

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	09/02/2019 10:21
Date Of Accident	02/02/2019 22:30
Exact Location Of Accident	MOULMEIN ROAD THOMSON ROAD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL7561H
Insured/Policyholder	
Name Of Registered Owner	RAJAT NAG
NRIC No	S7283429A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97535280
Alternative Phone No	OFFICE-97535280

Vehicle Particulars

Manufacturer	AUDI
Model	Q3
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	VA1/GA028047
Cover Note Number	

Driver

Name of Driver	ANJU JASWAL
NRIC No	S7085652B
Date Of Birth	05/08/1970
Occupation	INDOOR
Date Of Driving Pass	03/07/2004
Driving Experience	14 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97535280
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	1 SIN MING WALK #02-40
Postcode	575574
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 - CROSS JUNCTION
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TANGLIN POLICE DIVISIONAL HQ ('E' DIVISION)
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3910000 - FAX NO: 63964900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER THE POLICE REPORT.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	TAXI
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ANJU JASWAL

Approximate Age

Injuries Sustain

Injured person in which vehicle? SKL7561H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SKETCH PLAN

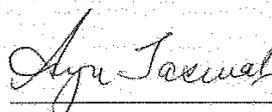
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8. **Consent under the Personal Data Protection Act (PDPA)**

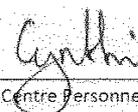
I understand, acknowledge, agree and consent that:

- (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:



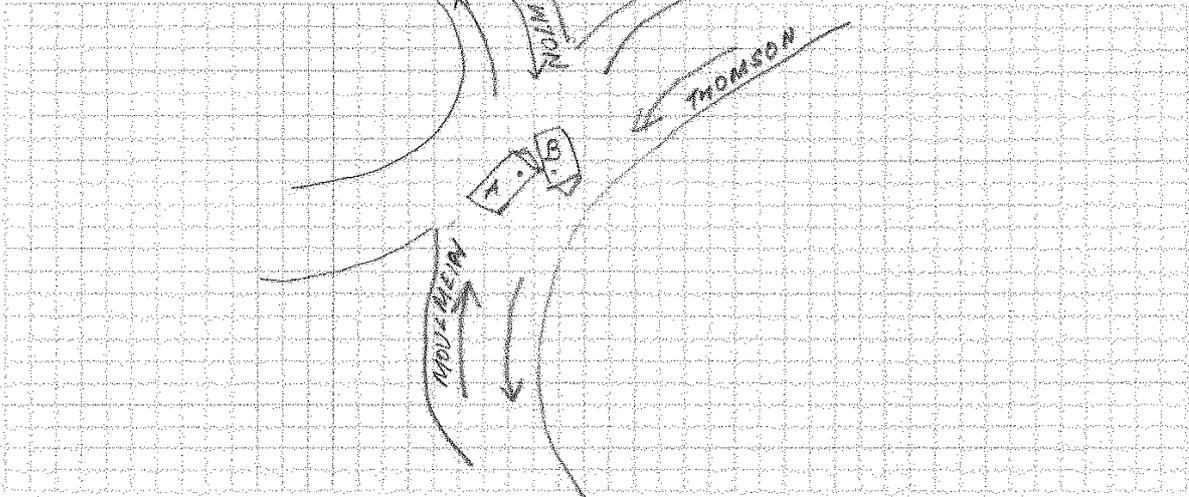
Driver's Signature
(If driver is not the policyholder)
Date & Time: 8 FEB 2019



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving from Moulmein Road towards Thomson Road. The traffic light was green and suddenly my car was hit by a taxi on the front right side of my car.

CAR A - SKL 7561 H
 CAR B - TAXI

DECLARATION

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

 Policyholder's Signature
 Date & Time:

Angus Taurat
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 8 FEB 2019
 7 PM

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

Accident Sketch Plan Pg. 1

To:
AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01,
AXA Tower,
Singapore 068811
Car Insurance Policy No.: GA028047

dtd: 04.02.2019

Reg: Authorization Letter for Ms. Anju Jaswal to Drive the car Audi Q3 SKL7561H covered in AXA Insurance Policy No. GA028047

To whom it may concern,

I, Rajat Nag (NRIC S7283429A), residing at 1 Sin Ming Walk, #02-40, Singapore S75574, do hereby consent to allow Ms. Anju Jaswal (NRIC S7085652B) to drive my vehicle, Audi Q3, having license plate number SKL7561H and covered under AXA Insurance Policy No. GA028047. Anju Jaswal is my spouse and resides at the same address as me.

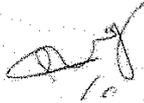
I am aware that the car has met with an accident on 2nd Feb 2019 and request your support to kindly do the needful for an expedited process to claim the insurance against the damages.

If you have any questions then kindly reach out to me at the following:

Phone: +65-98204245

Email: rajat.nag.insead@gmail.com

Thanks and regards



Rajat Nag
NRIC: S7283429A

Accident Sketch Plan Pg. 1



redefining / insurance

Date: 9/2/2019

To: Owner of Vehicle Number: SKL 7561H

The following has been advised to you via your workshop, S B H Motor Pte Ltd through their staff, Cynthia.

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated 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 and there is no other option except to indent it from overseas.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated waiting time for the spare parts to arrive is _____ The estimated arrival time does not include the repair period.
- 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 original 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 Own Damage repairs on workmanship related to the accident.
- For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- Others _____

Signed and acknowledge by:

[Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7085652B



Name
ANJU JASWAL



Race
INDIAN

Date of Birth **05-08-1970** Sex **F**

Country of Birth
INDIA

S7085652B

REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Card No. S7085652B



Name
ANJU JASWAL

Birth Date **05 Aug 1970**

Issue Date **03 Jul 2004**

0012483828

8466690



NRIC No. S7085652B



Nationality
INDIAN

Blood Group **B+** Date of Issue **29-07-2002**

1 SIN MING ALK #02-48
SINGAPORE 8574

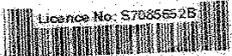
NRIC No. S7085652B Date: 03/07/2012 No. 7047445

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

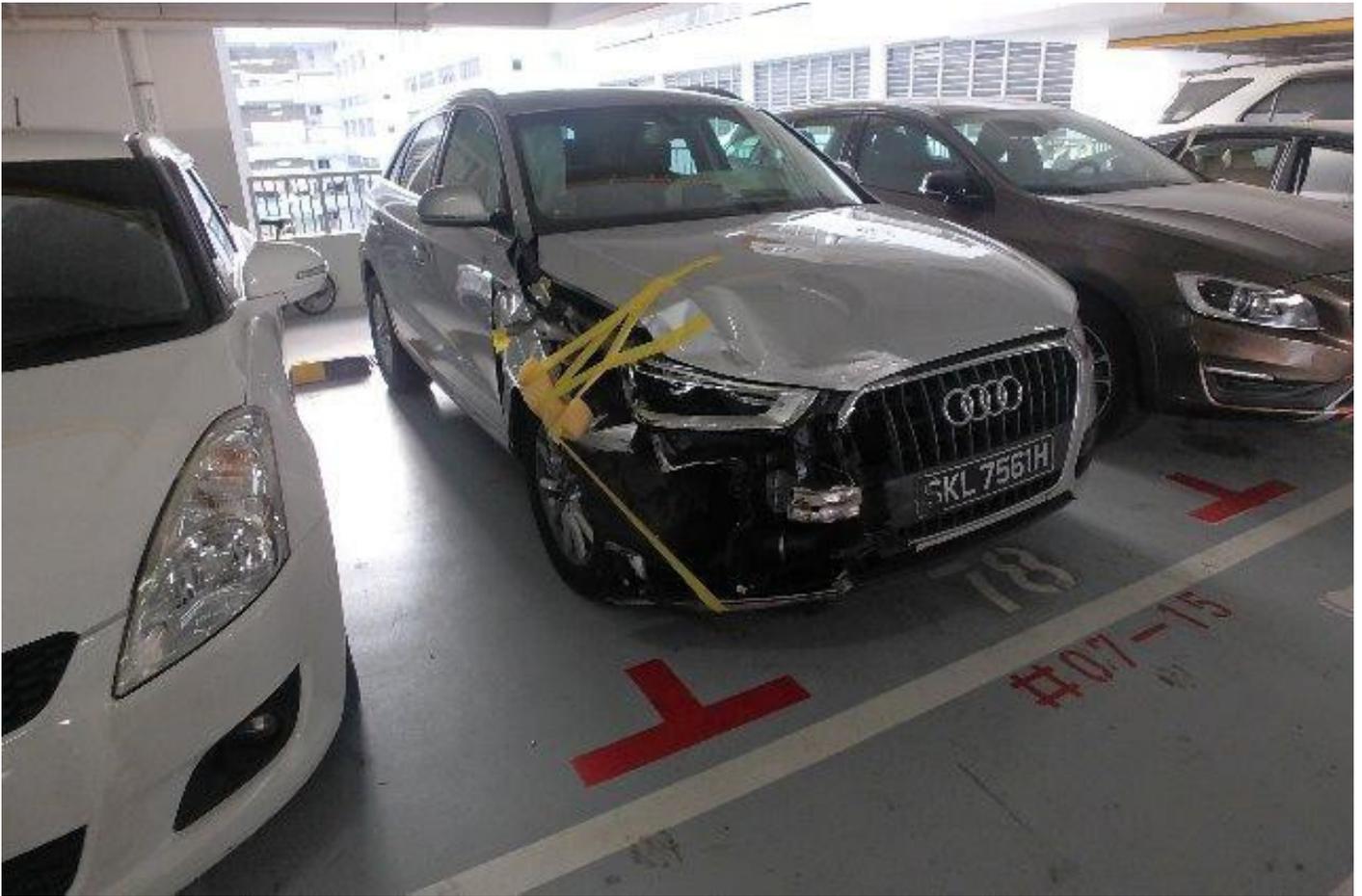
CLASS	VEHICLE CLASSIFICATION	PASS. DATE
Class 2B	Motorcycles not exceeding 200 cc	03 Jul 2004
Class 3	Motor Cars of unladen weight not exceeding 3000 kg with not more than 7 passengers, exclusive of the driver, and Motor Tractors and other Motor Vehicles of unladen weight not exceeding 2500 kg	03 Jul 2004

NP 426A

Licence No: S7085652B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

