

## 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	19/07/2018 23:20
Date Of Accident	19/07/2018 07:15
Exact Location Of Accident	SENGKANG E RD NEAR POLICE STATION TRAFFIC LIGHT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKQ6560R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RENGARAJAN ASHOK KUMAR
NRIC No	S7287605I
Email Address	ASHOK182@YAHOO.COM
Mobile Phone No	(LOCAL) +65-91293201
Alternative Phone No	OFFICE-91293201

### Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 I-L CVT AWD SR (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA079785
Cover Note Number	

### Driver

Name of Driver	RENGARAJAN ASHOK KUMAR
NRIC No	S7287605I
Date Of Birth	18/12/1972
Occupation	INDOOR
Date Of Driving Pass	23/02/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91293201
Fax Number	
Contact Number	OFFICE-91293201
Email Address	ASHOK182@YAHOO.COM

Address	BLK 426 SERANGOON AVENUE 1 #04-213
Postcode	550426
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	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?	
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: : WIFE GENDER: : FEMALE
Passenger 2	NAME: : DAUGHTER GENDER: : FEMALE

#### 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?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

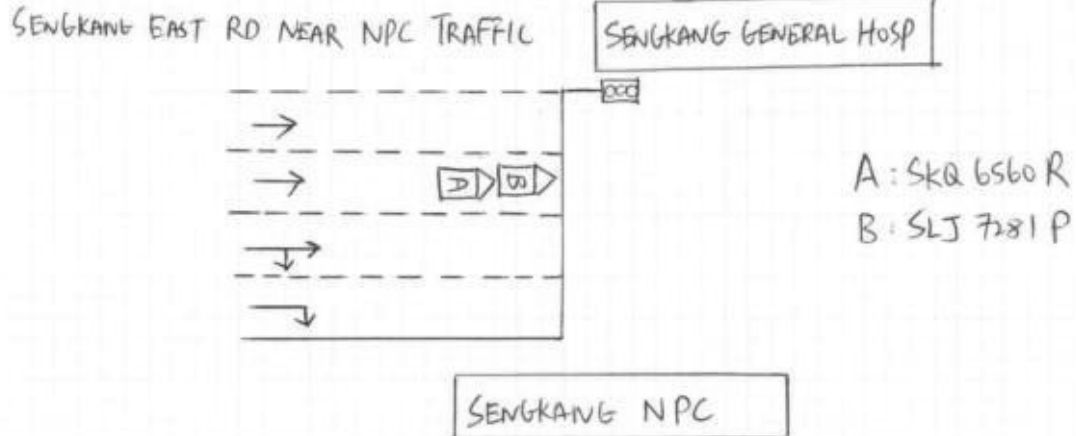
Vehicle Registration Number	SLJ7281P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AT AROUND 0711HRE TODAY (19/7/18), HONDA JAZZ (SLJ7281P) DRIVER WHILE APPROACHING THE TRAFFIC LIGHT AT SENGKANG EAST ROAD NEAR SENGKANG NEIGHBOUR HOOD POLICE STATION (ON RIGHT SIDE OF THE ROAD) WHILE GREEN LIGHT WAS ON SHE RUSHED TOWARDS THE JUNCTION & SUDDENLY ON SEEING THE YELLOW LIGHT SHE BRAKED THE VEHICLE SUDDENLY VERY HARD. IN SPITE OF MY EFFORTS TO STOP <sup>MY</sup> ~~THE~~ VEHICLE IMMEDIATELY, MY VEHICLE (SKQ 6560 R) OFF PEAK PLATE SEAL MADE CONTACT WITH THE REAR DOOR BOTTOM RIGHT SIDE OF HONDA JAZZ & MADE DENT ON ITS BODY. TO SAFE GUARD MYSELF I AM MAKING THIS REPORT. SINCE MY VEHICLE DID NOT HAD ANY DAMAGE (EXCEPT FOR SEAL) I DON'T CLAIM ANY FROM INSURANCE & I WILL MAKE REPAIR BY MYSELF.

### DECLARATION

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

  
Policyholder's Signature  
Date & Time: 19/7/18

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

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

# Common Statement

☒ Owner  
☐ Driver

## ACCIDENT STATEMENT

Date of Accident: 19/07/2018 Time: 07:11am Location of Accident: SENGKANG EAST ROAD NEAR NEIGHBOUR HOOD POLICE STATION TRAFFIC LIGHT

### INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SKR 6560 R  
Name of Policyholder: RENBARAJAN ASHOK KUMAR  
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): S7287601  
Address: BIK 426 SERANGOON AVENUE 1 #04-213 S 550426  
Contact Number: Tel: Hp 9129 3201  
Occupation: INDOOR

### VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: SUBARU FORESTER 2.0L  
Type of Vehicle: Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle, ☒ Others: SUV  
Exact Purpose for which vehicle was being used at the time of accident: PRIVATE USE  
Are you claiming under your own insurance policy? ☒ Yes ☐ No Remarks: REPORTING ONLY  
Vehicle category: ☒ Private ☐ Commercial ☐ Motorcycle

### INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA  
Type of Policy: ☒ Comprehensive ☐ TP Fire & Theft ☐ Third party  
Fleet Policy: ☐ Yes ☒ No  
Policy Number: VAI/6A079785

### DRIVER

Name of Driver: -  
NRIC/ FIN/ Passport: -  
Date of Birth: 18 DEC 1972  
Occupation: -  
Driving Pass Date: 23 FEB 2009  
Gender: ☒ Male ☐ Female  
Contact Number: Tel: Hp 9129 3201  
Address: -  
Email Address: -

Was driver an employee of the Insured's Company? ☐ Yes ☒ No  
If No, relationship of Driver with the Insured: OWNER  
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: FRONT NUMBER PLATE

### 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? -

a.s.hok182@yahoo.com

# Common Statement

OWN VEHICLE REGISTRATION NUMBER

SKQ 6560 R

## DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SLJ 7281 P

Vehicle Make/ Model/ Colour

Details of Properties (If Other Party is not a Vehicle)

Damage Area

Name of Driver

NUR HIDAYATI BINTE PAIMUN  
S 8422868 J

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?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ 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?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

## Declaration

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

*R Ashwin Kumar*

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time 19/7/18 25

*R Ashwin Kumar*

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

Date & Time 19/7/18

## Common Statement

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

19/7/15

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

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

OWNER IC & DRIVING LICENSE

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S72876051



Name  
RENGARAJAN ASHOK KUMAR

அசோக் குமார்

Race  
INDIAN

Date of birth  
18-12-1972

Sex  
M

Country of birth  
INDIA

072876051



REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S72876051

Name  
RENGARAJAN ASHOK KUMAR

Birth Date: 18 Dec 1972

Valid Date: 03 Nov 2011



8141725



NRIC No: S72876051



Nationality  
INDIAN

Date of issue  
17-10-2011

APT BLK 426 SERANGOON AVENUE 1 #04-213  
SINGAPORE 550426

NRIC No: S72876051 Date: 31/12/2012 No: 7178781

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

EFFECTIVE DATE

Class 3 Motor Cars < 3000kg with < 7 passengers, exclusive of the driver, and other motor vehicles < 3500kg 23 Feb 2009

NP 428A

License No: S72876051





# CERTIFICATE OF INSURANCE

11:02 PM

4G 92%



GA079785



redefining / insurance

RENGARAJAN ASHOK KUMAR  
BLK 426 SERANGOON AVENUE 1  
#04-213  
SINGAPORE 550426

AXA Insurance Pte Ltd  
1800 680 4888 (Within Singapore)  
(65) 6889 4888 (International)  
(65) 6889 4740  
customer.care@axa.com.sg  
www.axa.com.sg

**SmartDrive Comprehensive Flexi  
Original**

date  
20/10/2017

policy number  
VA1 / GA079785

your servicing distributor  
**INSMART (INSURANCE) AGENCY PTE  
LTD / 11618**

your servicing distributor contact  
6749 6110 /

## Renewal Notice

Dear RENGARAJAN ASHOK KUMAR,

Thank you for Insuring with AXA. Your **SmartDrive Comprehensive Flexi** policy covering your car **SKQ8560R** is expiring on **17/12/2017**. We invite you to renew your insurance cover, which is detailed as per below.

**Effective Period of Renewed Cover: 18/12/2017 to 17/12/2018 (both dates inclusive)**

### SmartDrive Comprehensive Flexi

#### KEY 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
- ✓ Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

#### Usual Price

- ✓ **5.00% DISCOUNT** (SafeDriverDiscount) \$902.53
- ✓ **25.00% DISCOUNT** (OffPeakCarDiscount) \$643.05

#### Add-ons

- ✓ **Voluntary Excess** \$40.71  
Basic Own damage excess waiver
- ✓ **Personal Accident for Driver** \$13.73  
Personal accident benefit of up to \$ 50,000.00 for you and your named drivers
- ✓ **NCD Protector** \$65.54  
No Claim Discount Protector

**Total: \$763.03**  
**Total Own Damage Excess: \$0.00**  
**Windscreen Excess: Not Applicable**

(incl. GST)

### Take control of your insurance - Pick your benefits now

At AXA, we give you the opportunity to design your own insurance according to your needs. It's as easy as 1 - 2 - 3.

AXA Insurance Pte Ltd (199903512M)  
8 Shenton Way, #24-01, AXA Tower,  
Singapore 068811  
Customer Centre, #81-01

1 of 3

1

**New SmartDrive  
Plan**  
Select a **PLAN** that is **TAILORED**

2

**New SmartDrive  
Packs (Optional)**  
Enhance your plan with a **PACK**

3

**New SmartDrive  
Add-ons (Optional)**  
Boost your coverage with an

# AXA FORM

Refining:                     

Date: 19/07/2018

To: Owner of Vehicle Number SKQ 6560 R

The following has been advised to you via your workshop, BH AUTO through their staff, WEN ZHENG

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 manufacturers (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: REPORTING ONLY

Signed and acknowledge by

RASH KUNIA

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo





Accident Photo

