

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	07/05/2018 13:47
Date Of Accident	27/04/2018 15:30
Exact Location Of Accident	CLEMENTI AVE 6 BEFORE SLIP RD TOWARDS JLN BOON LAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJV6309L
Insured/Policyholder	
Name Of Registered Owner	BEENAA RAI
NRIC No	S2189866Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92721060
Alternative Phone No	HOME-92721060

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.0 ABS AIRBAG (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	GA115767
Cover Note Number	

Driver

Name of Driver	MADHURESH K RAI
NRIC No	S7904726J
Date Of Birth	09/02/1979
Occupation	INDOOR
Date Of Driving Pass	29/12/2009
Driving Experience	8 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98227920
Fax Number	
Contact Number	
EEmail Address	JACK@MASTANA.COM.SG

Address	BLK 671 CHOA CHU KANG CRESCENT #16-367 S680671
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	RAINING
Road Surface	WET

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?	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	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
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?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5053D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 MADHURESH K RAI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJV6309L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



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
 04493

Certificate of Insurance

-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	BEERAA RAI	Certificate number	GA115767 / 1
Cover	Comprehensive	Chassis number	MRO53BK4107054143
Plan name	Peace	Engine number	1AZE160125
NCD applicable	50%		
Vehicle registration number	SIVS309L		
Period of insurance	from 02/08/2017 to 01/08/2018 (both dates inclusive)		
Finance loan company	HUA YANG CREDIT PTE LTD		

Persons or classes of persons entitled to drive

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. MADHURESH RAI
 (c) 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

An Additional Excess is applicable as follows:

- \$5500 for unnamed Authorized Driver
- \$5500 for declared Young and Inexperienced Driver
- \$55,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$52,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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 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 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

Sketch Plan Pg. 2



redefining / insurance

Date: 07/05/2018

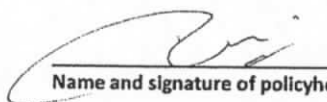
To: Owner of Vehicle Number: SV 6309L

The following has been advised to you via your workshop, ETHOL PROTECT through their staff, Hasbullah.

Please tick the applicable box if you had been advice on the content as seen below:

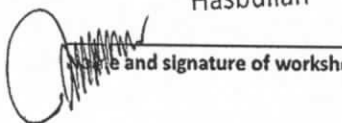
- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☒ You had been advised by the workshop on the liability and merits 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 _____

Signed and acknowledge by:



Name and signature of policyholder/authorised driver

Hasbullah



Name and signature of workshop personnel including company stamp

Sketch Plan Pg. 3

Sketch Plan Pg. 6

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2189866Z



Name

BEENAA RAI

Race

INDIAN

Date of birth

26-01-1958

Sex

F

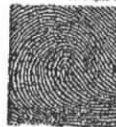
Country of birth

INDIA

180086Z



4289228



NRIC No. S2189866Z

Date of issue

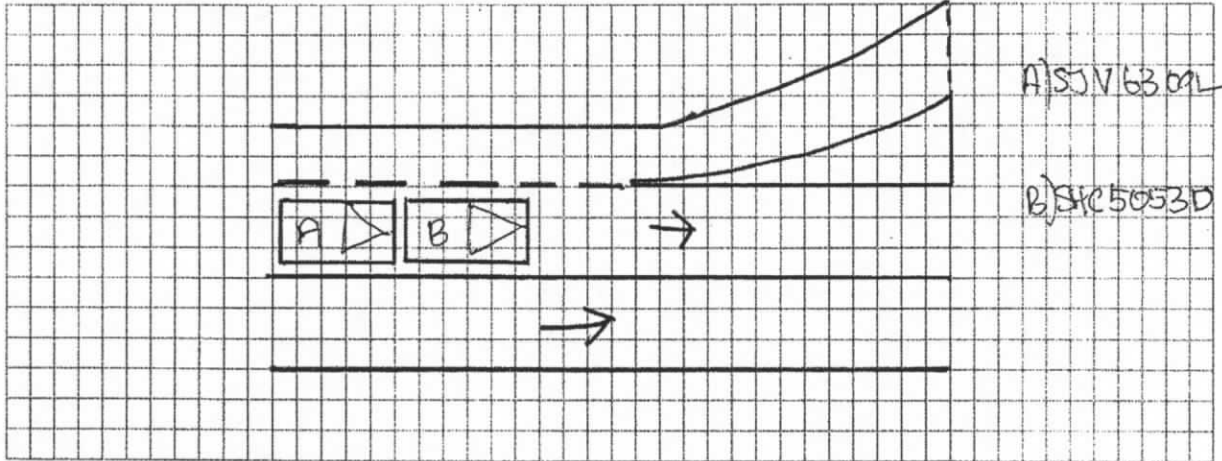
08-10-2008

Address

APT BLK 671 CHOA CHU KANG CRESCENT
#15-367
SINGAPORE 680671



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE** WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.



- Reporting Only
- Claim OD
- Claim TP
- Claim OD/ TP at other workshop

DECLARATION

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

Policyholder's signature
Date & Time

Signature
7/5/2018

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

Signature

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

Signature

SKETCH PLAN

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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:

Report to Centre Personnel's Signature
Name:
NRIC/FIN No:



**SINGAPORE
POLICE FORCE**



T/20180428/7005

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180428/7005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2018 11:20	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MADHURESH K RAI			Address: APT BLK 670 CHOA CHU KANG CRESCENT #15-517 SINGAPORE 680670	
ID Type / ID No.: NRIC NO / S7904726J			Contact No.: Home/Office: Mobile: 98227920	
Nationality: SINGAPORE CITIZEN			Email: jack@mastana.com.sg	
Sex: Male	Age: 39	Date of Birth: 09/02/1979	Type of Informant: Driver	
Race: Indian			Language: English	Institution / School Name:
Occupation: Marine superintendent engineer			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2018 15:30	Type of Location: Bend
Location: CLEMENTI AVENUE 6 Before Slip road to towards jalan boon lay				
Weather: Raining		Road Surface: Wet		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJV6309L	Car	TOYOTA	Camry	Purple	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJV6309L	AXA INSURANCE SINGAPORE PTE LTD	GA115767	18/07/2017	18/07/2018



**SINGAPORE
POLICE FORCE**



T/20180428/7005

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180428/7005

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MADHURESH K RAI	ID No.	S7904726J
Related Vehicle	SJV6309L (Car)	Contact No.	98227920
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/04/2018	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

I was driving and filtering left, and taxi vehicle number SHC5053C was in front of me. He suddenly braked and i could not react on time thus i hit him head on to his back. It was raining, and he had passengers. So we exchanged phone numbers and he said he will get back to me with regards to the settlement. I suffered a whiplash injury and also the impact cause my back to be hurt. I eventually stopped at the side and composed myself, and after a while, drove back slowly, in pain. The pain however, increased and i went to hospital at night, where i am warded now. I am waiting to see the specialist.



**SINGAPORE
POLICE FORCE**



T/20180428/7005

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180428/7005

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
28/04/2018 11:20

Classification Of Case:

Accident Photo



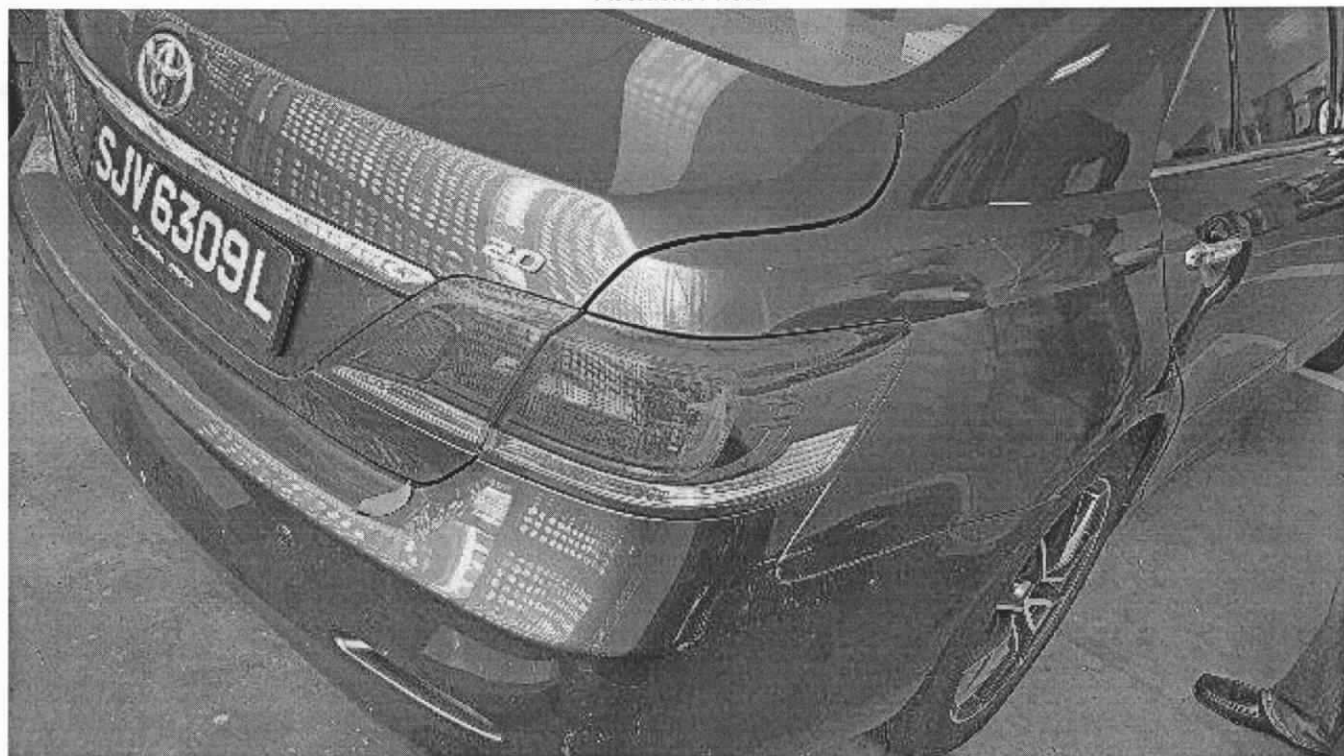
Accident Photo



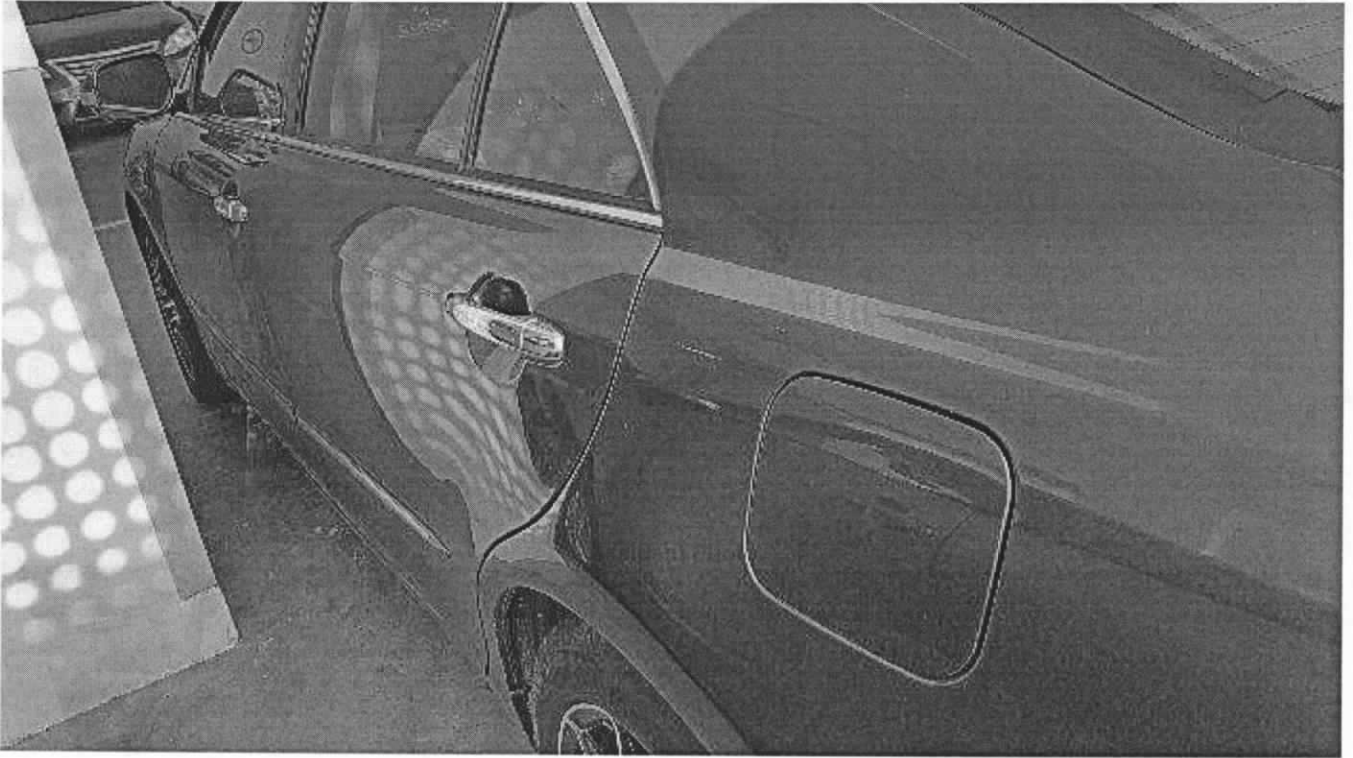
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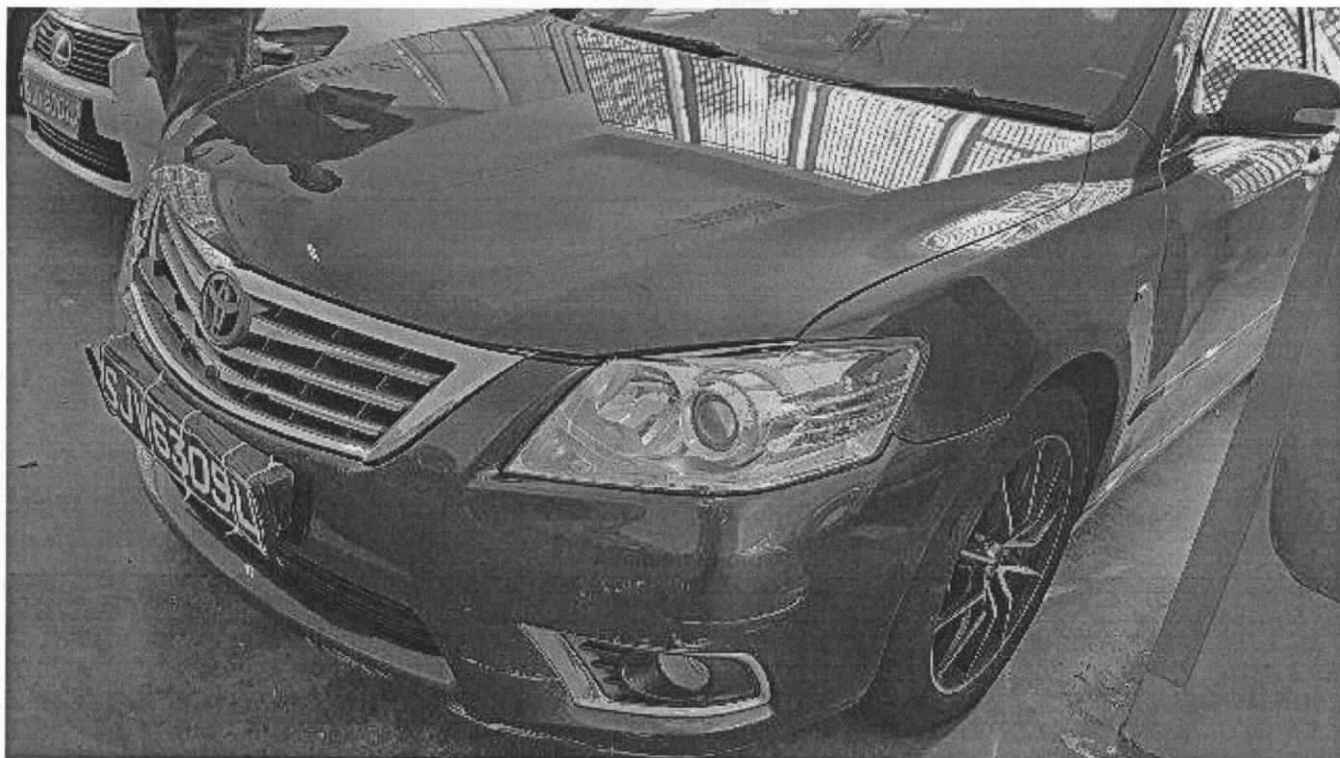
Accident Photo



Accident Photo



Accident Photo



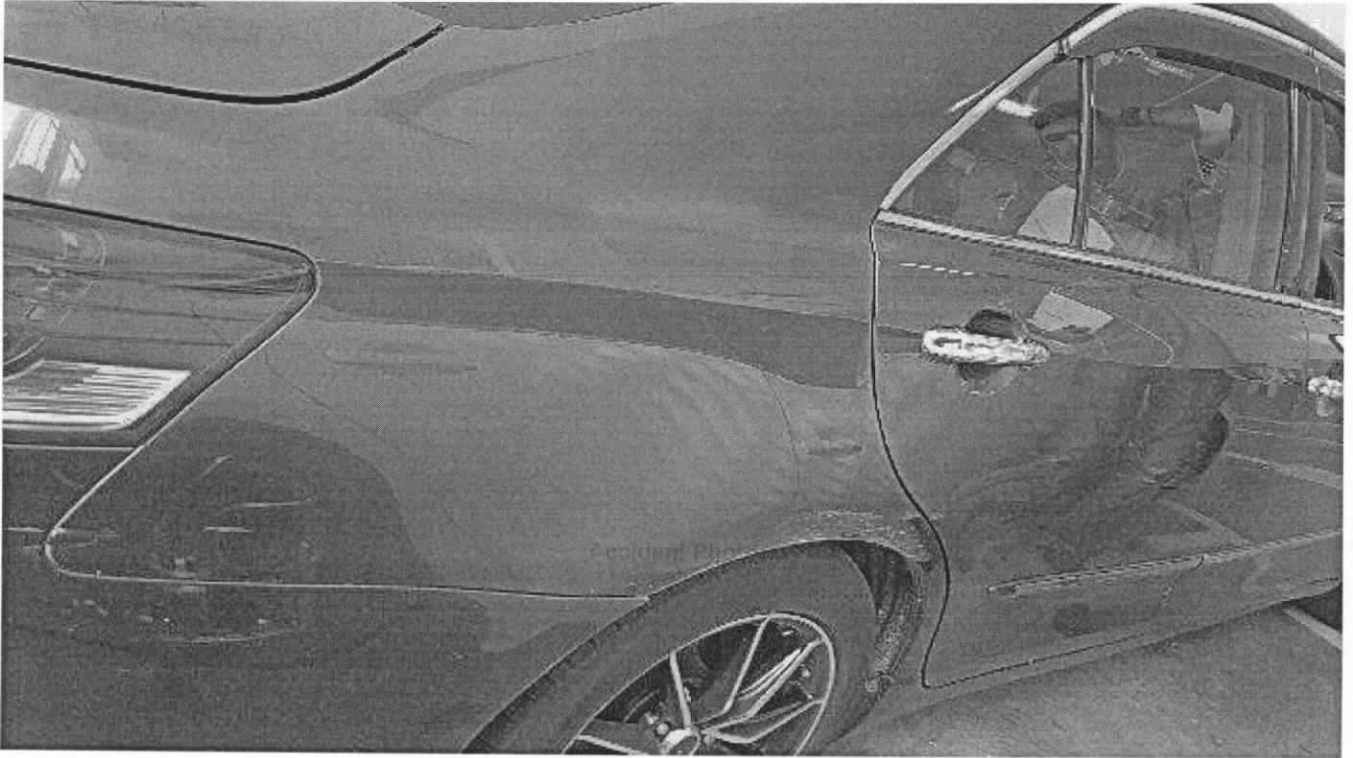
Accident Photo



Accident Photo



Accident Photo



REPORTING MILEAGE

