

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	26/03/2018 17:17
Date Of Accident	24/03/2018 19:30
Exact Location Of Accident	CTE TOWARDS CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1024U
Insured/Policyholder	
Name Of Registered Owner	RENE GABRIEL NESAKUMAR S/O RAVINDRAN RUFUS
NRIC No	S9710364Z
Email Address	RENEGABRIEL1003@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84008947
Alternative Phone No	OFFICE-84008947

Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	VMO/P2006885
Cover Note Number	

Driver

Name of Driver	RENE GABRIEL NESAKUMAR S/O RAVINDRAN RUFUS
NRIC No	S9710364Z
Date Of Birth	10/03/1997
Occupation	INDOOR
Date Of Driving Pass	28/08/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84008947
Fax Number	
Contact Number	OFFICE-84008947
E-Mail Address	RENEGABRIEL1003@GMAIL.COM

Address	BLK 325 YISHUN CENTRAL #08-365 SINGAPORE
Postcode	760325
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)	2
Passenger 1	NAME: : TC SHARVANI GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH STATEMENT RECORDED BY ISAAC - PROGRESSIVE AUTOMOTIVE 6741 5336

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	SCS9674D
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)

DETAILS OF INJURED PERSON 1

Name TC SHARVANI

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBF1024U

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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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.



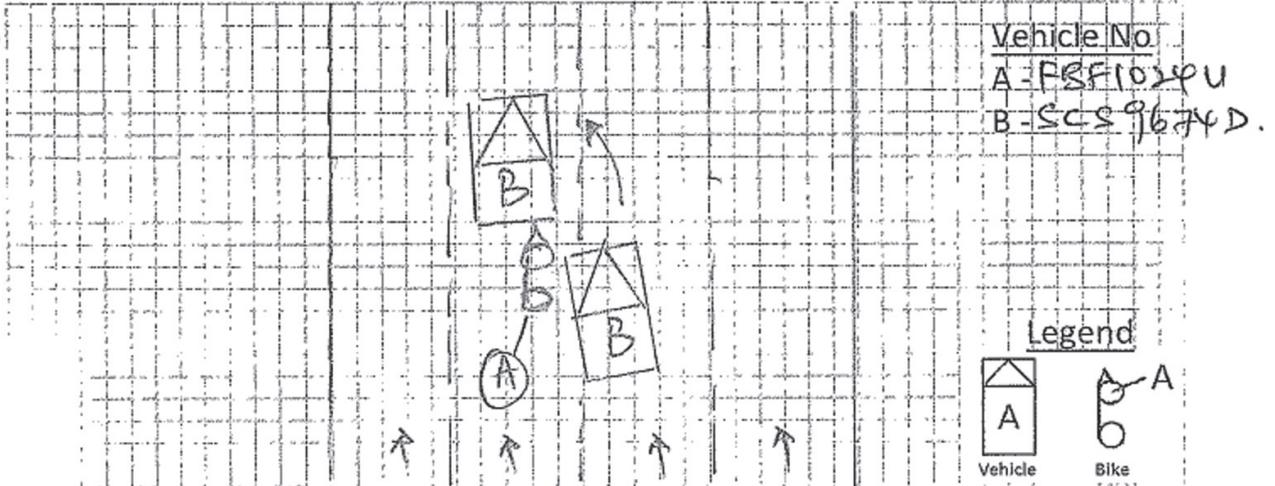
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report : P/2018 0325/2093.

I need to add in that vehicle B did not signal when he abruptly cut into my lane.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

[Signature]
 Policyholder's Signature
 Date & Time:

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

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

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of incidents and facts which will speed up the settlement of claims

1 Date of accident: 24-3-18 1930 Time: 2 Exact location of accident: CTE Towards City

3 Injuries even if slight: No Yes

4 Material damage: To vehicles other than vehicles A and B: No Yes To objects other than vehicles: No Yes

5 Witness' name, address and tel no. (to be undertaken if hazard is passenger in vehicle A or vehicle B):

Vehicle Video Camera (available): No Yes

Registration No. (VEHICLE A): **FBF 1624U**

6 Insured / policyholder (see insurance card):
Name: **Kene Gabriel**
(capital letters) **VESAKUMAR**

Address: _____

NRIC / Passport no: **S97103642**

Tel no. (from Sun 10 Spm): _____

HP: **8400 8947**

7 Vehicle:
Make, type: _____

8 Insurance company: **AXA** C TPFT TPO

Does the policy cover damage to vehicle A?
No Yes

Policy No.: **VM0 / P200685**

9 Driver: Same as Insured

Name (capital letters): _____

NRIC / Passport no: _____

Class of licence: _____

HP: _____

Gender: Male Female

12 CIRCUMSTANCES

13 State TOTAL number of boxes marked with a cross

14 Sketch of accident when impact occurred

15 Indicate the points of initial impact with an arrow (→)

16 Visible damage to vehicle A

17 Visible damage to vehicle B

18 Signatures of drivers

19 Any remarks

Registration No. (VEHICLE B): **SCS 9674P**

6 Insured / policyholder (see insurance card):
Name (capital letters): _____

Address: _____

NRIC / Passport no: _____

Tel no. (from Sun 10 Spm): _____

HP: _____

7 Vehicle:
Make, type: _____

8 Insurance company: C TPFT TPO

Does the policy cover damage to vehicle B?
No Yes

Policy No. (if available): _____

9 Driver (See driving licence) (if different from insured B above):
Name (capital letters): _____

NRIC / Passport no: _____

Class of licence: _____

HP: _____

Gender: Male Female



18 Signatures of drivers

19 Any remarks

Signature of Driver A: **Rue**

Signature of Driver B: _____

18 Signatures of drivers

19 Any remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf. Do not alter anything in the statement after signing. Subsequently, each driver should take one copy. For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd annasims@yahoo.co

INDIVIDUAL STATEMENT (Part II)		Own Workshop (Email / Fax (if any))													
To be completed and submitted within 24 hours to your insurer or JIAC or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all) Email: <u>renegabrie1003@gmail.com</u> 2 Vehicle registration no. <u> </u> C.C. <u> </u> If commercial vehicle, state permissible carrying capacity <u> </u>														
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner <u> </u> state the vehicle number and name of insurer of driver's own vehicle (where applicable) <u> </u>														
	4 Exact purpose for which vehicle was being used at time of accident: <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Fire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify <u> </u>														
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present <u> </u> Tel no. <u> </u>														
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u> </u> Occupation <u> </u> Date of license pass <u> </u>		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>		Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability <u> </u>														
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1" style="width: 100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s) <u> </u>		Injuries sustained <u> </u>	If vehicle occupant, state in which vehicle <u> </u>	Were seat belts being worn? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
	<u>TC SHARVANI</u>		<u>SERIOUS</u>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>									
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>									
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>									
					Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>									
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) <u> </u>		Vehicle registration no. or details of property <u> </u>	Nature of damage <u> </u>		Insurer's name and address (if known) <u> </u>									
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u> </u>														
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? <u> </u>														
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>														
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>														
	16 Speed of vehicles A <u> </u> km/hr B <u> </u> km/hr														
	17 What warnings were given by driver or other party? <u> </u>														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? <u> </u>														
	20 If your vehicle is commercial, state weight of load carried at time of accident <u> </u>														
21 State how accident happened, width of roads, speed limits, etc (Refer to attached) <u> </u>															
22 State number of Passengers (including Driver) <u>2</u> TC SHARVANI - F															
Declaration	I/We declare the foregoing particulars are true in every respect.														
	Policyholder's signature <u>Red</u>			Date <u> </u>											
	Driver's signature (if driver is not the policyholder) <u> </u>			Date <u> </u>											

