

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	01/06/2016 12:49
Date Of Accident	20/05/2016 13:00
Exact Location Of Accident	JALAN LIMAU KASTURI
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR7686A
Insured/Policyholder	
Name Of Registered Owner	RACHHPAL SINGH
NRIC No	S1767307F
Email Address	RACHHPAL@LIVE.COM
Mobile Phone No	(LOCAL) +65-96629025
Alternative Phone No	Office-96629025

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	S280
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 Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA089526/1
Cover Note Number	

Driver

Name of Driver	SHEHNAZ D/O MANAN ANASWALA
NRIC No	S1799402F
Date Of Birth	29/07/1967
Occupation	Indoor
Date Of Driving Pass	15/08/1998
Driving Experience	17 Years And 9 Months
Gender	Female
Mobile Number	(Local) +65-96629025
Fax Number	(Local) +65-96629025
Contact Number	
EMail Address	SHEHNAZ.SG@GMAIL.COM

Address

Postcode

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 -

General Information of the Accident

Type Of Accident Unknown - REFER TO ATTACHMENT

Weather Conditions Clear

Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No

Was any body injured in the Accident? No

Was any other material or property damaged? Yes

Was there any video captured by Car Camera? 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 ATTACHMENT. STATEMENT RECORDED BY JON (PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5761)

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD9996B

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver MOHAMED HUSIN

NRIC/Passport Number S0575208F

Contact Number 97251443

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

Accident Sketch Plan

SKETCH PLAN

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B. 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.



Policyholder's Signature / Date & Time
27/5/16 1pm

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

	<p>Number Plate A - SKR 7666 A. B - SHD 9996 B.</p> <p>Legend</p> <p> A Vehicle</p> <p> B Bike</p>
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Accident Sketch Plan

Describe Circumstances of the Accident

Date of Accident: 20/5/2012

Time of Accident: 1:00 pm

I was backing out slowly from my gate house gate. There was a black car blocking my view on the left, so to be careful I was backing out very slowly. Suddenly I noticed a red Toyota-Cab taxi driving behind me from the left of the car. I managed to stop to a standstill, but the taxi did not stop and grazed the back of my car. He was driving against the flow of traffic. He came to a stop a few feet on my right.

Declaration

I/We declare the foregoing particulars are true to every respect.
PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS.

Policyholder's Signature / Date: 27/5/12
Driver's Signature (if driver is not the policyholder) / Date: 27/5/12

Witnessed by Progressive Centre
Progressive Automotive Pte Ltd
BLK 3022A Ulu Road 1 #01-4546
Singapore 408716

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 20/09/16		Time 1300		2 Exact location of accident (1) JALAN LIMAU KASTURI		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	
Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>							

Registration No. SKR 7686A
(VEHICLE A)

6 Insured / policyholder (see insurance cert.)
Name RACHNPAI SINGH
(capital letters)
Address 61 JALAN
NPIC / Passport no. S1767307F
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type MERCEDES S280

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA 08952611

9 Driver ☐ Same as Owner
Name SHEH HAZ DIO RAHMAN
(capital letters) ANASWALA
NPIC / Passport no. S1799402F
Class of licence 3
HP 9662 9025
Gender Male ☐ Female ☒

12 CIRCUMSTANCES
Put a cross (x) in each of the reference boxes applicable to your vehicle

<input type="checkbox"/>	1	parked / stopped (at the roadside)
<input type="checkbox"/>	2	leaving a parking space / opening the door (at the roadside)
<input type="checkbox"/>	3	entering a parking space (at the roadside)
<input type="checkbox"/>	4	emerging from a car park, from private grounds, from a minor road
<input type="checkbox"/>	5	entering a car park, private grounds, a minor road
<input type="checkbox"/>	6	entering a roundabout or similar traffic system
<input type="checkbox"/>	7	circulating in a roundabout or similar traffic system
<input type="checkbox"/>	8	striking the rear of the other vehicle while going in the same direction and in the same lane
<input type="checkbox"/>	9	going in the same direction but different lane
<input type="checkbox"/>	10	changing lanes
<input type="checkbox"/>	11	overtaking
<input type="checkbox"/>	12	turning to the right, making a U-turn (official U-turn)
<input type="checkbox"/>	13	turning to the left
<input type="checkbox"/>	14	reversing
<input type="checkbox"/>	15	encroaching in the opposite traffic lane
<input type="checkbox"/>	16	coming from the right (at road junctions)
<input type="checkbox"/>	17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross

Registration No. SHP 996 B
(VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name MOHAMED HUSIN
(capital letters)
Address
NPIC / Passport no. S0615208F
Tel no. (from 9am till 5pm)
HP 97231443

7 Vehicle
Make, type
8 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence) (if different from insured B above)
Name
(capital letters)
NPIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

15 Signatures of drivers

A

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1799402F**

Name: **SHEHNAZ D/O MANAN ANASWALA**

Birth Date: **29 Jul 1967**
Issue Date: **13 Aug 2003**

000741372G



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1799402F

Name: **SHEHNAZ D/O MANAN ANASWALA**

Race: **INDIAN**
Date of Birth: **29-07-1967**
Country of Birth: **SINGAPORE**

Size: **F**



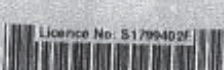

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **15 Aug 1998**

Licence No: **S1799402F**

NP 428A



0816882

S1799402F

Blood Group: **AB+** Date of issue: **08-03-1993**

61 JALAN LIMAU KASTURI SINGAPORE 468447

NRIC No: **S1799402F** Date: **23/04/2010** No: **6508025**