

## 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	22/03/2019 19:31
Date Of Accident	22/03/2019 09:30
Exact Location Of Accident	JUNCTION OF PRINSEP LINK AND BENCOOLEN STREET
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA2680P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MURALI BALASUBRAMANIAM
NRIC No	S1665593G
Email Address	MURALI812@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81214406
Alternative Phone No	OTHERS-81214406

### Vehicle Particulars

Manufacturer	JAGUAR
Model	XE-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA362314/1
Cover Note Number	

### Driver

Name of Driver	MURALI BALASUBRAMANIAM
NRIC No	S1665593G
Date Of Birth	15/10/1964
Occupation	INDOOR
Date Of Driving Pass	20/06/1988
Driving Experience	30 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81214406
Fax Number	
Contact Number	OTHERS-81214406
Email Address	MURALI812@HOTMAIL.COM

Address	28 JALAN DATOH #14-09
Postcode	329426
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

Please refer attachments.

#### 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	SLS7272T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HO KEE WAI
NRIC/Passport Number	S7223874E
Contact Number	98632011
Address	BLK 10 PRINSEP LINK #121-06
Postcode	187948
Insurance Company Name	LONPAC INSURANCE BHD
Nature Of Damage	
No. Of Passenger (Including Driver)	

**SINGAPORE ACCIDENT STATEMENT****IMPORTANT NOTICE**

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
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4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

**ACCIDENT STATEMENT**

Date and Time of Accident	Date: 22/3/19 Time: 9:30
Exact Location of Accident	Junction of Prinsep Link & Bencoolen Street
<b>DETAILS OF OWN VEHICLE</b>	
Vehicle Registration Number	SUA2680P

**INSURED / POLICYHOLDER (OWN VEHICLE)**

Name of Registered Owner (See Insurance Cert.)	Murali Bakasubramanian
Personal Identification - NRIC (Singaporean/PR)	S1665593G
- FIN/Passport Number	
- Not Applicable	

**VEHICLE PARTICULARS (OWN VEHICLE)**

Vehicle Make / Model	Manufacturer <u>Jaguar</u> Model <u>XE</u>
Type of Vehicle*	<input checked="" type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	<u>Social</u>
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

**INSURANCE COMPANY (OWN VEHICLE)**

Name of Insurance Company *	<u>AXA Insurance Pte Ltd</u>
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	<u>GA362314/1</u>
Motor CI	

**DRIVER**

	<input checked="" type="radio"/> Same as Insured above
Name of Driver	<u>Murali Bakasubramanian</u>
Personal Identification - NRIC (Singaporean/PR)	<u>S1665593G</u>
- FIN/Passport Number	
Date of Birth	<u>15</u> dd/ <u>10</u> mm/ <u>1964</u> /yy
Driving Date Pass	<u>20</u> dd/ <u>06</u> mm/ <u>1988</u> /yy
Year of Driving Experience	<u>30</u> Year(s) <u>9</u> Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female
Contact Number / Mobile Phone / Fax No.	<u>81214406</u>

Sketch Plan #2 Pg. 1

Address of Driver	28 Jalan Datch #14-09		Postcode (329426)
Email Address			
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	Owner		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
<b>GENERAL INFORMATION OF THE ACCIDENT</b>			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	Head - rear		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Was there any video captured by Car Camera?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
Number of Passengers (Including Driver)	1		
<b>DETAILS OF POLICE ACTION</b>			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input checked="" type="radio"/> No (If Yes, against whom?)	
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>			
Vehicle Registration Number	SLS7272T		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	Ho Kee Wai		
Personal Identification - NRIC (Singaporean/PR)	S7223874E		
- FIN/Passport Number			
Contact Number	98632011		
Address	Blk 10 Prinsep Link #12-06 (187948)		
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles.)			

**SKETCH PLAN**

**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that :

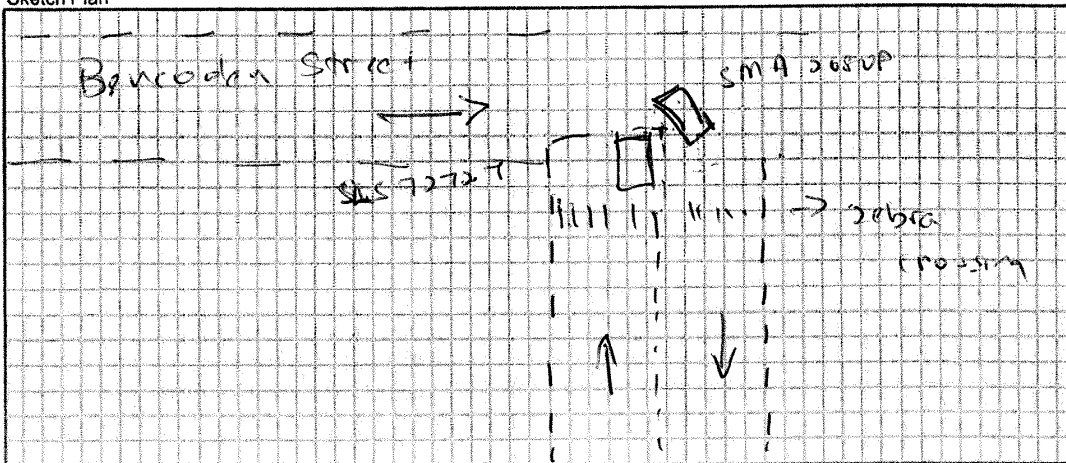
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith 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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



Page 4

Principal  
Witness

**Describe Circumstance of the Accident**

I was driving along Bearoden Street at around 9.30 am today and at the junction of Prinsep Link I had to make a right turn as I was going to my carpark at Sunshin Plaza. When I made the right turn there was no vehicle waiting. While I was making the turn this vehicle SL575727 came along the Prinsep Link fast and wanted to make a right turn. He came a little too fast and close and hit my bumper as I was turning right.

**IMPORTANT NOTE**

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

**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




Witnessed by Reporting Centre Personnel

**REPUBLIC OF SINGAPORE**  
IDENTITY CARD NO. **S1665593G**


Name  
**MURALI BALASUBRAMANIAM**


 **முரளி பாலசுப்பிரமணியம்**  
Race  
**INDIAN**

Date of Birth **15-10-1964** Sex **M**  
Country of Birth  
**SINGAPORE**



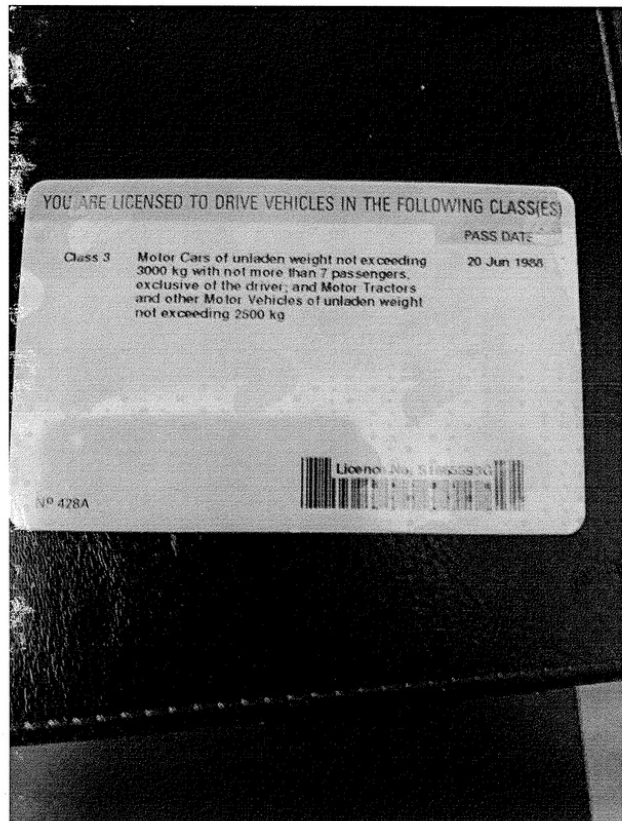
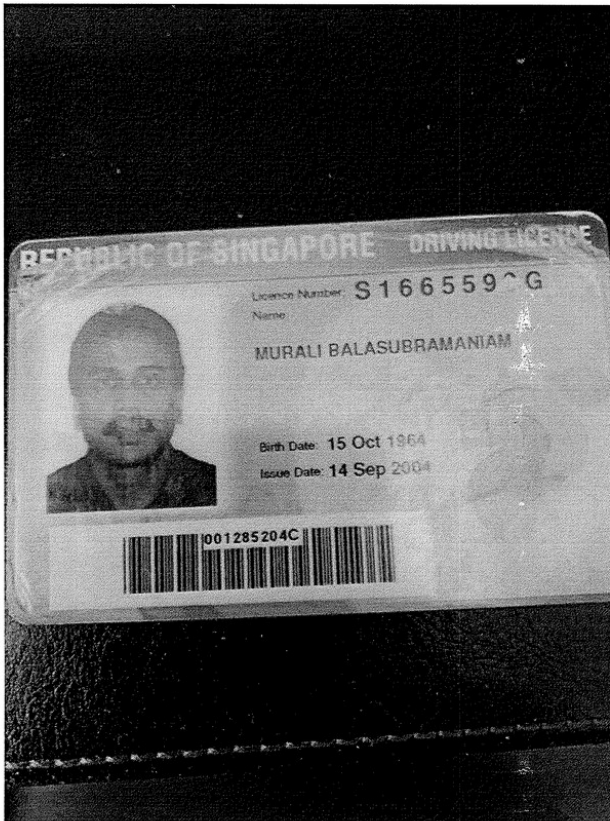
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 NRIC No. **S1665593G**

Blood Group **A+** Date of Issue **13-01-1995**

**28 JALAN DATOH #14-09**  
**SINGAPORE 329426**  
**S1665593G** **22/02/2014**







redefining / insurance

AXA Insurance Pte Ltd  
 ☎ 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 ☎ (65) 6880 4740  
 ✉ customer.care@axa.com.sg  
 🌐 www.axa.com.sg

## Certificate of Insurance

account number  
**04111**

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
 -Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	MURALI BALASUBRAMANIAM	Certificate number	GA362314 / 1
Cover	Comprehensive	Chassis number	SAJAB4AX8JCP28149
Plan name	Flexi	Engine number	170725Y0346PT204
NCD applicable	50%		
Vehicle registration number	SMA2680P		
Period of Insurance	from 31/05/2018 to 30/05/2019 (both dates inclusive)		
Finance loan company	OCBC BANK LIMITED		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
 (b) Any Named Driver as stated in the Policy:  
 1. VERONICA JOSEPH 2. NATASHA MURALI  
 (c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 1,200.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

#### Additional Clause 1

This policy is inclusive of AD  
 CN892851

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

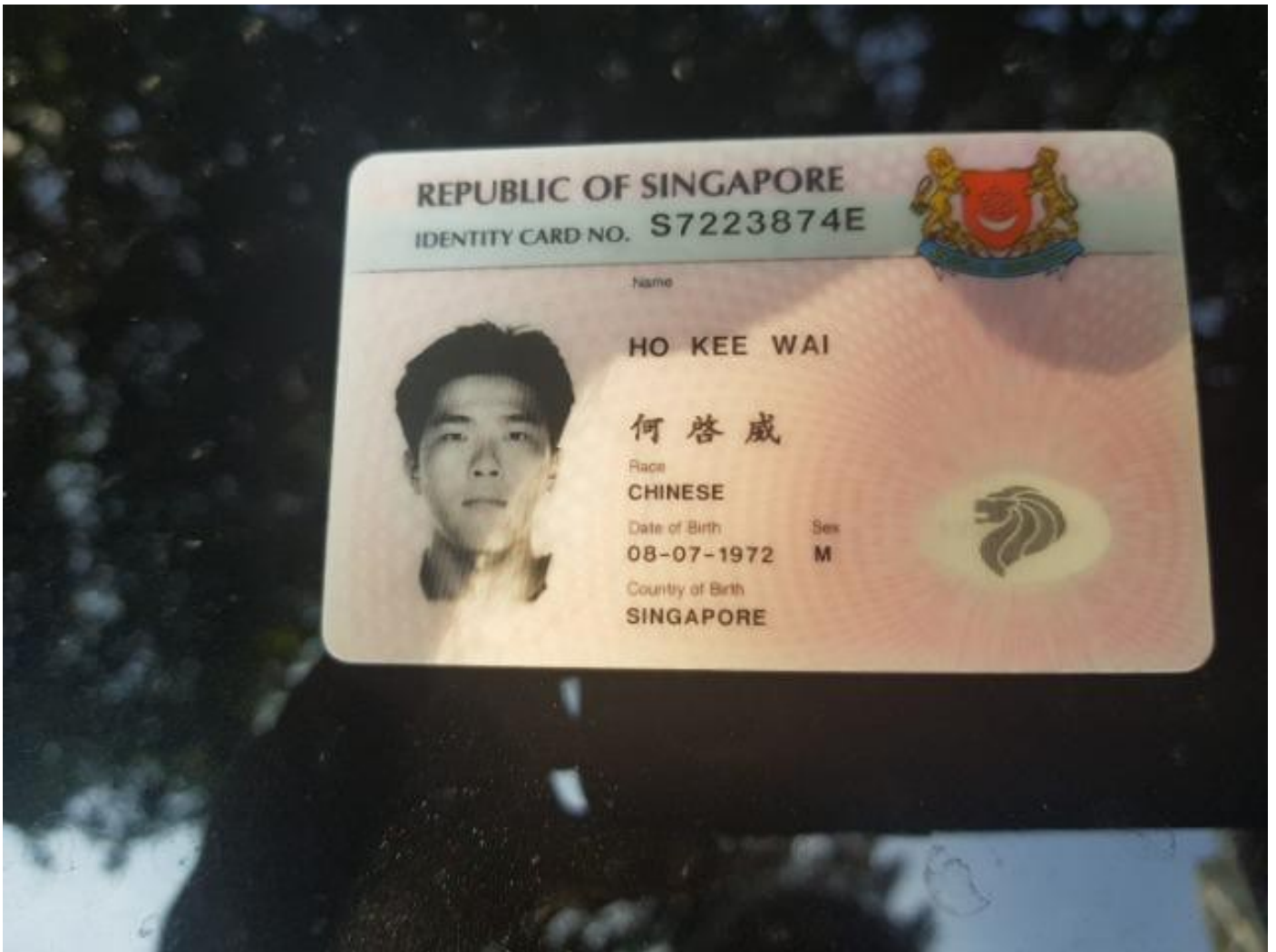
### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

1 of 3

Accident Photo



Accident Photo



2895967



NRIC No: S7223874E

Blood Group

Date of issue

O+

27-09-1996

APT BLK 10 PRINSEP LINK #12-06  
SINGAPORE 187948

NRIC No: S7223874E

Date: 18/10/2010

No: 6544282

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

