

## 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 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	29/01/2018 17:00
Date Of Accident	28/01/2018 08:00
Exact Location Of Accident	DUNEARN RD TWDS BUKIT TIMAH RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGG5699G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	A RAAMASAMY
NRIC No	S0199372J
Email Address	VAAMASAMY@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98204945
Alternative Phone No	OFFICE-98204945

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
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?	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	P1695923
Cover Note Number	

### Driver

Name of Driver	A RAAMASAMY
NRIC No	S0199372J
Date Of Birth	04/12/1950
Occupation	INDOOR
Date Of Driving Pass	27/11/1980
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98204945
Fax Number	
Contact Number	OFFICE-98204945
Email Address	VAAMASAMY@HOTMAIL.COM

Address	BLK 462 HOUGANG AVE 10 #03-950
Postcode	530462
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?	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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20180129/2080.

#### 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	SKS9647U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	A RAAMASAMY
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGG5699G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan Pg. 1

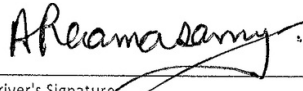
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5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that 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:

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

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

## Sketch Plan #2 Pg. 1

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

### DECLARATION

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

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.:

LETTER OF UNDERTAKING

I/We, RAAMASAMY, the owner of vehicle no. 199 56999

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/We shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

01993725 [Signature] \_\_\_\_\_  
Nric no. and signature of policyholder Company Stamp

29/01/2018  
Date



**SINGAPORE  
POLICE FORCE**



T/20180129/2080

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180129/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/01/2018 14:43		Vide Report No.:		Station Diary No.: 94
<b>Informant's Particulars</b>				
Name of Informant: A RAAMASAMY		Address: APT BLK 462 HOUGANG AVENUE 10 #03-950 SINGAPORE 530462		
ID Type / ID No.: NRIC NO / S0199372J		Contact No.: Home/Office: Mobile: 98204945		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 67	Date of Birth: 04/12/1950	Type of Informant: Driver	
Race: Indian		Language: English	Institution / School Name:	
Occupation: GRAB DRIVER		Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 28/01/2018 08:00	Type of Location: U-TURN
Location: Along Road 1 DUNEARN ROAD				
Dunearn Road towards Bukit Timah Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: HEAD TO REAR			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGG5699G	Car				Seriously Damaged	0
SKS9647U	Car				Slightly Damaged	0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

C  
T  
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NP



**SINGAPORE  
POLICE FORCE**



T/20180129/2080

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Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180129/2080

**CONTINUATION OF REPORT**

Driver			
Name	A RAAMASAMY	ID No.	S0199372J
Related Vehicle	NIL	Contact No.	98204945
Hospital/Clinic	CARITAS CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2018	Date Discharge	29/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

**Brief Details.**

On 28.01.2018 at about 0800hrs, I was driving along on the 1st lane along Dunearn Road towards Bukit Timah Road. There was a U-turn signage. I then position my vehicle slightly right. At that point of time my vehicle was stationary. Before I make a U-turn I then make a check on oncoming vehicle. Few seconds later, one vehicle which was just behind me has collided into my said vehicle. After which I then stepped out and make a check on vehicle and spotted my rear bumper and the boot was damaged. I then managed to take down particular of registration no SKS9647U . I would like to further state my neck was pain and I have already went to the clinic and I was given 3 days MC.

Registration SKS9647U no particular as follow:  
Ang Sean Meng, S7631978B  
97524527





**SINGAPORE  
POLICE FORCE**



T/20180129/2080

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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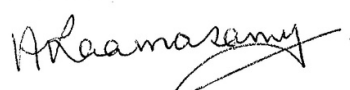

Report No. T/20180129/2080

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.

<p>Signature Of Officer Recording The Report: G / Sgt 2 NOORUL NADIAH BINTE HAIRON HANWAR</p>	<p>Signature Of Informant: </p>
<p>Signature Of Interpreter: Not applicable</p>	<p>Date/Time: 29/01/2018 14:43</p>
<p>Officer In Charge Of Case TP / AEIT /  POLICE FORCE SSI KASMAWATI BTE SAMIAN Contact No.: 65476179</p>	<p>Classification Of Case:</p>
<p>Authentication Stamp NP168</p>	<p>SIGNATURE</p>

## Driving License

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S0199372J**

Name: **A RAAMASAMY**


D.O.B: 04 Dec 1950  
Valid Until: 09 Oct 2005

000915264C



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S0199372J**



Name: **A RAAMASAMY**


Race: **INDIAN**

Date of Birth: **04-12-1950**

Country/Place of birth: **SINGAPORE**

Sex: **M**

**S0199372J**




**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:**

Class	Description	Pass Date
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2000 kilograms	27 Nov 1980

NP 428A

License No: **S0199372J**



**5660467**



Card No: **S0199372J**



Date of issue: **29-09-2018**

Address:  
**APT BLK 462 HOUGANG AVENUE 10  
#03-950  
SINGAPORE 530462**

# INSURANCE

INSURANCE PTE LTD  
 100 Raffles Place, #24-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: (65) 63387288 Fax: (65) 63382622  
 Website: www.axa.com.sg  
 GST Registration Number: 199503512M  
 customer.service@axa.com.sg



Commercial Individual Cars  
 POLICY SCHEDULE  
 RENEWAL  
 Original

<b>POLICY INFORMATION</b>		Policy No. : VCX/P1695923	
Source	: 13201	AON SINGAPORE PTE LTD	
Insured	: RAAMASAMY		
Address	: BLK 462 HOUGANG AVENUE 10 #03-950 SINGAPORE 530462		
Business/Profession	: AS PER MEMO <i>Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.</i>		
Period of Insurance : From 11/12/2017 To 10/12/2018 (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 20.00 RCD	: SGD 1,120.74		
Extra Coverage	: SGD 31.78		
GST 7.00%	: SGD 80.68		
Annual Premium	: SGD 1,233.20		
Total Payable	: SGD 1,233.20		
<b>RISK DETAILS THE MOTOR VEHICLE</b>			
Type of Cover	: Comprehensive		
Regn. No.	: SGG5699G		
Type Of Use	: Hire Car		
Make/Model	: TOYOTA COROLLA 1.6		
Year of Manufacture	: 2006		
Seating Cap. (Excl. Driver)	: 4		
Body Type	: SALOON		
Engine No.	: 3ZZ4559752	Engine C.C.	: 1598
Chassis No.	: MR053ZEC107117557		
	: Market Value At The Time Of Loss (including Accessories and Spare Parts)		
Limitations as to Use	: As specified in Certificate of Insurance		
<u>Extra Coverage (Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>	
Medical Expenses	5,000.00	31.78	
<u>Excess Applicable</u>			
All Claims-Any Author'd Driver	: SGD 2,000.00		
Windscreen Excess	: SGD 100.00		

Continuation page 1

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

