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 <u>truthful and accurate</u> 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	13/12/2018 15:57
Date Of Accident	13/12/2018 08:15
Exact Location Of Accident	EAST COAST ROAD SHELL PETROL STATION
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGV1542Y
Insured/Policyholder	
Name Of Registered Owner	NADARAJAH JAGANATHAN
NRIC No	S1847903F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96306454
Alternative Phone No	OTHERS-96426494
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	E230-2.5 (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?	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	GA037189
Cover Note Number	

Driver

Name of Driver DHANA NAIDU JAGANATHAN

NRIC No S1848349A

Date Of Birth 26/06/1952

Occupation INDOOR

Date Of Driving Pass 25/02/1975

Driving Experience 43 YEARS AND 9 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96426494

Fax Number
Contact Number

EMail Address DANAJAGS@GMAIL.COM

45 LIMAU GROVE Address **SINGAPORE**

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

467840

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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 2 Was any body injured in the Accident? NO Was any injured conveyed to hospital by NO ambulance?

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : HARESH

NO

2

GENDER: : MALE

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

REAR TO SIDE COLLISION REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

VIDEO WITH OWNER Remarks/ Reasons:

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SME2469M Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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- 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;
 - (lii) 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
- 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.
- 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:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature NONEG

Name:

NRIC/FIN No.:

Sketch Plan #2

ETCH PLAN		
		<u>Vehicle</u> A - SGV15A B - SMF 246
He we	B	Legend Vehicle Matercycle
ESCRIBE CIRCUMSTANCES		APTIGUE AMOUNTAL AND
	rsing out of my la	Petro/ Station one when I B which was
driving pre	ot behind.	
DECLARATION	2795	<u> </u>
/We declare the foregoing part Please be advised that your insurer ma from the day of occurrence. Kindly che	culars are true in every respect. have a fourteen (14) days dause whereby the claim against over ck your policy for meet hetails.	Men
Policyholder's Signature Date & Time:	Officer's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:
	13/13/18	

Common Statement

his is NOT an admission of blume / liability, but a summa nd facts which will speed up the settlement of dalms Date of accident	ast road shell petr	To be signed by BOTH drivers Signaturies even if slight 180
No Yes . No	er than vehicles Yes = s presenger in vehicle A	Comera Available
Registration No. SGV 1542 Y (VEHICLE A) SGV 1542 Y Insured Prolicyholder (see insurance cert) Addrayah Jagana Ada pattal letters) Ada Jagana Ada pattal letters) Ada Jagana Ada pattal letters) Ada Jagana Ada pattal letters Ada Jagana Ada p	12 CIRCUMSTANCES Put a crops (X) in gath of the relevant hores applicable to your vehicle Cattle collete to your vehicle Cattle collete to Motorcattlet Cattle that Pader White Cattle that Pader that Cattle that or Cattle	Manue (cepital letters)
of initial impact with an arrow (-5) REF Visible damage to vehicle A	ER TO ATTAC	and B with amount -
C C C C C C C C C C C C C C C C C C C	lange -	8

Individual Statement

	ubmitted within 24 hours to your in		ation in the		10.2020-0-0		dana				· com	
swed	Occupation (if more than one, state Vehicle registration no.	C.C.				ercial vehi	cie, state g capacit	J	U	The state of the s	and desirable	
f which vehicle are	3 is driver the owner? Yes		Relacionship r with owner			Rate the vol	vicle numbri vicr's own	r and nar		plicable)		
ou the owner?	4 Exact purpose for which vehicle was being used at time of accident Private use Commercial use Hire & reward Pri Others - please specify 5 is the vehicle still in use? Yes No If no, state where it is at present Tel no.								rivate Hire			
] 9	6 Are you claiming under your own in: If no, state action to be taken	surance poocy for repr	ir to your	vehicle	-	No	rty (Ow	n Worl	kshop)		
	7 Date of birth Occupation				Date of license pass		Was vehicle driven with the insured's permission?			Was driver an employer of the insured's company?		
Driver or person in charge of verticle at the time of accident (including insured)	8 Give details of any pre-existing impa	Outdoor airment of sight or he	25 sring and	2 of earry o	75 ther disabil	Yes Ity	N	0	4	es	,No	
	9 Full details of all driving convictions	including pending pro	secutions	in the l	ast 36 mon	ths						
	Date		Hence						р	enalty		
								-	9910			
10 Name(s), address(es) and approximate age(s) Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained				e occupants, Wes			-	Was injured conveyed to hospital by ambulance?		
						Y	5	No :		Yes	No :	
						Y	ts .	No :		Yes !	No.	
							35	No:	_	Yes :	No :	
Demage to property 5: vehicles (other than vehicles A and 8)	11: Name(s) and address(es) of owner(s) Vehicle registration no. or details of property Nature of damage (if known)							No :				
Police action	12 Was the accident reported to the If yes, please state which Police s 13 Was notice of intended prosecution If yes, against whom?	tation]	No	7							
	14 Weather conditions Clear		Rainir	9			Others	T				
	15 Board surface Wet		Diy	-			Others	1				
Accident details	15 Road surface Wit 16 Speed of vehicles 17 What warnings were given by dri 18 Were street lights illuminated? 19 What lights were displayed on you 20 If your vehicle is commercial, sta 21 State how accident happened, wi 22 State number of Passengers (in	Yes we rehicle/the other we the weight of load carridth of roads, speed li	No enicle(s)?		attached)	lare	n/hr		m) .		
Declaration	1/We declare the foregoing particula Policyholder's signature Driver's signature (if driver is no	(The state of the s	1	2		_ Date	_				



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

Certificate of Insurance

account number 09108

-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

NADARAJAH JAGANATHAN

GA037189 / 1

Cover Plan name

Comprehensive Private APW 50%

Chassis number Engine number

WDB2110522B155424 27292230629616

NCD applicable Vehicle registration number

SGV1542Y

from 06/06/2018 to 05/06/2019 (both dates inclusive) Period of Insurance

Persons or classes of persons entitled to drive*

(a) The Policyholder

Finance loan company

- (b) Any Named Driver as stated in the Policy:
 - 1. DHANA NAIDU JAGANATHAN
- (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

Windscreen Excess

SGD 0.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium

Additional clauses & endorsements to your policy

Nit

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

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. 189).

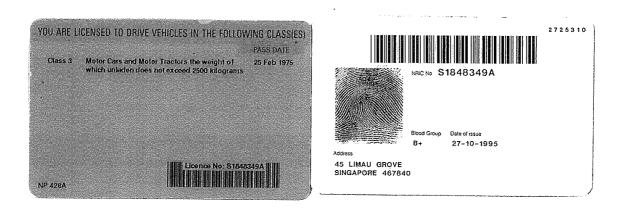
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate,

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

1 of 3

DRIVER NRIC & LICENSE Pg. 1



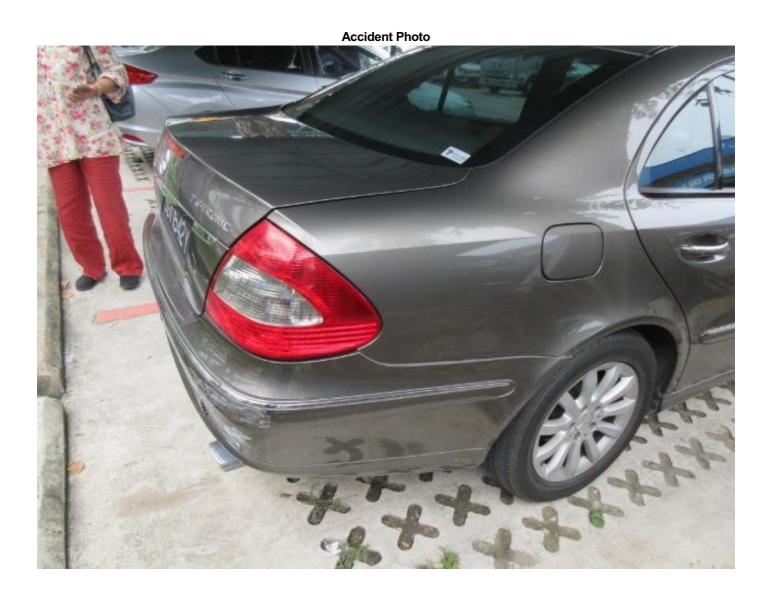


Accident Photo

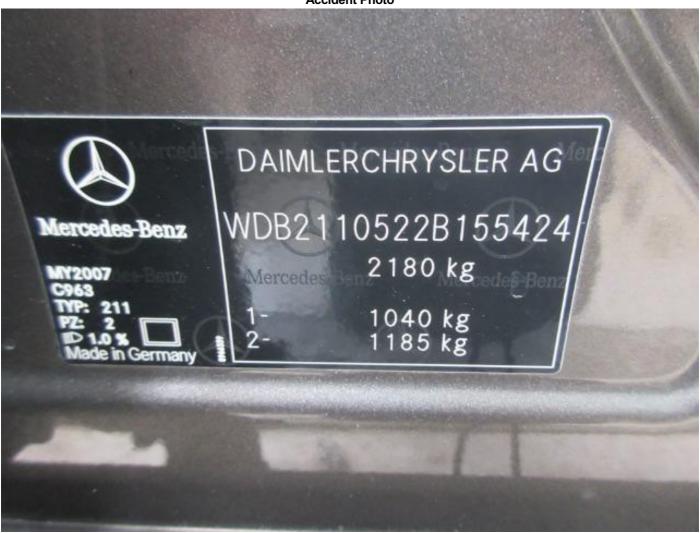


Accident Photo





Accident Photo





SCENE PHOTO



SCENE PHOTO





SCENE PHOTO

