

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	18/04/2018 13:59
Date Of Accident	17/04/2018 16:50
Exact Location Of Accident	ALONG PAYA LEBAR RD TWDS TANJONG KATONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF5286Y
Insured/Policyholder	
Name Of Registered Owner	AJIT SINGH CHAUHAN
NRIC No	S7466512H
Email Address	AJIT.CHAUHAN@VSHIPS.COM
Mobile Phone No	(LOCAL) +65-82016990
Alternative Phone No	OFFICE-82016990

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 ELEGANCE (A)
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	GA108470/1
Cover Note Number	

Driver

Name of Driver	AJIT SINGH CHAUHAN
NRIC No	S7466512H
Date Of Birth	13/06/1974
Occupation	INDOOR
Date Of Driving Pass	25/10/2007
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82016990
Fax Number	
Contact Number	OFFICE-82016990
Email Address	AJIT.CHAUHAN@VSHIPS.COM

Address	BLK 61 TAMPINES AVENUE 1 #02-03
Postcode	529776
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	2
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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	GY4428J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	CHEW CHNG KHYE
NRIC/Passport Number	S0228616E
Contact Number	900710718
Address	
Postcode	
Insurance Company Name	AXA INSURANCE PTE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

17th APRIL 2018: I LEFT OFFICE TO PICK MY SON ARVIN FROM DEAN SCHOOL AFTER HIS SCHOOL MATHS ON PAYA LEBAR ROAD. I STOPPED AT DOUBLE LINE, BEFORE TURNING TO LEFT TO PROCEED ON TANJONG KATONG ROAD. THE TRAFFIC FROM MY RIGHT WAS HEAVY AND MOVING. AROUND 1648 HM, SINGLE VAN-RED COLOUR NO PLATE GY4428J BEING DRIVEN BY MR CHEN CHIA CHYE, I.C. NO. S0228616E, MOBILE NO. 90710718 CAME AND HIT ME FROM BEHIND HARD. ^{IMPACT} PLEASE REFER TO PHOTO FOR DAMAGES. MY CAR WAS STOPPED-STOPPED AND BLINKING FOR LEFT TURN. UPON OBSERVATIONS, I CHECKED WITH MR CHEN, IF HE WAS FINE AND/OR NEEDED ANY HELP. HE WAS VERY APOLOGETIC, ADMITTED HIS MISTAKE, THAT HE WAS DISTRACTED, LOOKING TO TRAFFIC ON RIGHT & COULD NOT STOP ON TIME. HE INFORMED ME HIS INSURANCE COMPANY IS AXA AND AGREED TO EXCHANGE DETAILS. DUE TO THE IMPACT, I HIT MY HEAD ON WHEELS IMPENDING.

DECLARATION

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



Policyholder's Signature
Date & Time: 18th April 2018
1320

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

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

Accident Sketch Plan

☒ Owner
☐ Driver

ACCIDENT STATEMENT

Date of Accident: 12/4/18 Time: 4.48 PM Location of Accident: Along Paya Lebar Road turning to Tanjong Katong.

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SRT 52864
Name of Policyholder: AJIT SINGH CHAUHAN
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S 7465121
Address: 61, Tampines Ave 1 #02-03 S(539776)
Contact Number: Tel: Hp: 82016990
Occupation: Indoon

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: Toyota Altis 1.6A Elegance
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others
Exact Purpose for which vehicle was being used: Private Use
Are you claiming under your own insurance policy? ☒ Yes ☐ No

Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: ASA
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: RA 108470/1

DRIVER

Name of Driver:
NRIC/ FIN/ Passport:
Date of Birth: 13/06/1974
Occupation: Indoon
Driving Pass Date: 25/10/2007
Gender: ☒ Male ☐ Female
Contact Number: Tel: Hp: 82016990
Address:
Email Address: ajit.chauhan@vships.com
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
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): Head to Rear
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area:

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes

DETAILS OF POLICE ACTION

Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No:
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

Individual Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

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

Other Vehicle or Property 2

Vehicle Registration Number

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

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

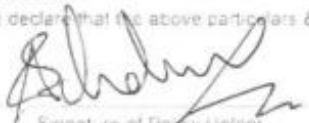
☐ No

☐ Yes

☐ No

Declaration

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



Signature of Policy Holder
(Company Chop if applicable)

Date & Time

18 Nov 2017
1320

Date & Time

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

Individual Statement

SKETCH PLAN

IMPORTANT NOTICE

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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: 15 April 2011
13 20

Driver's Signature

(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AXA FORM



redlining

Date: 18/4/2018

To: Owner of Vehicle Number 9KF 52861

The following has been advised to you via your workshop, 2H Auto Centre through their staff, Sam

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 claim @ 2H Auto.

Signed for acknowledgement by

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



redefining / insurance

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

account number
 04226

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1987 (Road Transport Act, 1987) (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1989 (Malaysia)

Policy details

Policyholder name	AJIT SINGH CHAUHAN	Certificate number	GA108470 / 1
Cover	Comprehensive	Chassis number	MR053REE104137033
Plan name	Peace	Engine number	12RX194327
NCD applicable	50%		
Vehicle registration number	SKF5286Y		
Period of Insurance	from 12/06/2017 to 11/06/2018 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (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*

Use only for social, domestic 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 Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

- \$8500 for unnamed Authorized Driver
- \$8500 for declared Young and Inexperienced Driver
- \$85,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$82,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

(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 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 this 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 failing which there would be no liability under the policy, renewal certificate, endorsement etc.

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

1 of 3

OWNER LICENSE

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

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	25 Oct 2007
Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg	25 Oct 2007

NP 428A

Licence No: S7466512H

889964

NRIC No: S7466512H

Indian

INDIAN

Date of issue: 28-12-2007

Address: BLK 51 TAMPIER AVENUE 1 #02-03 SINGAPORE 529776

NRIC No: S7466512H

Date: 20/05/2011

No: 5808033

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S7466512H

Name: AJIT SINGH CHAUHAN

Birth Date: 13 Jun 1974

Issue Date: 06 Apr 2013

002168241A

REPUBLIC OF SINGAPORE

IDENTITY CARD NO: S7466512H

Name: AJIT SINGH CHAUHAN

Race: INDIAN

Date of birth: 13-06-1974

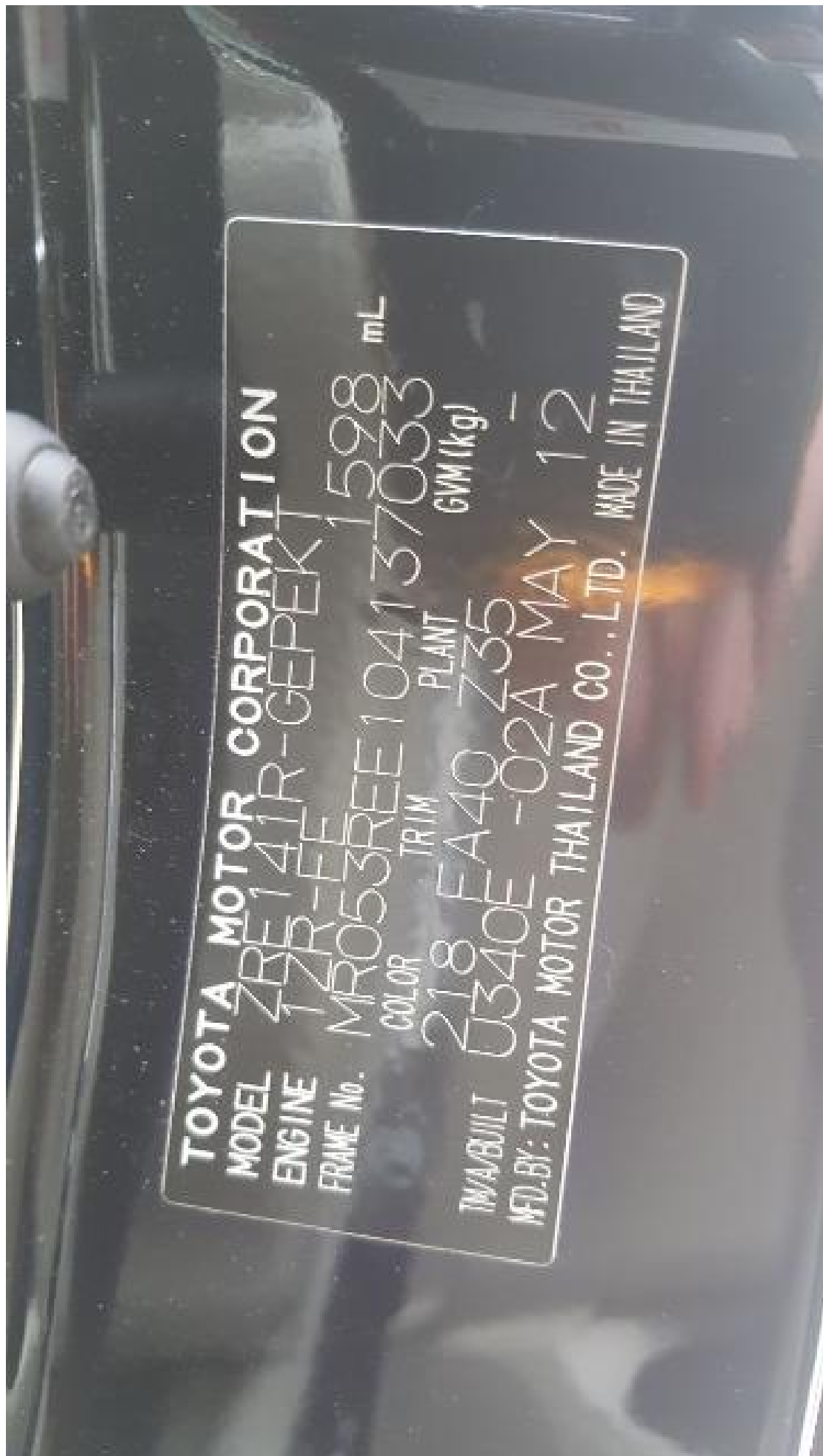
Country of birth: INDIA

Sex: M

S7466512H

Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card



Identification Card

STF 5286 Y 1648a

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S0228616E



Name
CHEW CHNG CHYE

周 敬 財

Race
CHINESE

Date of birth
04-10-1947

Sex
M

Country of birth
SINGAPORE



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

