## 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 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.	control and droillying of this report at the control and to deplete of the report being indeed available
	ACCIDENT STATEMENT
Date Of Report	25/01/2019 13:53
Date Of Accident	13/11/2018 19:40
Exact Location Of Accident	CENTRAL BLVD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU7870G
Insured/Policyholder	
Name Of Registered Owner	DIVYESH MANILAL VITHLANI
NRIC No	S2729287I
Email Address	DIVYESH1001@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96379382
Alternative Phone No	OTHERS-96379382
Vehicle Particulars	
Manufacturer	MASERATI
Model	LEVANTE DIESEL 3.0 V6
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?	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	VPX/P2077585
Cover Note Number	
Driver	

# Driver

**DIVYESH MANILAL VITHLANI** Name of Driver

NRIC No S2729287I 12/09/1965 Date Of Birth Occupation **INDOOR** Date Of Driving Pass 18/08/1998

**Driving Experience** 20 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96379382

Fax Number

Contact Number OTHERS-96379382

**EMail Address** DIVYESH1001@GMAIL.COM Address BLK 280 OCEAN DRIVE SENTOSA #06-02

Postcode 098451

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

**Other Information** 

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

3

Number of Passengers (Including Driver)

Passenger 1

NAME: : RIA VITHLANI

GENDER: : FEMALE

Passenger 2 NAME: : NEETA VITHLANI

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** 

PLEASE REFER TO ATTACHED.

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 Witness 1** 

Name NEETA VITHLANI

Phone Number 90128547

**Email Address** 

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number SHD3071J

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category TAXI

Name of Driver

Page 2 of 15

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

### SKETCH PLAN

### 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- A. 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:
  - (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.

× (1)/+

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.:

Page 4 of 15

SETCH PLAN		The state of the s			MARI II SPECIALISM IN IN IN IN	777		The companies as a surprise of the contract of
		And the state of t		Property of the contract of th	Service of the servic			Marie Committee and American Statement
							1	
							]     .	
					The Art of the seasons was a season of	Tanks	11:	Company of the same in such
		AND THE STATE OF T		- CENITO	KL BLV	<b>K.</b> I I		Transfer of temperature of the Estimated
Angel and property and an analysis of the second				<u> </u>	C DLV			
- y					an a managajangga www.seasyajangga			THE RESERVE OF THE PARTY OF THE
	M	CAL _	十1世			, , ,	1	ered an
		E			my LAN	AMO	COLL	IDID WI
And the state of t	**************************************	ME				XIV.	747 3	inc of a
				raj ar - a-abagajaga, gaj -aaja - abaara aggagagagananiyana disabahananananya bayaya ba ang - an				TO STATE OF THE ST
A							LLI	- T
SCRIBE CIRCUINSTA	NCES OF THE A	ACCIDENT			÷ .			
AND THE PROPERTY OF THE PROPER	######################################	is all their the court is which execute and interchant a distribution from the court in the court in the court		CTCLESCROTTANDAMINATURA CONTRACTOR LINE	Эсле поможно положения в поможно положения в поможно поможно поможно поможно поможно поможно поможно поможно по	**************************************		
<del></del>								
THE	TAXI P	RIVEL A.	s He	TURNED	INTO	Car	CAL.	
COULEVARD		16 VER	(C)	71/70 00	N 10	NE	Buch	
		<u>, , , , , , , , , , , , , , , , , , , </u>		2 - 1	9 000	· · · ·		
<u>191119 60</u>	LU DEP	WI TH	74E	KIJHT	2100	*		
•								İ
The state of the s					r benefite arte perenent meneral area and area and area and area.	ELECTRICALE LLS PROCESSION (NUMBER 1/40)	****************	***************************************
				<del>, , , , , , , , , , , , , , , , , , , </del>				
- Table			The Section and the Section an					
		CONTROL AND STATE OF THE STATE						
		CONTRACTOR AND				ermanika yakana kasaasaa asa		
	particulars are tr	rue in every respe	cct.				25	19-
e declare the foregoing	<u>/</u>						25	19-
CLARATION  e declare the foregoing  x  yholder's Signature & Time:	<i>)</i>	rue in every respe			eporting Centi	re Personne	25   I	19-

Page 5 of 15

**AXA INSURANCE PTE LTD** 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Fax:-Website:www.axa.com.sg GST Registration Number: 199903512M customer.care@axa.com.sg



### 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)

CERTIFICATE NO. : VPX/P2077585 Account No. : 15489

Coverage : Comprehensive Sum Insured : SGD 328,500.00

Name of Policy Holder : DIVYESH MANILAL VITHLANI

Vehicle Registration No. : SLU7870G

Period of Insurance : From 14/12/2018 To 13/12/2019 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder

The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner (b) Any Named Driver as stated in the Policy

1. DIVYESH MANILAL VITHLANI

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.

### LIMITATIONS 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, speedtesting, 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.

(01)

### EXCESS :

Sect I - Used In S'pore Only : SGD 10,000.00 Sect I - Used Outside S'pore : SGD 20,000.00 Fire&Theft - Outside Singapore : SGD 20,000.00 Windscreen Excess : SGD 500.00

\* 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.

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

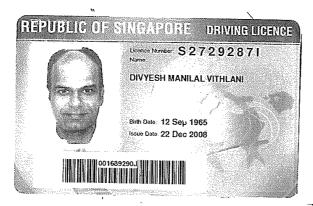
AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGIMFPE on **07/11/2018** 

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$27292871

Name



DIVYESH MANILAL VITHLANI

Race INDIAN Date of birth Sex 12-09-1965 M Country of birth

E2/292876

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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 18 Aug 1998 of the driver; and other motor vehicles =< 2500kg

Nationality BRITISH Date of issue 13-01-2005

APT BLK 280 OCEAN DRIVE SENTOSA #06-02 SINGAPORE 098451

S2729287I

29/09/2014

NP 428A

T	o: 0	wher of Vehide Number: <u>SLY 1870 G</u>					
		allowing has been advised to you via your workshop,CDGEthrough					
Ρl	eas	e tick the applicable box if you had been advice on the content as seen below:					
1	7	You had been advised by the workshop that in the event that you wish to daim against you own policy, there is a Fourteen (14) days clause whereby the claim must be made within the supulated 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 an there is no other option except to indent it from overseas.					
(	)	The Estimation waiting time for the spare parts to arrive is					
{	}	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 origina 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 <u>Own Damage</u> repairs on workmanship related to the accident.					
ĺ	}	For vahicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.					
Ę	}	Others					
	ned (	and actinowledge by:					
l.le	me a						











