

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 liability.
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 | 26/11/2018 20:51 |
| Date Of Accident | 26/11/2018 08:35 |
| Exact Location Of Accident | SERANGOON AVE 6 TOWARDS ANG MO KIO AVE 5 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SJQ8795D |
| Insured/Policyholder | |
| Name Of Registered Owner | RAJU PARAMESWARAY |
| NRIC No | S7044173Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-86068290 |
| Alternative Phone No | OFFICE-86068290 |

Vehicle Particulars

| | |
|--|----------------|
| Manufacturer | KIA |
| Model | CARENS-2.0 (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 | GA040147/1 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | HARSHAVARDHAN CHANDRAN |
| NRIC No | S9817790F |
| Date Of Birth | 27/05/1998 |
| Occupation | INDOOR |
| Date Of Driving Pass | 12/08/2016 |
| Driving Experience | 2 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90298938 |
| Fax Number | |
| Contact Number | |
| Email Address | HARSH.CK05@GMAIL.COM |

| | |
|---|-----------------------------------|
| Address | BLK 476 PASIR RIS DRIVE 6 #03-540 |
| Postcode | 510476 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | PARENT |
| 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 TO STATEMENT

Attachment(s)

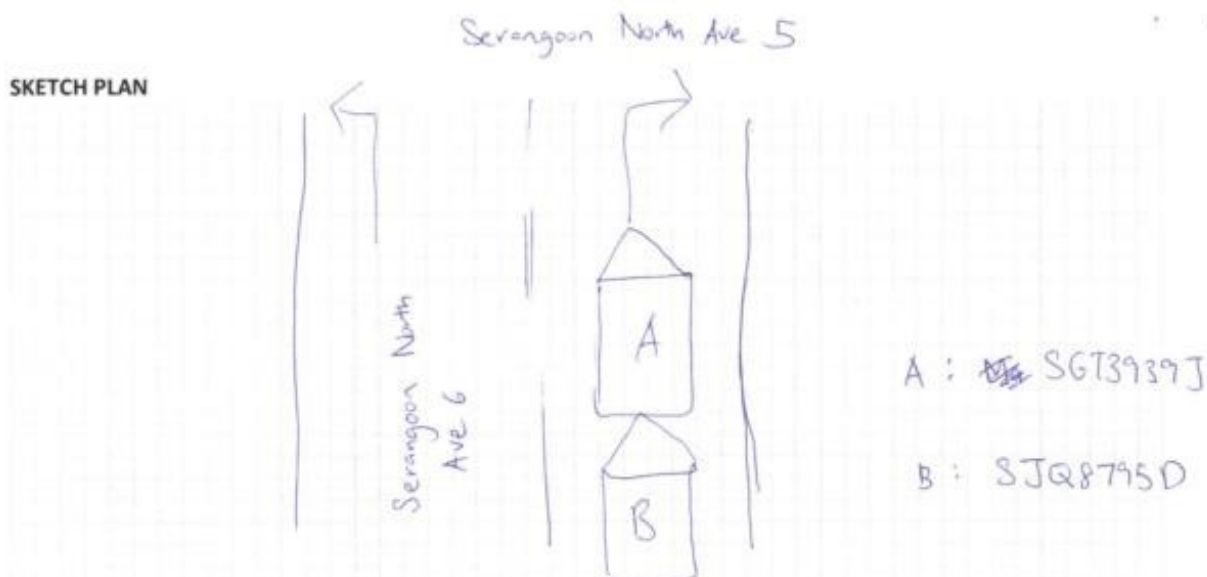
| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------|
| Vehicle Registration Number | SGT3939J |
| Vehicle Make/Model/Colour | MAZDA 6 |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KHOO CHIN YONG HERALD |
| NRIC/Passport Number | S1700443C |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

26 Nov 2018, At about 8.45 am, I was on my way to work in my vehicle "B" along Serangoon north ave 6 towards serangoon north ave 5. I stopped at the junction to turn right. It was red light and ~~at~~ there were few cars ahead of me. There was a safe distance between my car and car "A". All of a sudden, my shoe lost grip with the brake pedal and slipped off. The car inched forward and knocked on the rear bumper of car "A". I was only able to get hold of depress the brake pedal just when my car knocked onto car "A".

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:

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



Common Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 26/11/2018 Time: 8.35 AM Location of Accident: Serangoon Ave 6 Towards Ang Mo Kio Ave 5

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: SJA 8795 D
Name of Policyholder: RAJU PARAMASWARY
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 570441732
Address: BIK 476 PASIR RIS DRIVE 6
Contact Number: Tel: - Hp: 86068290
Occupation: Indoor

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: KIA CARENS
Type of Vehicle: MPV
Exact Purpose for which vehicle was being used: Private
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: GA04014711

DRIVER

Name of Driver: HARSHAVARDHAN CHANDRAN
NRIC/ FIN/ Passport: S9817790F
Date of Birth: 27-05-1986
Occupation: Indoor
Driving Pass Date: 12 Aug 2016
Gender: ☒ Male ☐ Female
Contact Number: Tel: - Hp: 90298938
Address: BIK 476 PASIR RIS DRIVE 6
Email Address: harsh.ck05@gmail.com
Was driver an employee of the Insured's Company? ☐ Yes ☒ No

If No, relationship of Driver with the Insured:

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):

Weather Conditions:

Road Surface:

Damage Area:

Head To Rear
☒ Clear ☐ Raining ☐ Others
☐ Wet ☒ Dry ☐ Others
Front Bump

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?

1 PAX

Common Statement

OWN VEHICLE REGISTRATION NUMBER _____

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SQT 3939 J

Vehicle Make/ Model/ Colour

MAZDA 6

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

Damage Area

Name of Driver

KHOO CHIN YONG HERALD

NRIC/ FIN/ Passport

S170043C

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.

Date & Time

Signature of Policy Holder

(Company Chop if applicable)

 26/11/18

Date & Time

Signature of Driver / (Date & Time)

(If Driver is not the Policy Holder)

Common Statement

SKETCH PLAN

IMPORTANT NOTICE

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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:
 - (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:

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

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





DRIVER IC & DRIVING LICENSE


 Licence Number: **S9817790F**
 Name: **HARSHAVARDHAN CHANDRAN**
 Birth Date: **27 May 1998**
 Issue Date: **12 Aug 2016**


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9817790F



 Name: **HARSHAVARDHAN CHANDRAN**
 Race: **INDIAN**
 Date of birth: **27-05-1998**
 Country/Place of birth: **SINGAPORE**
 Sex: **M**
 S9817790F

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
 EFFECTIVE DATE
 Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg 12 Aug 2016

 Licence No: S9817790F
 NP 425A

5203662

 INRC No: **S9817790F**

 Date of issue: **05-08-2013**
 Address:
APT BLK 476 PASIR RIS DRIVE 6
#03-540
SINGAPORE 510476

CERTIFICATE OF INSURANCE



redefining / insurance

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

account number
03364

Certificate of Insurance

Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960-Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

| | | | |
|-----------------------------|--|--------------------|-------------------|
| Policyholder name | PARAMASWARY RAJU | Certificate number | GA040147 / 1 |
| Cover | Comprehensive | Chassis number | KNAFG521397273703 |
| Plan name | Private MPV APW | Engine number | G4KA9H352608 |
| NCD applicable | 50% | | |
| Vehicle registration number | SJQ8795D | | |
| Period of Insurance | from 29/05/2018 to 28/05/2019 (both dates inclusive) | | |
| Finance loan company | MAYBANK | | |

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any Named Driver as stated in the Policy:
1. CHANDRAN KANAPATHEY 2. CHANDRAN HARSHAVARDHAN
(c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

| | | |
|--------|-------------------------|-------------|
| EXCESS | Basic Own Damage Excess | \$GD 0.00 |
| | Windscreen Excess | \$GD 100.00 |

An Additional Excess is applicable as follows:

- \$5500 for unnamed Authorised Driver
- \$5500 for declared Young and Inexperienced Driver
- \$55,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$52,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Additional Clause 1

Memorandum 1: The Date of Birth for named driver Harshavardhan Chandran shall be reflected as 27 May 1998.

Memorandum 2: It is hereby agreed that basic Own Damage Excess of \$1,000 shall be applicable for Harshavardhan Chandran (S9617790F).

All other terms & conditions remain.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

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

1 of 4

AUTHORISATION LETTER

I, Raju Parameaswary (S7044173Z) authorize Harshavardhan Chandan
(S9817790F) to make a accident report of car (SJQ8795D)
at BH Auto Services under AXA.


Signature

AXA FORM

Defining

Date: 26/11/2018

To: Owner of Vehicle Number SJQ 8795 D

The following has been advised to you via your workshop, BH Auto through their staff, _____

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: Reporting only

Signed and acknowledge by



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





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400917735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MBHA18153393 Vehicle Registration No: SJQ 8795 D
Name (as shown in NRIC) : Harshavardhan Chandran NRIC/FIN/Passport No: S9817790 F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 476 Pasir Ris Drive 6 Singapore (S10476)
Contact (Tel) : - Mobile No.: 9029 8938
Email Address : harsh.ck05@gmail.com
Date of Accident : 26/11/2018 Time of Accident : 08:35 am
Place of Accident : Serangoon Ave 6 Towards Ang Mo Kio Ave 5
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amend policy number, driver name.

Policyholder / Driver's Signature
Date:


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