

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	04/07/2019 14:16
Date Of Accident	23/11/2018 16:15
Exact Location Of Accident	AYE TOWARDS CITY JURONG TOWN HALL EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX8139A
Insured/Policyholder	
Name Of Registered Owner	SASIKALA D/O MAHALINGAM
NRIC No	S8326543D
Email Address	IMPIDEUS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90107405
Alternative Phone No	OTHERS-90107405

Vehicle Particulars

Manufacturer	CHEVROLET
Model	SONIC-1.4 LTZ (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	P1723769
Cover Note Number	

Driver

Name of Driver	SASHIDRAN S/O KRISHNAN
NRIC No	S8001587I
Date Of Birth	12/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	28/08/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90107405
Fax Number	
Contact Number	
Email Address	IMPIDEUS@YAHOO.COM

Address	2 CHOA CHU KANG GROVE #16-04
Postcode	688238
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	NO
Was any injured conveyed to hospital by ambulance?	NO
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

KINDLY REFER TO SKETCH PLAN. (NOTE: VEHICLE NOT IN FOR PHOTO TAKING, ALREADY SOLD).

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBC9842M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

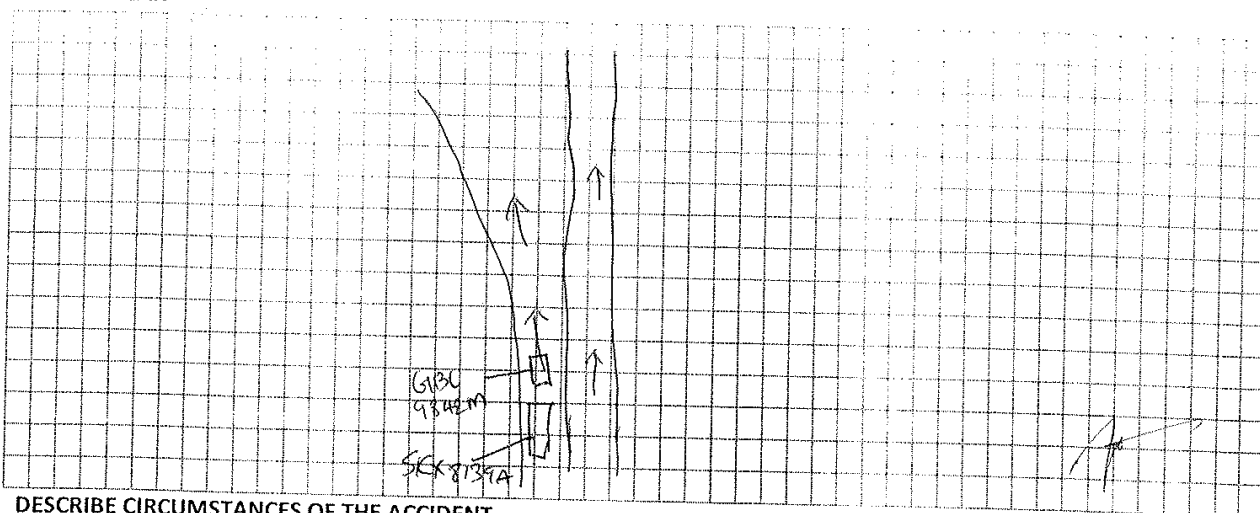
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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: 4/7/19

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~THE~~ The accident occurred along AVE towards city ~~at~~ while exiting to Jurong Town Hall. Vehicle GBC 9842M was in front of vehicle SKX 8139A. The traffic flow was heavy. The road conditions was wet with light rain. Vehicle GBC 9842M braked, moving a little forward. Vehicle SKX 8139A was in slow speed given the traffic flow. While applying brake, the vehicle did not ~~stop~~ stop in time and bumped onto vehicle GBC 9842M. Both vehicles stopped at the side. Drivers assessed the damage. There were minor ~~scratches~~ scratches ~~found~~ found on GBC 9842M. No physical damage was visible. SKX 8139A had no scratches or damage. The road was seen to be a little oily as well. This was acknowledged by both drivers. ~~After~~ After taking pictures and exchanging contacts, both vehicles drove off. That evening of accident, driver of GBC 9842M contacted at 1922H, to inform that the vehicle was OK and had no issues driving back to his company. He also did mentioned ~~that~~ he has informed his supervisor as per company protocol.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

✓	- Reporting Only
	- Claim OD
	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

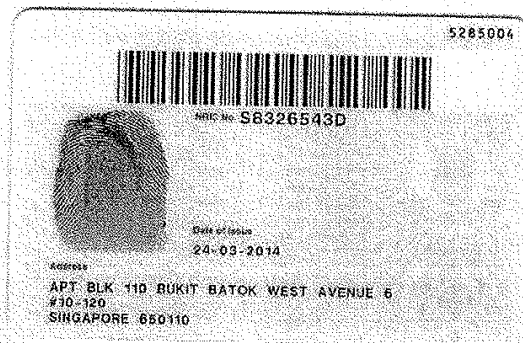
I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time 4/7/19.

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.





REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S80015871



Name

SASHIDRAN S/O KRISHNAN

சசிதரன்

Race

INDIAN

Date of birth

12-01-1980

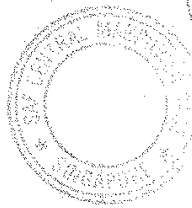
Sex

M

Country of birth

SINGAPORE

CERTIFIED CORRECT



24/9/16



4821416

NRIC No. S80015871



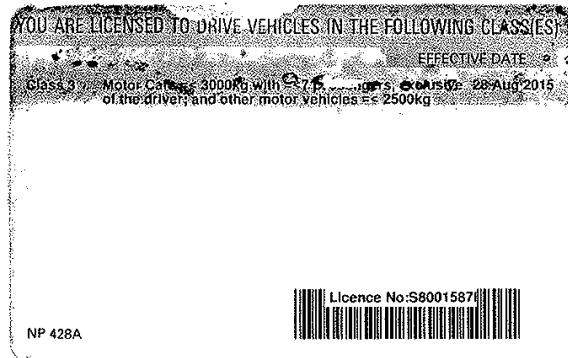
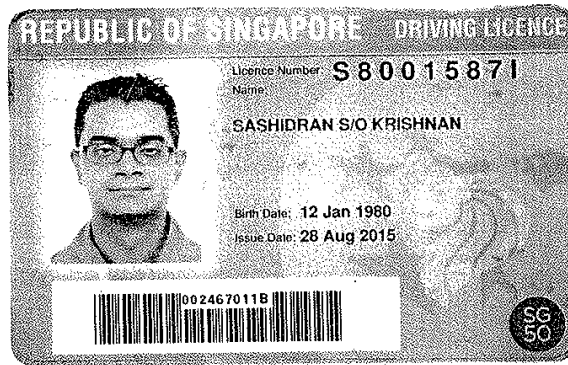
Date of issue

03-02-2010

Address

APT BLK 110 BUKIT BATOK WEST AVENUE 6
#19-120
SINGAPORE 650110

Sketch Plan Pg. 6



Sketch Plan Pg. 7

I, Sasikala d/o Mahalingam i/c S8326543D owner of this can no. SKX 8139A authorize the driver Sashidran s/o Krishnan i/c S8001587I to file accident report which happened on 23/11/18 at AYE Towards City, Jurong Town Hall Exit.

Owner's Name: Sasikala d/o Mahalingam

Signature:

