polaumiel's Signature Name: Su hûmi

NRIE/FIN NO 380403774

GIAPMS SkutchPlanFenit_V3

Accident Photo





Accident Photo

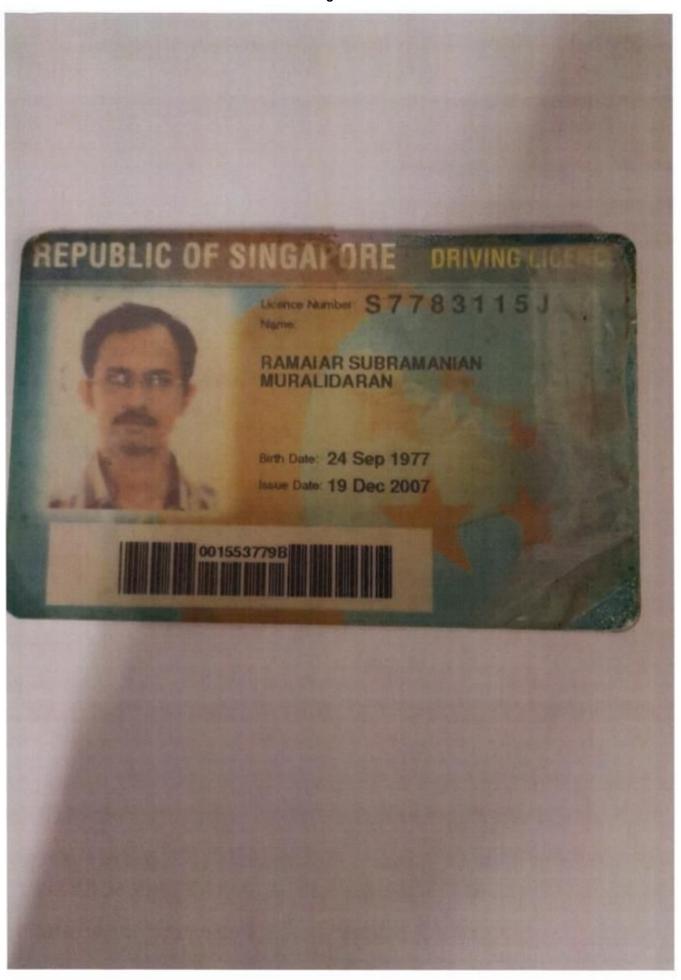




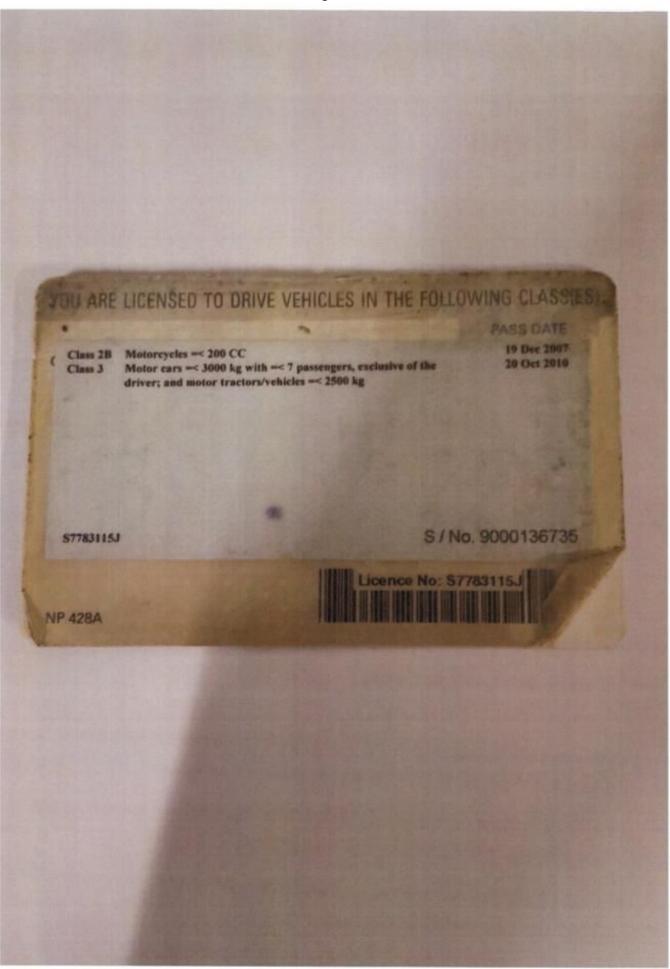




Driving License



Driving License



Insurance policy





Engine number

AXA Insurance Singapore Pte Ltd 2 1800 880 4888 (Within Singapo (65) 6880 4888 (International) (65) 6880 4740 customer.care@axa.com.sg www.axa.com.sg

Certificate of Insurance

account number 07874

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)

Policy details

Policyholder name Cover

Plan name

RAMAIAR SUBRAMANIAM MURALIDARAN Comprehensive Private

NCD applicable Vehicle registration number

SKC16955

Period of Insurance from 27/01/2017 to 26/01/2018 (both dates inclusive) Finance lean company

DBS BANK LTD

Certificate number GA009783 / 1 Chassis number

KMHDH41CMCU243004 G4FGBU302517

Persons or classes of persons entitled to drive*

(b) Any person who is driving on the Policyholder's order or with their 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.

Limitation as to use*

stic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, 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.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Boad Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess

Windscreen Excess

SGD 300.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

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

AXA Insurance Singapore Pte Ltd

Authorised signature

Important note

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 falling which there would be no liability under the policy, ranewal partificate.

AXA Insurance Singapore Pte Ltd (M2-0009922-2) 8 Shenton Way, #27-01, AXA Tower, Singapore 068811 Customer Care Department, #B1-01

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