

## 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             | 31/08/2018 17:07                                   |
| Date Of Accident           | 30/08/2018 18:25                                   |
| Exact Location Of Accident | T-JUNC CONNECTING SEMBAWANG WAY AND SEMBAWANG CRES |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SJV1792G                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | MAHESWARI REVITHREN     |
| NRIC No                     | S2611150A               |
| Email Address               | BHARATH1996@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-93366512    |
| Alternative Phone No        | OFFICE-93366512         |

### Vehicle Particulars

|              |                |
|--------------|----------------|
| Manufacturer | HYUNDAI        |
| Model        | AVANTE-1.6 (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             | VPA/P2152622          |
| Cover Note Number         |                       |

### Driver

|                      |                         |
|----------------------|-------------------------|
| Name of Driver       | R BHARATH RAM           |
| NRIC No              | S9628451I               |
| Date Of Birth        | 06/08/1996              |
| Occupation           | INDOOR                  |
| Date Of Driving Pass | 19/02/2016              |
| Driving Experience   | 2 YEARS AND 6 MONTHS    |
| Gender               | MALE                    |
| Mobile Number        | (LOCAL) +65-98598845    |
| Fax Number           |                         |
| Contact Number       |                         |
| Email Address        | BHARATH1996@HOTMAIL.COM |

|   |                                 |
|---|---------------------------------|
| Address   | APT BLK 423 CANBERRA RD #03-445 |
| 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 | 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?   | 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)   | 1   |

#### 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 ATTACH SKETCH PLAN AND PHOTO

#### 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         | GBA4022G              |
| Vehicle Make/Model/Colour           | TOYOTA HIACE/ YELLOW  |
| Details Of Properties               |                       |
| Vehicle Category                    | PRIVATE CAR           |
| Name of Driver                      | ESHAM BIN MOHD HASSIM |
| NRIC/Passport Number                | S7511308J             |
| Contact Number                      | 84945211              |
| Address                             |                       |
| Postcode                            |                       |
| Insurance Company Name              |                       |
| Nature Of Damage                    |                       |
| No. Of Passenger (Including Driver) |                       |

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

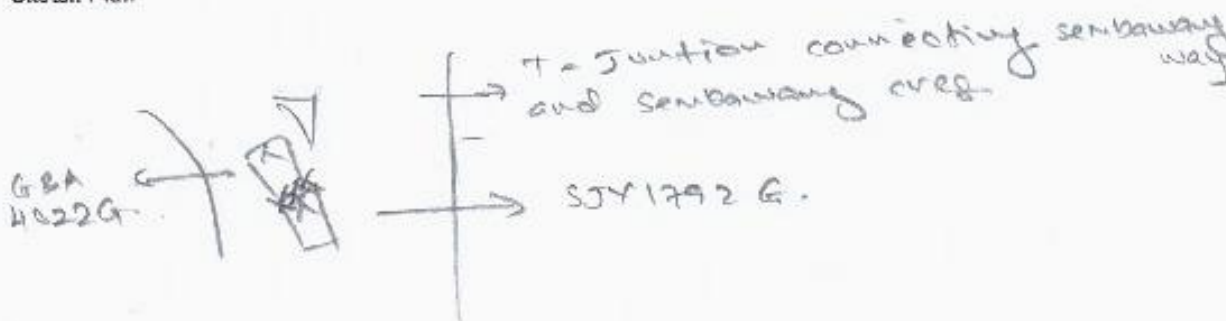
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the 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.
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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



## Sketch Plan #2

### Describe Circumstances of the Accident

The accident occurred at roughly 1825 hrs on 30<sup>th</sup> August 2018. I was driving along Sembawang Cres, heading towards Sembawang Way. I was driving towards a traffic junction, intending to make a left turn. At that point of time, there was only 1 vehicle ahead of me. As I was driving behind it, the vehicle made a sudden brake and so I did one too. At this point of time, I was very close to the vehicle. Then the vehicle was preparing to make the turn and was slowing inching forward and then I was checking my blind spot for oncoming vehicle before moving out. I knew it was clear and moved off, but the vehicle in front of me made a sudden brake again and I was not able to stop the car in time, and the collision was done.

### 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

Witnessed by Reporting Centre Personnel



# Sketch Plan #3

AXA INSURANCE PTE LTD  
8 Shenton Way, #24-01  
AXA Tower, Singapore 068811  
Customer Service Centre #B1-01  
Tel: (65) 63387288 Fax: (65) 63382522  
Website: www.axa.com.sg  
GST Registration Number: 198903512M  
customer.service@axa.com.sg



Private Cars COMP  
POLICY SCHEDULE  
RENEWAL  
Original

|  |  |                                      |
|--|--|--------------------------------------|
| <b>POLICY INFORMATION</b>  |  | Policy No. : VPA/P1252622            |
| Source   | : (01) 08260 KOMOCO TRADING P/L (HY)   |                                      |
| Insured  | : MAHESWARI REVITHREN  |                                      |
| Address  | : BLK 432 CANBERRA ROAD<br>#03-445<br>SINGAPORE 750423   |                                      |
| Business/Profession  | : BANK CLERK - INDIAN BANK<br>Carrying on or engaged in the business or profession<br>last declared and no other for the purpose of this<br>insurance. |                                      |
| Period of Insurance  | : From 14/01/2018 To 13/01/2019 (Both Dates Inclusive)   |                                      |
| Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium. |  |                                      |
| Replacing Policy No.   | : 11632581   |                                      |
| <b>PREMIUM</b>   |  |                                      |
| Premium After 50.00%   | : SGD 973.73   |                                      |
| NCD  |  |                                      |
| Safe Driver Disc   | : SGD 77.90  |                                      |
| 8.00%  |  |                                      |
| NCD Protector  | : SGD 71.67  |                                      |
| GST 7.00%  | : SGD 67.73  |                                      |
| Annual Premium   | : SGD 1,035.23   |                                      |
| Total Payable  | : SGD 1,035.23   |                                      |
| <b>RISK DETAILS THE MOTOR VEHICLE</b>  |  |                                      |
| Type Of Cover  | : Comprehensive  |                                      |
| Regn No.   | : SJV1792G   |                                      |
| Type Of Use  | : Private Car  |                                      |
| Make/Model   | : HYUNDAI AVANTE 1.6   |                                      |
| Year of Manufacture  | : 2010   | Seating Capacity (excl. Driver) : 04 |
| Body Type  | : SALOON   | Engine C.C. : 1591                   |
| Engine No.   | : -  |                                      |
| Chassis No.  | : KMH DU41BMAU932428   |                                      |
| Insured's Estimated Market Value   | : Market Value At The Time Of Loss<br>(including Accessories and Spare Parts)  |                                      |
| Limitations as to Use  | : As specified in Certificate of Insurance   |                                      |
| Hire Purchase  | : MALAYAN BANKING BERHAD   |                                      |
| <u>Extra Coverage (Premium Breakdown)</u>  | <u>Limits (SGD)</u>  | <u>Premium (SGD)</u>                 |
| NCD Protector  | : SGD  | 71.67                                |
| Basic Own Damage Excess  |  |                                      |
| <b>Named Drivers</b>   |  |                                      |
| 1 MAHESWARI REVITHREN  |  |                                      |
| 2 RAM R BHARATH  |  |                                      |

Sketch Plan #4

31 August 2018

AXA Insurance Pte Ltd


Attention: Person-in Charge

Dear Sir/Madam

I, Maheswari Revithren (NRIC No.S2611150A) hereby authorize the driver, R Bharath Ram (NRIC NO.S9628451I) to file report and claim for my vehicle SJV1792G ,under my insurance policy number VPA/P1252622.

Thank You

Yours sincerely,







Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

