

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	14/05/2018 14:32
Date Of Accident	13/05/2018 12:10
Exact Location Of Accident	SCOTTS RD OUTSIDE OF GRAND HYATT HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKU5727M
Insured/Policyholder	
Name Of Registered Owner	KRISHNA SADASHIV
NRIC No	S2680881B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90084635
Alternative Phone No	OFFICE-90084635

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C18
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA117017
Cover Note Number	

Driver

Name of Driver	KRISHNA SADASHIV
NRIC No	S2680881B
Date Of Birth	24/12/1955
Occupation	INDOOR
Date Of Driving Pass	07/08/1992
Driving Experience	25 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90084635
Fax Number	
Contact Number	OFFICE-90084635
Email Address	NOEMAIL

Address	4 RIFLE ROAD #04-03
Postcode	588374
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	SIDE SWIPE
Weather Conditions	RAINING
Road Surface	WET

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?	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)	3
Passenger 1	NAME: : SHYAMA PUSHPA SADASHIV GENDER: : FEMALE
Passenger 2	NAME: : K. KUMAR GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I WAS DRIVING MY CAR ALONG GRAND HYATT HOTEL. I WAS DRIVING AT THE PRIVATE ROAD LANE WHICH MY LEFT LANE WAS TAXI LANE. CAR B (SJS8480B) FROM THE TAXI LANE SUDDENLY CUT INTO MY LANE WITHOUT NOTICING MY CAR AND COLLIDED ONTO MY LEFT FRONT PORTION.

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	SJS8480B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

NTUC INCOME INSURANCE CO-OPERATIVE LTD

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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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 14/05/2018 1330

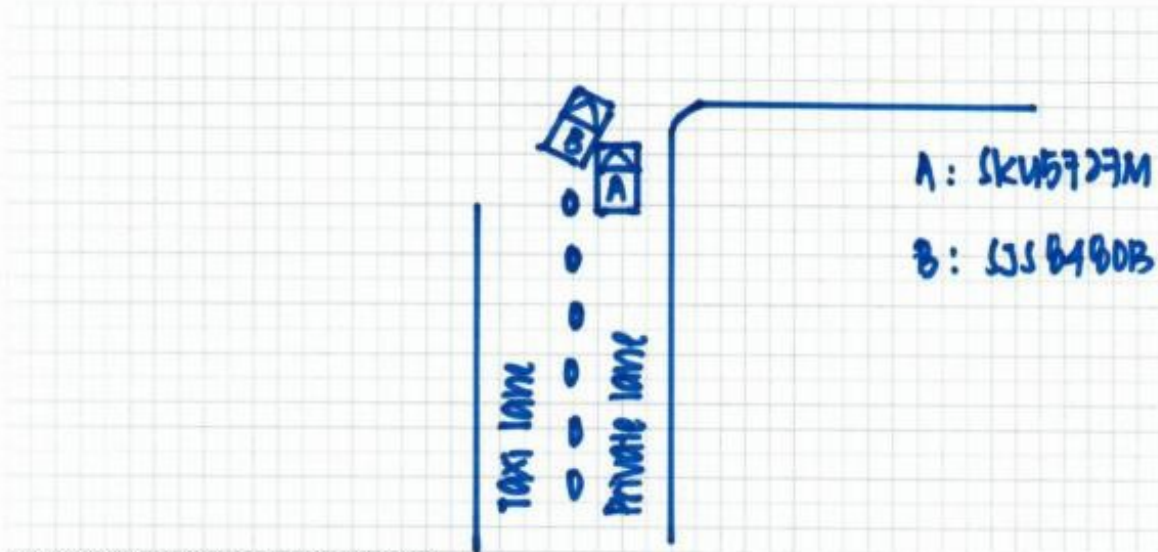
Driver's Signature
(If driver is not the policyholder)
Date & Time

Kerlyn Ong Kai Li
DID : 6771 4420 HP : 9186 5113
Email : kerlyn.ong@cyclecarriage.com.sg
Cycle & Carriage Industries Pte Ltd
Customer Service Centre - Pandan Loop

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS DRIVING MY CAR (SKU5727M) ALONG GRANT HYATT HOTEL. I WAS DRIVING AT THE PRIVATE ROAD LANE WHICH MY LEFT LANE WAS TAXI LANE. VEHICLE B (SJS8480B) FROM THE TAXI LANE SUDDENLY CUT INTO MY LANE WITHOUT NOTICING MY CAR AND COLLIDED ONTO MY LEFT FRONT PORTION.

DECLARATION

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

Please note that you have 14 calendar days to revert and file the claim under your own policy. Failing to do so, your insurance company will not allow nor accept the claim.

(Please contact your insurance company for any further details)

Policyholder's Signature

Date & Time 14/05/2018 1330

Driver's Signature

(If driver is not the policyholder)

Date & Time

Kerlyn Ong Kai Li

DID : 6771 4420 HP : 9186 5113

Email : kerlyn.ong@cycletecarriage.com.sg

Cycle & Carriage Industries Pte Ltd

Customer Service Centre - Pandan Loop

NRIC/FIN No.:

Annex D

NOTICE OF REPORTING

This is to confirm that Krishna Sadashiv, S2680881B, has reported to the Police a non-injury traffic accident on 13/05/2018 which occurred at around 1210 hours along Scotts road, outside of Grant Hyatt Hotel involving the following vehicles

- 1) SKU5727M - Complainant
- 2) SJS8480B - Defendant (Ng Kok Yong, Gerald C/N: 96411011)

2. If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: Sgt Lee Wei Keat

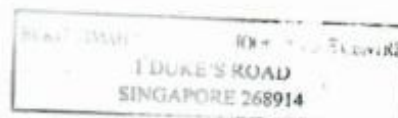
Date: 13/05/2018 Time: 1650hours

S/D Ref: 84

Police Post/Unit : Bukit Timah NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police




redefining / insurance

KRISHNA SADASHIV
4 RIFLE RANGE ROAD #04-03
MAYFAIR GARDENS
SINGAPORE 588374

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

Renewal

date
14/07/2017

your servicing distributor
WEI RONG DANNY CHUA / 05189

your servicing distributor contact

Policy Schedule

Your SmartDrive Comprehensive Flexi+

Your policy snapshot

Policyholder name	KRISHNA SADASHIV	Policy number	VA1 / GA117017
Cover	Comprehensive	FIN / NRIC	S2680881B
Period of Insurance	from 03/08/2017 to 02/08/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 1,030.03
Total Discounts	- SGD 51.51
7% GST	SGD 68.50
Final Premium	SGD 1,047.02

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive 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

- Basic Own damage excess waiver

Vehicle details

Make & Model of Vehicle	MERCEDES C180 AVANTGARDE	Year of manufacture	2015
Vehicle registration number	SKU5727M	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1595
Seating capacity (excl driver)	4	Engine number	27491030409185
Off-Peak car	No	Chassis number	WDD2050402R082282

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	MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD



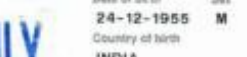
Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess	Not Applicable
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AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

1 of 2

Sketch Plan #5

REPUBLIC OF SINGAPORE DRIVING LICENCE		REPUBLIC OF SINGAPORE	
	Licence Number: S 2 6 8 0 8 8 1 B Name: KRISHNA SADASHIV Birth Date: 24 Dec 1955 Issue Date: 06 Aug 2003		IDENTITY CARD NO. S2680881B Name: KRISHNA SADASHIV Race: INDIAN Date of birth: 24-12-1955 Sex: M Country of birth: INDIA
			FOR C&C USE ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)		PASS DATE	
Class 1 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	07 Aug 1992		4466375
<i>IP Board pls call</i> 10084635 945:4736	FOR C&C USE ONLY		HNSC No: S2680881B Date of issue: 18-09-2009
NP 428A		Address: 4 RIFLE RANGE ROAD #04-03 SINGAPORE 588374	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

