

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	26/03/2019 09:53
Date Of Accident	07/03/2019 18:00
Exact Location Of Accident	ALONG MCE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW3859E
Insured/Policyholder	
Name Of Registered Owner	HIMANSHU NAHARAS
NRIC No	S6861537B
Email Address	HNAHARAS@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97667741
Alternative Phone No	OTHERS-97667741

Vehicle Particulars

Manufacturer	HONDA
Model	CRV
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	P1789049
Cover Note Number	

Driver

Name of Driver	HIMANSHU NAHARAS
NRIC No	S6861537B
Date Of Birth	26/02/1968
Occupation	INDOOR
Date Of Driving Pass	04/06/2003
Driving Experience	15 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97667741
Fax Number	
Contact Number	OTHERS-97667741
EEmail Address	HNAHARAS@HOTMAIL.COM

Address	79 MEYER ROAD #14-04
Postcode	437906
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 - HEAD TO REAR
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 RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	SGT4135E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

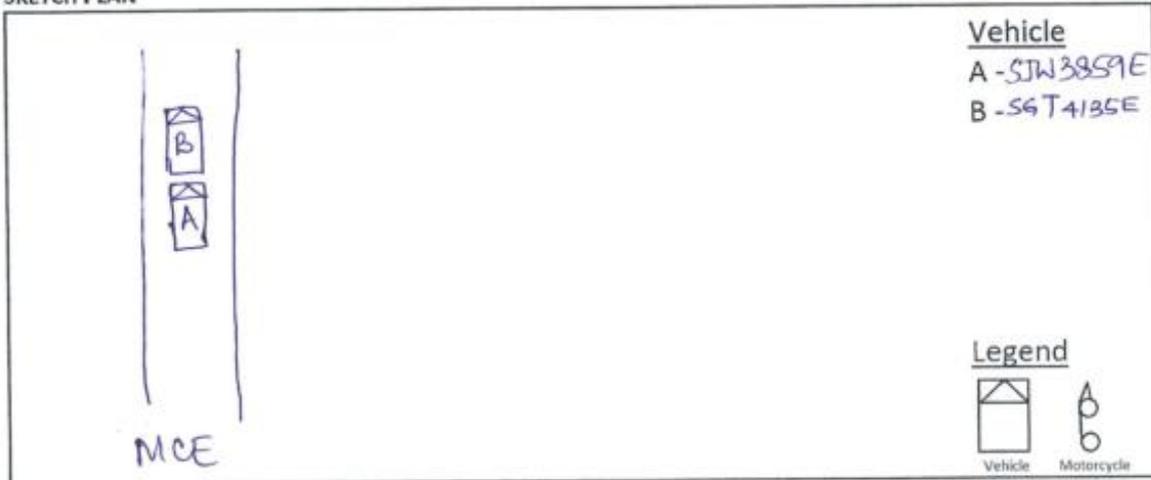
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

7/3/19 6pm - MCE. There was lot of traffic and the cars were all close behind each other and moving very slowly. The car in front braked suddenly and so did I. My car just kissed the car in front and there is a slight paint chip in the other car.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

[Signature]

Policyholder's Signature

Date & Time;

26.3.19

9.55am

Driver's Signature
(If driver is not the policyholder)

Date & Time:

[Signature]
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

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

To be signed by BOTH drivers

1 Date of accident Time 7/3/19, 1800 2 Exact location of accident Along MCE 3 Injuries even if slight No Yes

4 Material damage To vehicles other than vehicles A and B No Yes To objects other than vehicles No Yes 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 Yes

Registration No. (VEHICLE A) SJW 3859E

6 Insured / policyholder (see insurance cert.) Name Himanshu Nahar A.S. Address _____ NRIC / Passport no. 86861537B Tel no. (from 9am till 5pm) 97667741 HP _____

7 Vehicle Make, type Honda CRV

8 Insurance company AXA TPFT TPO Does the policy cover damage to vehicle A? No Yes Policy No. P1789049

9 Driver Same as Owner Name _____ NRIC / Passport no. _____ Class of licence _____ HP _____ Gender Male Female

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

- Chain Collision
- Collided into Bicyclist
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Cross Lane
- Collision - Cross Junction
- Collision - Head on Collision
- Collision - Head to Rear
- Collision - Major/Minor Tail
- Collision - Opening Door of Vehicle
- Collision - Roundabout
- Collision - U-Turn
- Drink Driving / Drug Influence
- Fire, Explosion or Lightning
- Road
- Hit and Run / Vandalism / Damaged whilst Parked
- Hit by Fallen Tree / Other Objects
- No Collision
- Side Swipe
- Theft

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) 5GT4135E

6 Insured / policyholder (see insurance cert.) Name _____ Address _____ NRIC / Passport no. _____ Tel no. (from 9am till 5pm) _____ HP _____

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 _____ NRIC / Passport no. _____ Class of licence _____ HP _____ Gender Male Female

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

13 Sketch of accident when impact occurred 13 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

Alternatively, please make reference to one of the sketches on page 2

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers 15

A

B _____

14 My remarks

* 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 →

Individual Statement

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any)														
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)																
Insured Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	1 Occupation (if more than one, state all) _____ Email: _____															
	2 Vehicle registration no. _____ C.C. _____	If commercial vehicle, state permissible carrying capacity _____														
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____		state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____													
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____															
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____															
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)															
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____	Occupation _____	Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>											
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____															
	9 Full details of all driving convictions including pending prosecutions in the last 36 months															
	<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th style="width: 15%;">Date</th> <th style="width: 55%;">Offence</th> <th style="width: 30%;">Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>					Date	Offence	Penalty								
Date	Offence	Penalty														
Injured persons	10 Name(s), address(es) and approximate age(s) _____	Injuries sustained _____	If vehicle occupants, state in which vehicle _____	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>											
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s) _____	Vehicle registration no. or details of property _____	Nature of damage _____	Insurer's name and address (if known) _____												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____															
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____															
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____															
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____															
	16 Speed of vehicles A _____ km/hr B _____ km/hr															
	17 What warnings were given by driver or other party? _____															
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>															
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____															
Declaration	20 If your vehicle is commercial, state weight of load carried at time of accident _____															
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached) _____															
	22 State number of Passengers (Including Driver) <input type="checkbox"/>															
	I/We declare the foregoing particulars are true in every respect Policyholder's signature _____ Date <u>26/3/19</u> Driver's signature (if driver is not the policyholder) _____ Date _____															

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

