## 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 witholding 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

<ol><li>By the lodgement of this report to the insurers, you hereby consaforesaid.</li></ol>	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	13/07/2018 09:11
Date Of Accident	12/07/2018 17:05
Exact Location Of Accident	JURONG PORT RD TOWARDS JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKW451E
Insured/Policyholder	
Name Of Registered Owner	NATARAJAN SELVAKUMAR
NRIC No	S7865862B
Email Address	NSEL77@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81551426
Alternative Phone No	OFFICE-81551426
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL-1.5 (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	

moai	u1100	Company	

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA352582

Cover Note Number

**Driver** 

Name of Driver NATARAJAN SELVAKUMAR

NRIC No S7865862B Date Of Birth 07/07/1978 Occupation **INDOOR** 18/07/2016 **Date Of Driving Pass** 

**Driving Experience** 1 YEAR AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81551426

Fax Number

OFFICE-81551426 Contact Number **EMail Address** NSEL77@GMAIL.COM Address BLK 509 WOODLANDS LANDS DRIVE 14

#10-07 730509

W 1: 1 (II ) NO NO

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 - CROSS JUNCTION

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Postcode

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?

Passenger 1

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

4

NO

NO

Number of Passengers (Including Driver)

NAME: : SEETHARAMAN SUGUMAR PADMAPRIYA

GENDER: : FEMALE

Passenger 2 NAME: : SLEVAKUMAR SACHIN

GENDER: : MALE

Passenger 3 NAME: : SELVKUMAR KIRTHIN

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

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?

Was there any video captured by Car Camera?

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YN3312K

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address
Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

## **SKETCH PLAN**

## **IMPORTANT NOTICE**

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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:
  - 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:

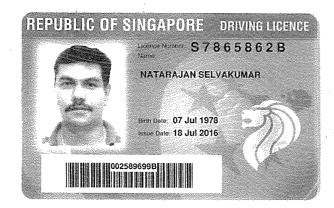
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

SKETCH PLAN	ļ	r	
`			
Jurong port R	9AO		
			Name October 10 (1980)
γ~	133/2K	SKW 451	
< 7.	SKW90		M3312K
	A	72/2 / 1/2	mad Ibrahim .
DESCRIBE CIRCUMSTANCES C	) F THE ACCIDENT	VAINA AM	man a comment
		A O O I DE LE O TE O TE	15
CONTACT NUMBER: CLCCC	•	E-MAIL ADDRESS:	ME: 12-07-2018 (5.05pm)
CONTACT NUMBER: 8 155			nsel 77 @ gmail. com
LOCATION: Jurang	out road Cayi	Junction).	
when y wa	es driving as	long Jurong	port Road
furnim ria	no forwards	Jalan Ahn	and Ibrahim,
It was 9	reen light ?	ny favo	nr. A Vahirla
VN 3312 K	driving al	on Juron	s prot Road at
a fast	speed had	cossided wi	s prot Road at ith my which,
	le has spin		
Ma wife	and two a	childrens in	My Car
			riya (wife).
	umar Sachin	(boy)	
	umar Kirthin		
3 = / • • • / • .	72776	(209)	
NOTE: PLEASE NOTE TH		HAVE 14 DAYS TIME	FRAME FOR YOU TO SUBMIT AN
OWN DAMAGE CLAIM UND	ER YOUR OWN POLICY.	PLEASE CHECK YOUR	R POLICY FOR MORE INFORMATION
Please state:		11 F 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	
Claim Own Policy	( ) Claim Third Party	( ) Claim OD/TP at othe	er workshop ( ) Reporting Only
DECLARATION			A STOMOS
I/We declare the foregoing partice	lars are true in every respec	ct.	
4010 45			
Policyholder's Signature	 Driver's Signature		Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the poli Date & Time:	icyholder)	Name: NRIC/FII No.:

## Sketch Plan Pg. 3





Race INDIAN

Oste of birth Sex 07-07-1978 M

Country of birth

78658620

INDIA

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc 18 Jul 2016
Class 3 Motor cars with unladen weight =< 3000kg with =< 7 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A



8985708 NRIC No. S7865862B INDIAN 26-11-2008 APT BLK 509 WOODLANDS DRIVE 14 #10-07 SINGAPORE 730509 NRIC No: \$7865862B Date: 08/06/2017





\$ 1308.54

AXA Insurance Pte Ltd 1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740

🖾 customer.care@axa.com.sg

O www.axa.com.sg

# Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation (Act. (Chapter 189). Motor vehicles (Triro Party Risks and Compensation) Rules. 1960. Road Transport Act. 1987 (Acatagous). Motor vehicles (Third Party Risks and Compensation) Rules. 1960. Road Transport Act. 1987 (Acatagous).

#### Policy details

natarajan selvakumar Policyholder name Cartificate number GA352582 / 1 Cover Comprehensive Chasers number Auti101828 Man name Essacial Engine number 11584021831 NCO sopiicable 0%

Vehicle registration number SKW451E from 13/65/2018 to 12/05/2019 (both dates inclusive) Period of Esserance

Reasce foars company NEAY PLANSE

#### Persons or classes of persons entitled to drive\*

b) My person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the boensing or other taws or regulations to drive the Votor Vehicle or has been so permitted and is not describified by order of a Court of Law or by reason of any enactment or regulation in that pohalf from driving the Moter Vehicle.

#### Limitation as to use\*

Use only for social, domestic and picasone purposes and for the Policyholdens business.

The bolicy does not cover - use for fixe or remain), racing, pace making, reliability inal, speed testing, the carriage of goods other than samples in contraction with any trade or business or use for any purpose in connection with inotor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on. a racing track, excut, round, course or any other roads by whatever name called that are typically used for racing, pace making or such similar purposes.

\*\* Umilateria renderea ringretal se by Section Bull the Medic Periodes Principles and Concessation Act, (Chapter \$89) and Decire Bay the Food Paragons Act, 1987
Melastral, are not to be righted under these the Songs

EXCESS Basic Own Damage Exerss Windscreen Excess

5G0.666.06 5G0.100.00

No Additional Excess is applicable as follows

- 1. \$\$500 for unnarrage Authorities Eviver
- 2. \$\$500 for declared houng and inexperienced Diwer
- 3. \$\$5,000 for undeclared moves and everywherese Denvis and the end occurs a reduced to \$\$2,500 it multiple challes had green un-

## Additional clauses & endorsements to your policy

The Fereby Certify that the policy to which this Certificate relates is issued in apportance with the provision of the Micro Networks (Third Perpy Bigs glob Directions actual Act, (Chapter 189) and Part IV of the Point Transport Act, 1997 (Massysta)

## AXA Insurance Pte Ltd

Nationsed Signature

德成估货私人有限公司 TECK WEI CREDIT PTE LTD Co. Reg. No. 200512300K 210 Tuff Club Road, The Grandstand Lot A8 Singapore 287995 Tel: 6465 0020 Fax: 6465 0017

Email: info@teckwei.com.sg

#### Important note

Pokyphoders are warred that on the same of a motor service tray must burierded the Certificate of insurance and the Pokyp to the insurance company if the Optificate of insurance and the Pokyp to the insurance that or destroyed a Statutory Section to the effect most be made. Farther to comply with this polygation is an offende under the Motor variety affiliation.

Pairs Pressure Compensation Act (Cap. 189). The Pressure Wasser recovers the creature to be cald in full aidon a specific period hairs, at the model tie no capital andre the bodics, renewal conditions about an action and the process renewal conditions.

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

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