

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 | 15/05/2018 15:08 |
| Date Of Accident | 14/05/2018 14:10 |
| Exact Location Of Accident | DEPOT ROAD/ALEXANDRA ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJJ194C |
| Insured/Policyholder | |
| Name Of Registered Owner | FAZAL MOHSIN |
| NRIC No | G6064802L |
| Email Address | MOHSIN.FAZAL@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-84683313 |
| Alternative Phone No | OFFICE-NOPHONE |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | AUDI |
| Model | A6-2.0 (A) |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | GA256919 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | VAJIHA JAMIL PARVEZ |
| NRIC No | G5268504X |
| Date Of Birth | 08/08/1985 |
| Occupation | INDOOR |
| Date Of Driving Pass | 20/10/2012 |
| Driving Experience | 5 YEARS AND 6 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-84683313 |
| Fax Number | |
| Contact Number | |
| EMail Address | VAJIHAJ@GMAIL.COM |

| | |
|---|--------------------------------------|
| Address | 204 DEPOT ROAD #09-46, THE INTERLACE |
| Postcode | 109696 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|---|
| Type Of Accident | HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED |
| 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 [OTHER] | QUEENSTOWN N.P.C |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO SKETCH PLAN AND POLICE REPORT NO: T/20180514/2184

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 | SHB2345L |
| Vehicle Make/Model/Colour | TAX-YELLOW |
| 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 OTHER VEHICLE PROPERTY 2

| | |
|-----------------------------|---------|
| Vehicle Registration Number | UNKNOWN |
|-----------------------------|---------|

| | |
|-------------------------------------|------------|
| Vehicle Make/Model/Colour | PUBLIC BUS |
| Details Of Properties | |
| Vehicle Category | BUS |
| Name of Driver | UNKNOWN |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|---|----------------------------|
| Name | UNKNOWN - TAXI'S PASSENGER |
| Approximate Age | |
| Injuries Sustain | UNKNOWN |
| Injured person in which vehicle? | SHB2345L |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | |
| Address | UNKNOWN UNKNOWN |
| Postcode | |

SKETCH PLAN

IMPORTANT NOTICE

VEHICLE NO: SJJ 194C
ACCIDENT DATE: 14/5/18

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.
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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.

NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

Policyholder's Signature
Date & Time:

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

15/05/2018 2:30 PM

CHARN'S CUSTOMCRAFT
Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

SIT 1942

14/5/18

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report
T/20180514/2184

OWN DAMAGE () 3RD PARTY CLAIM () REPORTING ONLY () OWN WORKSHOP ()

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:

15/05/2018 2:30 PM

CHARN'S CUSTOMCRAFT
Reporting Centre Personnel's Signature
Name:
NRCCIN No.:



**SINGAPORE
POLICE FORCE**



T/20180514/2184



1 of 3

Report No. T/20180514/2184

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|--|----------------|----------------------------|
| Date/Time Report Made: 14/05/2018 18:59 | | Vide Report No.: D/20180514/0076 | | Initial Report | Station Diary No.: 95 |
| Informant's Particulars | | | | | |
| Name of Informant: VAJIHA JAMIL PARVEZ | | | Address: APT BLK 204 DEPOT ROAD #09-46 INTERLACE, THE SINGAPORE 109696 | | |
| ID Type / ID No.: NRIC NO / G5268504X | | | Contact No.: Home/Office: Mobile: 84683313 | | |
| Nationality: AMERICAN | | | Email: | | |
| Sex: Female | Age: 32 | Date of Birth: 08/08/1985 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: ASSOCIATE MANAGER | | | Driving Licence Information: Class: Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------------------|---|---|--|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 14/05/2018 14:10 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 DEPOT ROAD ALEXANDRA ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------|--------|---|--------|----------------------|-----------------|
| SHB2345L | Car | TOYOTA | PRIUS HYBRID 1.8 CVT | Yellow | Seriously Damaged | 1 |
| SJJ194C | Car | AUDI | A6 2.0T FSI MU CVT ABS D/AIRBAG GAS/D | Grey | Seriously Damaged | 1 |



**SINGAPORE
POLICE FORCE**



T/20180514/2184

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

2 of 3

Report No. T/20180514/2184

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------|--|-----------------------------------|
| Any Pedestrian Involved: Yes | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: Not Used | |
| Driver | | | |
| Name | VAJIHA JAMIL PARVEZ | ID No. | G5268504X |
| Related Vehicle | SJJ194C (Car) | Contact No. | 84683313 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | NIL | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | NIL |

Brief Details.

On the above mentioned date, time and location. I was driving along Depot Road towards Alexandra Road. I stopped at the traffic junction as it was a red light. I saw a Female Korean pedestrian who waiting to cross the road, she showed an expression of shock towards my direction. Suddenly I felt an impact from the side and a yellow taxi mounted on to the kerb on the left of my vehicle. The taxi had stuck a traffic light and also a zebra crossing pole. The pole had fallen on to a public bus's windscreen causing it to shatter.

I got out of my car and checked on the pedestrian, drivers and passengers. I also called for the police. The taxi passenger suffered an injury below his eye. I took photos of the accident and also the damage to my car. My car suffered damage to the left front corner. I noticed there is damage to the left side kerb before the traffic junction.

Police then attended to us and we were advised to lodged a police report.



**SINGAPORE
POLICE FORCE**



T/20180514/2184

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20180514/2184

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.

Signature Of Officer Recording The Report:
D /
Sgt 2 TIO JUN LONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No: 65476232

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
14/05/2018 18:59

Classification Of Case: