

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	19/09/2018 11:38
Date Of Accident	17/09/2018 10:05
Exact Location Of Accident	CHINA STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFK9558U
Insured/Policyholder	
Name Of Registered Owner	CHARLES AARON DE SILVA
NRIC No	S8312691D
Email Address	CHARLES.DESILVA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81613930
Alternative Phone No	OTHERS-81613930

Vehicle Particulars

Manufacturer	TOYOTA
Model	CELICA-1.8 ZZT230 (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	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	GA294336
Cover Note Number	20/11/2017 - 19/11/2018

Driver

Name of Driver	CHARLES AARON DE SILVA
NRIC No	S8312691D
Date Of Birth	04/04/1983
Occupation	INDOOR
Date Of Driving Pass	16/12/2003
Driving Experience	14 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81613930
Fax Number	
Contact Number	OTHERS-81613930
Email Address	CHARLES.DESILVA@GMAIL.COM

Address	BLK 440A FERNVALE LINK #09-185
Postcode	791440
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

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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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	SHD9980X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUI CHI SING DANNY
NRIC/Passport Number	S2662012J
Contact Number	90306548
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	CHARLES AARON DE SILVA
Approximate Age	
Injuries Sustain	NECK STRAIN
Injured person in which vehicle?	SFK9558U
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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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: 19/09/18

1110 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

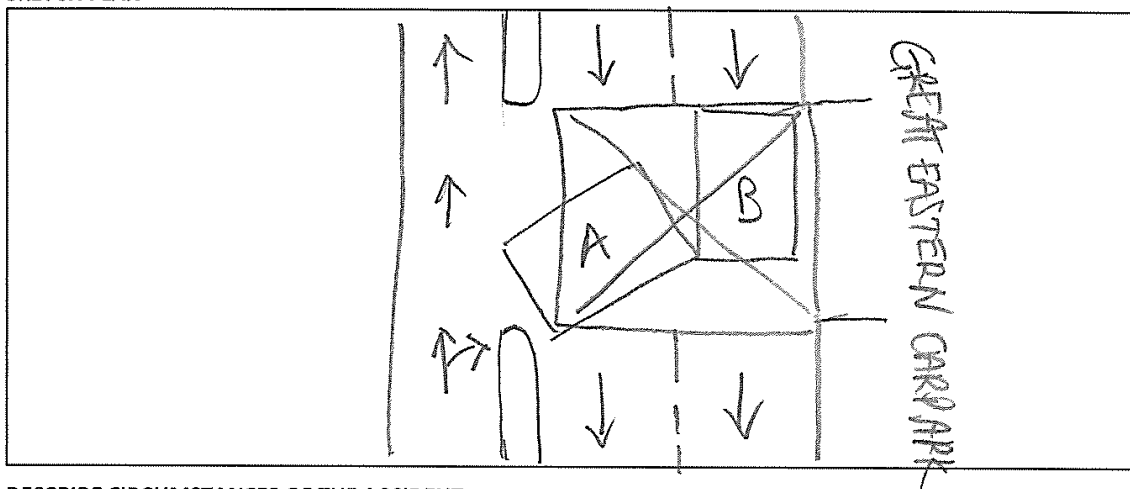
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 17/9/18 Time: 10.05 Location: China Street
 My Vehicle A: SFK958U Vehicle B: SAD9980X Vehicle C: _____
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 17/9/18 at about 10.05am at China Street, I was turning in Great Eastern Carpark. Traffic was heavy and there was a yellow box turning in Great Eastern Carpark. Incoming traffic was 2 lanes and since it was heavy traffic, the cars were not moving or moving very slowly. I was already in the yellow box of the first lane and was going in the 2nd lane but I stopped when I saw the taxi accelerate and speed up to hit my front bumper.

The damage that vehicle B is claiming for was already visible on the right fender of his vehicle even before he hit me and could be an intentional act to try claiming for a damage which is already there.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address:

& myself:

Email address: charles-desilva@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature

Date & Time: 19/09/18
1110 hrs

MAHMOUD ALI

Driver's Signature

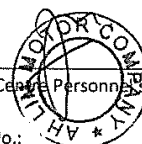
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20180918/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180918/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/09/2018 00:16		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHARLES AARON DE SILVA			Address: APT BLK 440A FERNVALE LINK #09-185 SINGAPORE 791440		
ID Type / ID No.: NRIC NO / S8312691D			Contact No.: Home/Office: Mobile: 81613930		
Nationality: SINGAPORE CITIZEN			Email: Charles.desilva@gmail.com		
Sex: Male	Age: 35	Date of Birth: 04/08/2984	Type of Informant: Driver		
Race: Eurasian			Language: English		Institution / School Name:
Occupation: Financial/Investment adviser			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 17/09/2018 10:05	Type of Location: Car Park
Location: CHINA STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 30 Km/h
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFK9558U	Car	TOYOTA	CELICA 1.8M	Black	Slightly Damaged	1
SHD9980X	Car	RENAULT	LATITUDE TAXI	Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SFK9558U	AXA INSURANCE SINGAPORE PTE LTD	GA294336	20/11/2017	19/11/2018



**SINGAPORE
POLICE FORCE**



T/20180918/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180918/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	CHARLES AARON DE SILVA	ID No.	S8312691D
Related Vehicle	SFK9558U (Car)	Contact No.	81613930
Hospital/Clinic	ETERN MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	17/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Driver			
Name	CHUI CHI SING DANNY	ID No.	S2662012J
Related Vehicle	SHD9980X (Car)	Contact No.	90306548
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.

Yes, i have a dashcam video of the incident and pictures of the damages on both vehicles.

Landmark - Great Eastern Life Building

Road - China Street

No, i was turning right into Great Eastern Life carpark



**SINGAPORE
POLICE FORCE**



T/20180918/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180918/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 18/09/2018 00:16
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	



redefining / insurance

CHARLES AARON DE SILVA
BLK 440A #09-185
FERNVALE LINK
SINGAPORE 791440

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

New business

date
20/11/2017

your servicing distributor
MAXURANCE VENTURE / 03926

your servicing distributor contact
6100 2592

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	CHARLES AARON DE SILVA	Policy number	VA1 / GA294336
Cover	Comprehensive	FIN / NRIC	S8312691D
Period of Insurance	from 20/11/2017 to 19/11/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 1,629.13
Total Discounts	- SGD 86.13
7% GST	SGD 108.01
Final Premium	SGD 1,651.01

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential 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
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- Personal accident benefit of up to \$ 50,000.00 for you and your named drivers

Vehicle details

Make & Model of Vehicle	TOYOTA CELICA 1.8	Year of manufacture	2004
Vehicle registration number	SFK9558U	Type of Use	Private use
Body type	COUPE	Engine capacity (c.c.)	1794
Seating capacity (excl driver)	4	Engine number	1ZZ1878457
Off-Peak car	No	Chassis number	ZZT2300179412

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	Nil

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

Basic Own Damage Excess	SGD 900.00
Windscreen Excess	SGD 100.00

Drivers details

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8312691D

Name
CHARLES AARON DE SILVA


Race
EURASIAN

Date of birth
04-04-1983

Country/Place of birth
SINGAPORE

Sex
M

S8312691D



lgax.

~~the~~
injury - neck strain

con-wa.

o/c

5189821


NRIC No S8312691D

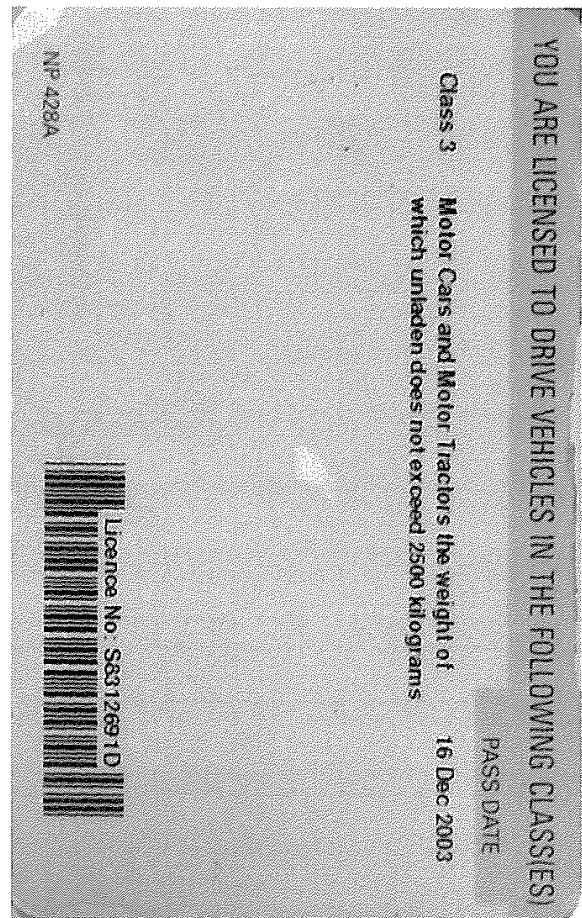
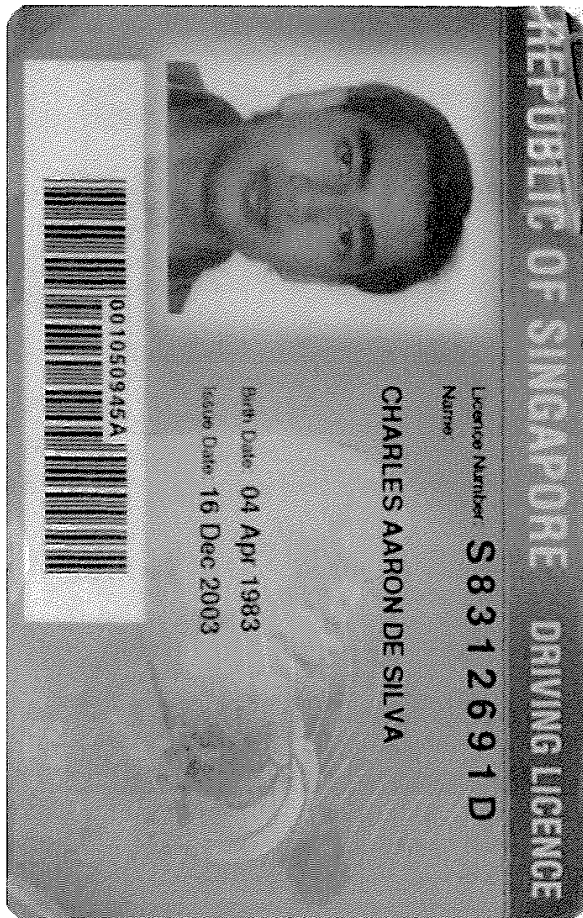
Date of issue
05-07-2013

APT BLK 440A FERNVALE LINK #09-185
SINGAPORE 791440

NRIC No: S8312691D

Date: 04/01/2015





Sketch Plan Pg. 9



redefining / insurance

Date: 19/09/18

To: Owner of Vehicle Number: 8FK 95534

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 manufacturer (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 claim Third Party @ own workshop.

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

Nla

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





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S26662012J

Name

CHU CHI SHING DANNY

朱志成

Race

CHINESE

Date of birth

07-07-1965

Sex

M

Country of birth

HONG KONG



Accident Photo



Accident Photo



Accident Photo



Accident Photo

