

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 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 | 04/12/2017 14:17 |
| Date Of Accident | 03/12/2017 20:45 |
| Exact Location Of Accident | STADIUM BOULEBARD TO CARPARK 1 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------|
| Vehicle Registration Number | SLN8765H |
| Insured/Policyholder | |
| Name Of Registered Owner | DEVINDER BHALLA |
| NRIC No | S2587434Z |
| Email Address | DEV@INDIASSEMEDIA.COM |
| Mobile Phone No | (LOCAL) +65-96691915 |
| Alternative Phone No | OFFICE-96691915 |

Vehicle Particulars

| | |
|--------------|---------------|
| Manufacturer | MERCEDES-BENZ |
| Model | E200-1.8 (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 | GA281735 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | DEVINDER BHALLA |
| NRIC No | S2587434Z |
| Date Of Birth | 11/08/1948 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/05/1986 |
| Driving Experience | 31 YEARS AND 6 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-96691915 |
| Fax Number | |
| Contact Number | OFFICE-96691915 |
| Email Address | DEV@INDIASSEMEDIA.COM |

Address

Postcode

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

Was any body injured in the Accident? YES

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 SKETCH PLAN

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 FV4606P

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle? FV4606P

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

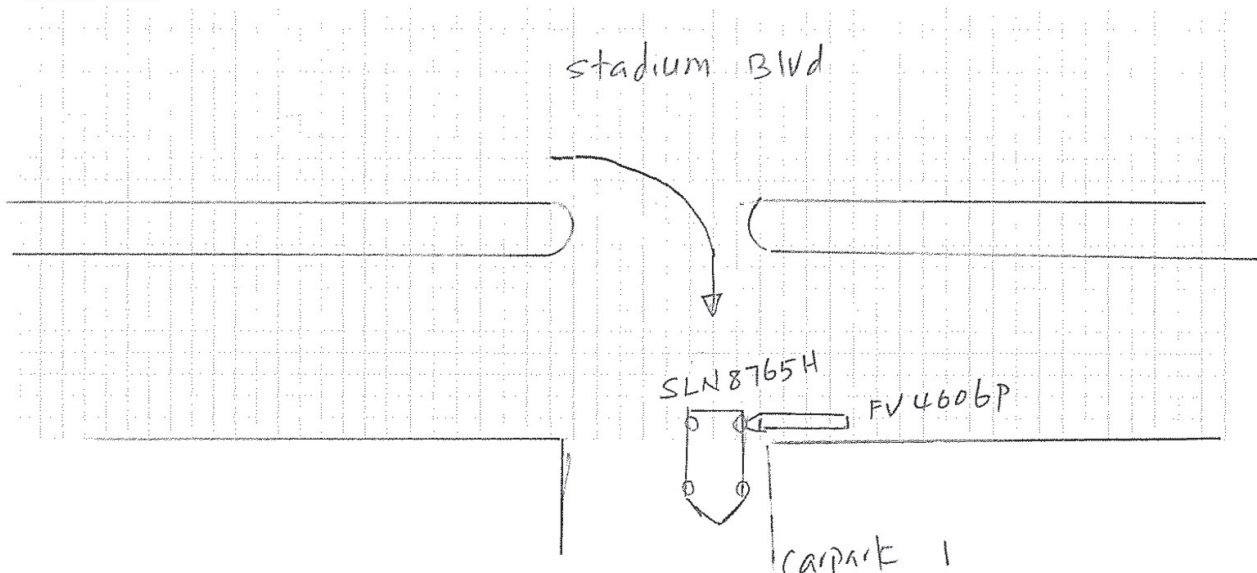
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, 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' law yers/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 w ith 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 w ith 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 w ith applicable law in administering, processing, handling and/or dealing w ith my claims.
(collectively the "Purposes")
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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 Pg. 2

[illegible]

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



**SINGAPORE
POLICE FORCE**



T/20171203/2101

1 of 3

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

Report No. T/20171203/2101

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|--|--------------------|----------------------------|
| Date/Time Report Made: 03/12/2017 22:36 | | Vide Report No.: G/20171203/0226 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: DEV INDER BHALLA | | | Address: 1 TG RHU RD #06-03 SINGAPORE 436879 | | |
| ID Type / ID No.: NRIC NO / S2587434Z | | | Contact No.: Home/Office: Mobile: 96691915 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 69 | Date of Birth: 11/08/1948 | Type of Informant: Driver | | |
| Race: Indian | | | Language: | | Institution / School Name: |
| Occupation: Business development executive | | | Driving Licence Information: Class: 3 Date of Expiry: | | |

| | | | | |
|---|---------------------------------|--------------------|--|-------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 03/12/2017 20:40 | Type of Location: |
| Location: Along Road 1 STADIUM BOULEVARD STUDIUM BLVD/ CARPARK 1 | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

| Details of Vehicle Involved | | | | | | |
|------------------------------------|------------|---------------|----------|--------|-------------------|-----------------|
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FV4606P | Motorcycle | | | | Seriously Damaged | 0 |
| SLN8765H | Car | MERCEDES BENZ | E 200CGI | Silver | Slightly Damaged | 1 |

| Details of Vehicle Insurance | | | | |
|-------------------------------------|---------------------------------|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SLN8765H | AXA INSURANCE SINGAPORE PTE LTD | GA281735 | 20/10/2017 | 19/10/2018 |