# 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 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.

| ACCIDENT STATEMENT | |
|---|---|
| Date Of Report | 18/02/2019 14:14 |
| Date Of Accident | 16/02/2019 11:30 |
| Exact Location Of Accident | RESIDENT PARKING AREA MANDARIN GARDENS CONDO |
| Country/State of Loss | SINGAPORE |
| **DETAILS OF OWN VEHICLE** | |
| Vehicle Registration Number | SDR5161T |
| **Insured/Policyholder** | |
| Name Of Registered Owner | SANJAYKUMAR PRATAPRAI KOTHARY |
| NRIC No | S1583414E |
| Email Address | SANJAY@SINGNET.COM.SG |
| Mobile Phone No | (LOCAL) +65-96817440 |
| Alternative Phone No | OFFICE-96817440 |
| **Vehicle Particulars** | |
| Manufacturer | HONDA |
| Model | CIVIC-1.8 VTI (A) |
| Exact Purpose for which vehicle was being used at time of accident | PERSONAL USE |
| 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 | P0852332 |
| Cover Note Number | CN016316 |
| **Driver** | |
| Name of Driver | ANAR SANJAYKUMAR KOTHARY |
| NRIC No | S9447545G |
| Date Of Birth | 19/12/1994 |
| Occupation | INDOOR |
| Date Of Driving Pass | 19/07/2018 |
| Driving Experience | 0 YEAR AND 6 MONTH |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-97473797 |
| Fax Number | |
| Contact Number | |
| EMail Address | ANARKOTHARY@GMAIL.COM |

| | |
|---|---|
| Address | 7 SIGLAP ROAD<br>#13-54 |
| Postcode | 448909 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | -<br>-<br>- |
| Insurance Company of Driver's Own Vehicle | -<br>-<br>- |

**General Information of the Accident**

| | |
|---|---|
| Type Of Accident | SIDE SWIPE |
| 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? | 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**

REFER TO ATTACHED STATEMENT - REPORTING PURPOSE ONLY.

**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 | SHC4317A |
| Vehicle Make/Model/Colour | TOYOTA/PRIUS/RED |
| Details Of Properties | |
| Vehicle Category | TAXI |
| Name of Driver | SENG BOON HONG |
| NRIC/Passport Number | S1294876Z |
| Contact Number | 97986782 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Vehicle Number: SDR5161T

## SKETCH PLAN

### 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. The 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 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;
      (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: 16/2/19 1-20 PM

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16 FEB 19 1.20 PM.

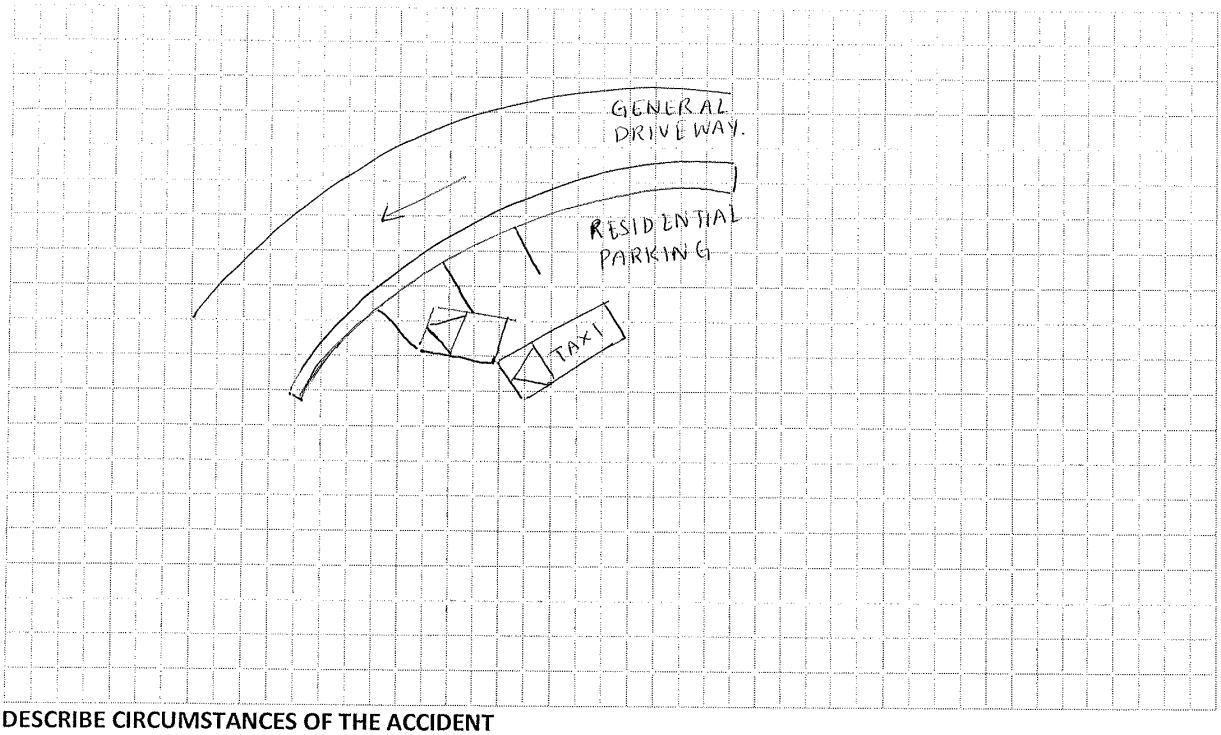
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

4

## Sketch Plan Pg. 2

Vehicle Number: SDR5161T

**SKETCH PLAN**




**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

At approximately 11:30am on 16/2/2019, I was reversing the car out from our designated lot in the residential parking area at Mandarin Gardens Condominium. I was going to drive out and pick up my father from Lobby N. As a new driver still on her probationary license, I am extra cautious and made sure to perform the safety checks - left side, right side, rear & left and right blindspots, not just once but at least twice before even beginning to move out. There were no moving vehicles or people in sight, coming up the road. I then indicated right and begun reversing, ~~making~~ slowly, making sure to confirm safety on the right, right blindspot & back. I was moving very slowly. All of a sudden, I heard a screeching sound and felt that something had hit my car. I stepped out to assess the situation. The taxi must have been coming pretty fast since I performed all the safety checks prior to and during reversing. I did not ~~hear~~ hear any horning sound from the oncoming vehicle while I was reversing out very slowly. The driver also mentioned later that he tried to dodge my car which perhaps means that ~~he was aware of my reversing car~~ his attention ~~was~~ might have been elsewhere while he was driving his taxi & probably became aware of my car at the very last minute and tried to dodge it. If he was driving slowly and paying attention, he would have at least horned at me. I suspect he must have been driving too fast and not paying full attention prior to ~~doging my~~ dodging my car.

**DECLARATION**

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

Policyholder's Signature
Date & Time: 16/2/19 1-20 pm

Driver's Signature
(If driver is not the policyholder)
Date & Time: 16 FEB 2019 1:20PM

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

5

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**

**Accident Photo**