Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 28/02/2018 11:52

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.
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	28/02/2018 11:42
Date Of Accident	21/02/2018 23:30
Exact Location Of Accident	BOTANNIA CONDO CARPARK
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLE9202G
Insured/Policyholder	
Name Of Registered Owner	KULKARNI ABHIJEET PRABHAKAR
NRIC No	S7661930A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91850141
Alternative Phone No	OFFICE-91850141
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	RANGE ROVER SPORT-3.0 D (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	VA1/GA128828
Cover Note Number	
Driver	
Name of Driver	KULKARNI ABHIJEET PRABHAKAR
NRIC No	S7661930A
Date Of Birth	24/07/1976
Occupation	INDOOR
Date Of Driving Pass	06/10/2006
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91850141
Fax Number	
Contact Number	OFFICE-91850141
EMail Address	NOEMAIL

Address	33A WEST COAST PARK #12-39
Postcode	127727
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	COLLIDED INTO PARKED VEHICLE
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?	
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

Refer to attached

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	SJP1925Y
Vehicle Make/Model/Colour	
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

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

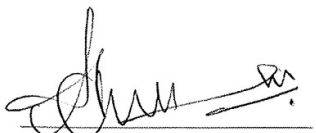
   (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

   (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

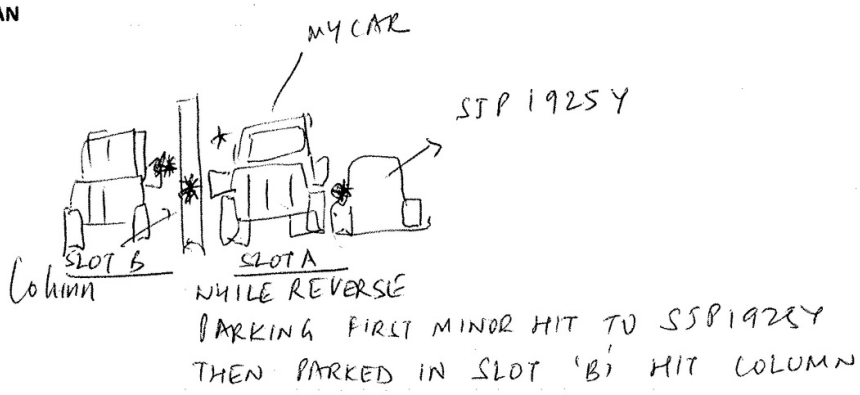
   (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

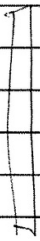
Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

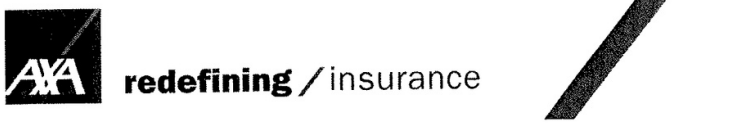
COMING BACK LATE AT NIGHT (11.30 pm) FROM A GAME,
SELF- ACCIDENT WHILE PARKING MY CAR IN MY
CONDO PARKING. SCRAPED ONE SIDE AND DAMAGED
FRONT ~~AND~~ MIRROR AND REAR TAILLIGHT.
WHILE RE-PARKING LE
PARKING AT BOTANNIA CONDO #12-39 WEST COAST
PARK



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.:



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

KULKARNI ABHIJEET PRABHAKAR
33A WEST COAST PARK
#12-39
SINGAPORE 127727

Renewal

date
06/02/2018

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

your servicing distributor contact
6749 6110

Policy Schedule

Your *SmartDrive Comprehensive Flexi+*

Your policy snapshot

Policyholder name	**KULKARNI ABHIJEET PRABHAKAR**	**Policy number**	**VA1 / GA128828**
Cover	**Comprehensive**	**FIN / NRIC**	**S7661930A**
Period of Insurance	from **25/02/2018** to **24/02/2019** (both dates inclusive)		

Premium breakdown

Gross Premium after 30% NCD	SGD 1,435.51
7% GST	SGD 100.49
Final Premium	**SGD 1,536.00**

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

Smart*Drive Comprehensive Flexi +* **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
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to $1,000 per person for you, your named drivers and your immediate family members
- Delivery of repaired car to your preferred location
- Daily Transport Allowance of $100 for a maximum of ten (10) days
- Reimbursement of 110% of your car's market value in the event of total loss (without Basic Own Damage Excess)

Add-on Benefits

- Personal accident benefit of up to $ 50,000.00 for you and your named drivers

Vehicle details

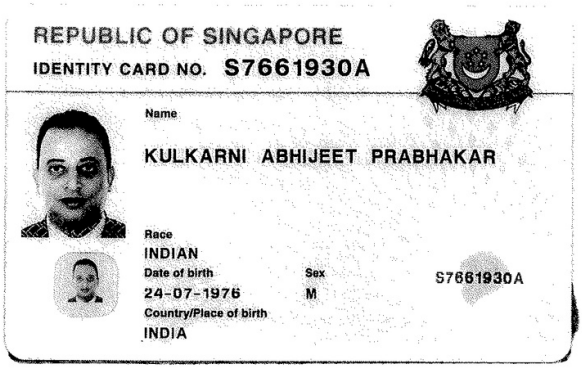
Make & Model of Vehicle	**LAND ROVER RANGE ROVER SPORTS 3.0D**	**Year of manufacture**	**2013**
Vehicle registration number	**SLE9202G**	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	2993
Seating capacity (excl driver)	4	Engine number	0800682306DT
Off-Peak car	No	Chassis number	SALWA2KE9EA339653

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	STANDARD CHARTERED BANK (SINGAPORE) LIMITED

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

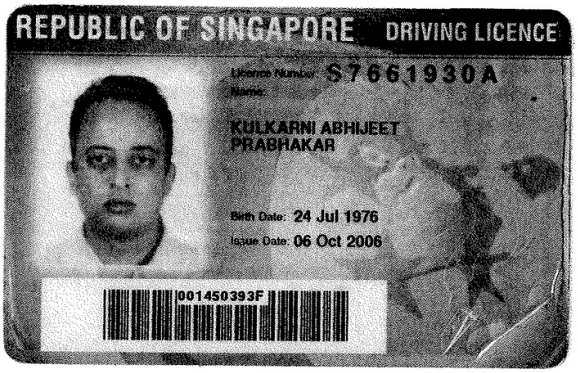


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7661930A

Name
KULKARNI ABHIJEET PRABHAKAR

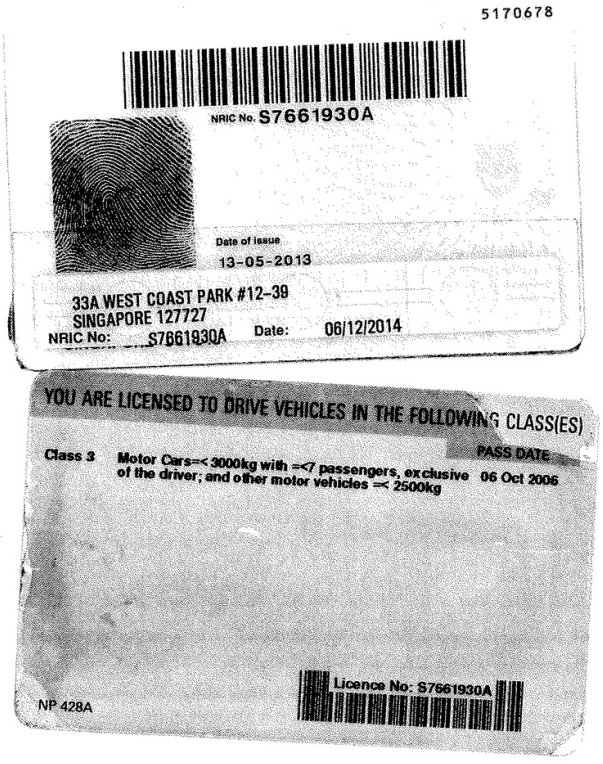
Race
INDIAN
Date of birth
24-07-1976
Sex
M
Country/Place of birth
INDIA

S7661930A



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7661930A
Name
KULKARNI ABHIJEET PRABHAKAR
Birth Date: 24 Jul 1976
Issue Date: 06 Oct 2006
001450393F



5170678

NRIC No. S7661930A

Date of issue
13-05-2013

33A WEST COAST PARK #12-39
SINGAPORE 127727
NRIC No: S7661930A Date: 06/12/2014

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	06 Oct 2006

Licence No: S7661930A

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo