

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	09/04/2019 10:55
Date Of Accident	23/02/2019 16:30
Exact Location Of Accident	CORONATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA4887X
Insured/Policyholder	
Name Of Registered Owner	ARUP RAHA
NRIC No	S2765180A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97233315
Alternative Phone No	OFFICE-97233315

Vehicle Particulars

Manufacturer	AUDI
Model	Q5
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	VPA/P1806550
Cover Note Number	

Driver

Name of Driver	ARUP RAHA
NRIC No	S2765180A
Date Of Birth	11/12/1961
Occupation	INDOOR
Date Of Driving Pass	25/07/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97233315
Fax Number	
Contact Number	OFFICE-97233315
Email Address	NOEMAIL

Address	-
Postcode	
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	NO COLLISION
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached 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	SLB9355P
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)



**SINGAPORE
POLICE FORCE**



T/20190327/2114

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20190327/2114

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/03/2019 15:46	Vide Report No.:	Station Diary No.: 75
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Informant's Particulars				
Name of Informant: ARUP RAHA			Address: 237 ARCADIA ROAD #01-04 SINGAPORE 289844	
ID Type / ID No.: NRIC NO / S2765180A			Contact No.: Home/Office: Mobile: 97233315	
Nationality: INDIAN			Email:	
Sex: Male	Age: 57	Date of Birth: 11/12/1961	Type of Informant: Driver	
Race: Indian			Language:	Institution / School Name:
Occupation: Economist			Driving Licence Information: Class: Date of Expiry:	

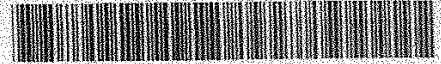
General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/03/2019 16:30	Type of Location:
Location: CORONATION WALK				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA4887X	Car	AUDI	Q5 2.0 TFSI QUATTRO	Black	No Damage	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA4887X	AXA INSURANCE SINGAPORE PTE LTD	P1806550	30/07/2018	29/07/2019



**SINGAPORE
POLICE FORCE**



T/20190327/2114

2 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20190327/2114

CONTINUATION OF REPORT

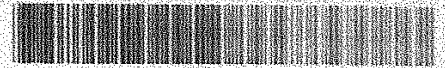
Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	ARUP RAHA	ID No.	S2765180A
Related Vehicle	NIL	Contact No.	97233315
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, time and location, I am unsure if I had visited the said location. I would like to inform that I do visit Coronation Plaza from time to time, however, I am unsure if I had visited the said location on the above mentioned date. I wish to state that I am sure there was no accident that occurred and there were no damages on my vehicle. I do not have any in car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190327/2114

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20190327/2114

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 BELLA TAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/03/2019 15:46

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI


Contact No: 65476151

Classification Of Case:

Authentication Stamp

NP168

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2765180A




Name
ARUP RAHA

Race
INDIAN

Date of birth
11-12-1961

Sex
M

Country of birth
INDIA



9090513



NRIC No: S2765180A



Nationality
INDIAN

Date of issue
14-05-2010

237 ARCADIA ROAD #01-04
SINGAPORE 289044

NRIC No: S2765180A Date: 28/08/2010 No: 6454844



TRAFFIC POLICE
10 UBI AVE 3
SINGAPORE 408865

SERIAL NO: 68980

02.04.2019

EXTRACT OF DRIVING LICENCE RECORDS

This is to certify that **ARUP RAHA** (ID No: S2765180A. Date of Birth: 11/12/1961) of BLK 237 ARCADIA ROAD UNIT 01-04 SINGAPORE 289844 was granted a Singapore Driving Licence No. S2765180A.

CLASS	FIRST ISSUE DATE	EXPIRY DATE
3	25/07/2008	-

The driving licence is valid for life unless revoked, disqualified or suspended for a period of one year.

He/She has maintained demerit point free record and have not committed any non-compoundable traffic offence for last 6 years.

Fee Received: \$10


SARAVANAN SABA
CUSTOMER SERVICE OFFICER
CORPORATE SERVICES BRANCH
TRAFFIC POLICE
for Commander Traffic Police





**SINGAPORE
POLICE FORCE**



T/20190403/2161

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

1 of 3

Report No. T/20190403/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2019 16:58			Vide Report No.: T/20190327/2114		Station Diary No.: 71
Informant's Particulars					
Name of Informant: ARUP RAHA			Address: 237 ARCADIA ROAD #01-04 SINGAPORE 289844		
ID Type / ID No.: NRIC NO / S2765180A			Contact No.: Home/Office: Mobile: 97233315		
Nationality: INDIAN			Email:		
Sex: Male	Age: 57	Date of Birth: 11/12/1961	Type of Informant: Driver		
Race: Indian			Language:	Institution / School Name:	
Occupation: Economist			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 23/02/2019 16:30	Type of Location: Straight Road
Location: Along Road 1 CORONATION ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKA4887X	Car	AUDI	Q5 2.0 TFSI QUATTRO	Black	No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SKA4887X	AXA INSURANCE SINGAPORE PTE LTD	P1806550	30/07/2018	29/07/2019



**SINGAPORE
POLICE FORCE**



T/20190403/2161

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20190403/2161

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date, time and location, I am unsure if I had visited the said location. I would like to inform that I do visit Coronation Plaza from time to time, however, I am unsure if I had visited the said location on the above mentioned date. I wish to state that I am sure there was no accident that occurred and there were no damages on my vehicle. I do not have any in car camera in my vehicle.



**SINGAPORE
POLICE FORCE**



T/20190403/2161

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Tel No: 1800-4629999

3 of 3

Report No. T/20190403/2161

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 1 CHAN JUN MIN, STANLEY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/04/2019 16:58

Officer In Charge Of Case:

TP / GIA /

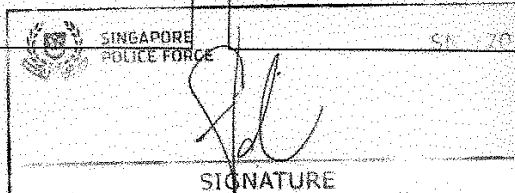
Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE

SKETCH PLAN

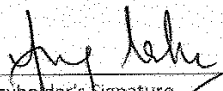
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

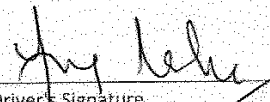
As far as I know, there was no incident. I never felt an accident, nor is there any damage or signs of collision on my car. I was only aware of the third party's claim once I received a letter from the police.


I have since seen a video of the alleged incident. There is no sign of contact. If there had been contact, the camera would have vibrated. There is no sign of that.

DECLARATION

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


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.:

Accident Sketch Plan Pg. 1



redefining / Insurance

Date: 09/04/19

To: Owner of Vehicle Number: SKA 4887X

The following has been advised to you via your workshop, S & H motor through their staff, Ms Wray.

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. N/A
 - ☒ 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. N/A
 - ☐ 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

Name and signature of workshop personnel including company stamp

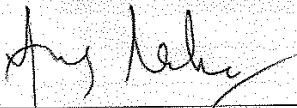
SKETCH PLAN

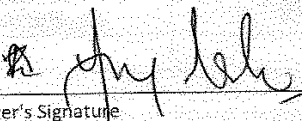
IMPORTANT NOTICE

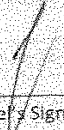
1. Please report **correctly** the details of the accident to speed up the claims process.
2. This Form must be **completed by the Policyholder and/or the Authorised Driver**.
3. Information provided must be as **truthful and accurate as possible**. Any wilful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.
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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.:

Accident Photo



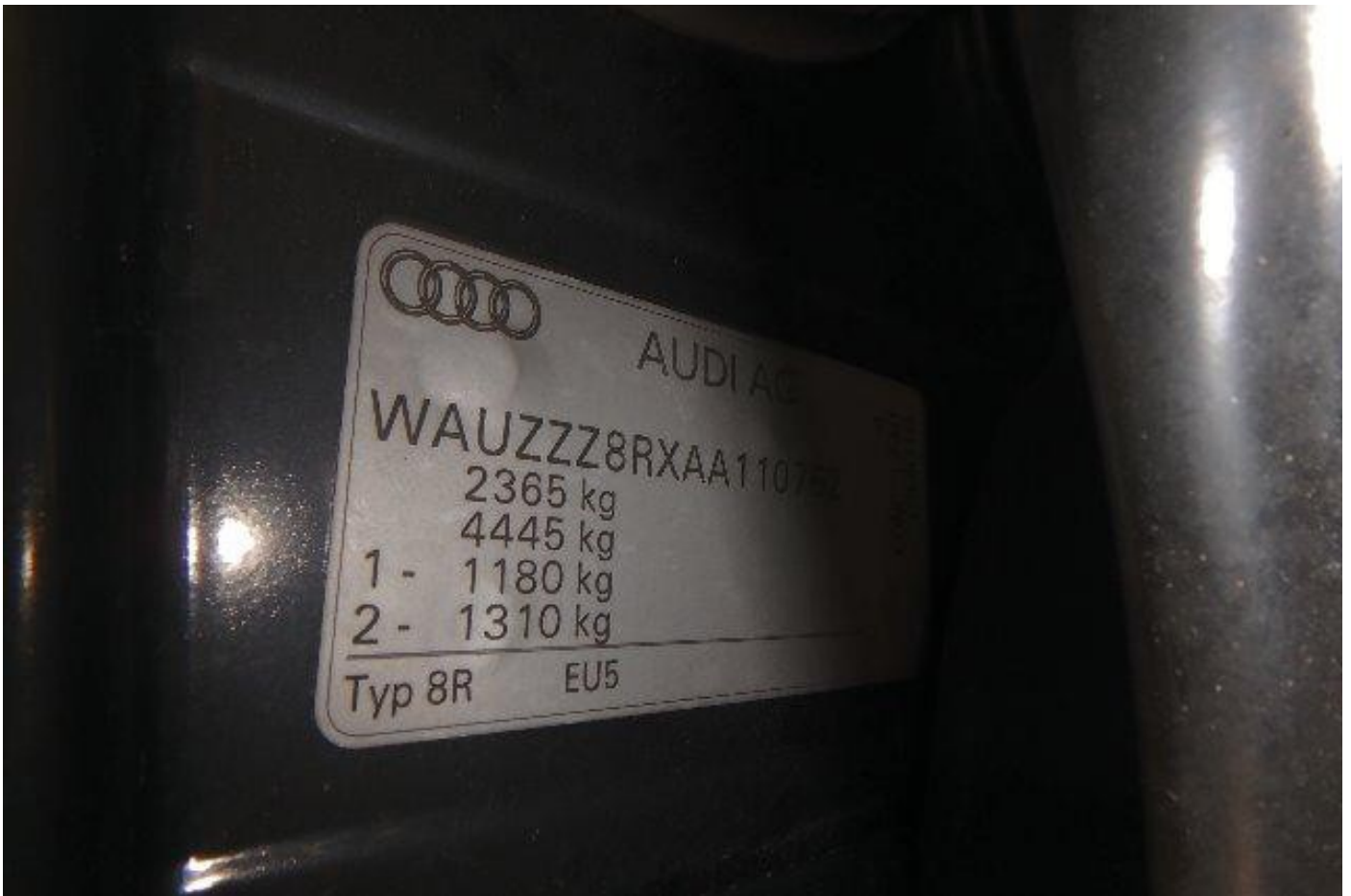
Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

