

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	09/07/2019 09:04
Date Of Accident	08/07/2019 10:10
Exact Location Of Accident	CENTRAL BLVD AFTER MARINA VIEW BEFORE RAFFLES QUAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKN279J
Insured/Policyholder	
Name Of Registered Owner	BADDEPUDI LAKSHMINARAYANA SHYAM PRASAD
NRIC No	S2688933B
Email Address	BLSHYAM@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97516810
Alternative Phone No	OFFICE-97516810

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	GOLF 1.4 TSI CABRIOLET
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	VPA/P1498500
Cover Note Number	

Driver

Name of Driver	BADDEPUDI LAKSHMINARAYANA SHYAM PRASAD
NRIC No	S2688933B
Date Of Birth	18/05/1966
Occupation	INDOOR
Date Of Driving Pass	14/02/2004
Driving Experience	15 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97516810
Fax Number	
Contact Number	OFFICE-97516810
EEmail Address	BLSHYAM@YAHOO.COM

Address	9 TANJONG RHU ROAD #07-02
Postcode	436894
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 - CHANGE/CROSS LANE
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 STATEMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX981Z
Vehicle Make/Model/Colour	MERCEDES E250
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAFLIS
NRIC/Passport Number	S2195380F
Contact Number	96721318
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


SKETCH PLAN

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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.

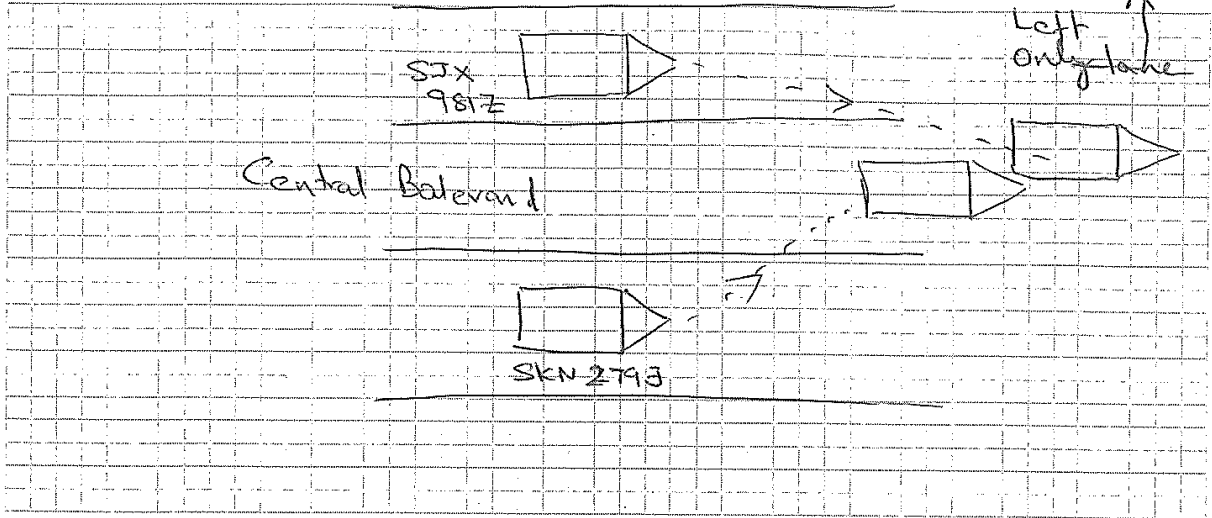

Policyholder's Signature
Date & Time: 9/7/19 9am.

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


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

Sketch Plan Pg. 2

SKETCH PLAN



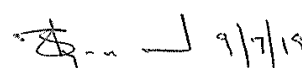
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

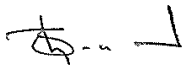
I was driving on Central Boulevard towards Raffles quay. I was trying to change lane to Raffles quay to lane on my left. I managed to enter the lane and as I entered the lane, SJX 981Z hit me on the left front as he was changing lane from left most lane to his right side.


I have attached the video from my dash cam.

DECLARATION

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

Policyholder's Signature  9/7/19
Date & Time: 9.00 am

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

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

Sketch Plan Pg. 3

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel:1800 8804888 Fax:-
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.care@axa.com.sg



Private Cars COMP
POLICY SCHEDULE
RENEWAL
Original

POLICY INFORMATION		Policy No. : VPA/P1498500
Source	: (01) 13820 ARF AP) PTE LTD (VW-ENHANCED)	
Insured	: BADDEPUDI LAKSHMINARAYANA SHYAM PRASAD	
Address	: 9 TANJONG RHU ROAD #07-02 SINGAPORE 436894	
Business/Profession	: MANAGING DIRECTOR Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance : From 30/04/2019 To 29/04/2020 (Both Dates Inclusive)		
Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.		
PREMIUM		
Premium After 50.00% : SGD 1,205.67		
NCD		
Prem W/Shop	Disc :	SGD 180.85
15.00%		
Extra Coverage	:	SGD 50.00
Safe Driver	Disc :	SGD 62.78
5.00%		
GST 7.00%	:	SGD 70.85
Annual Premium	:	SGD 1,082.89
Total Payable	:	SGD 1,082.89
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SKN279J	
Type Of Use	: Private Car	
Make/Model	: VOLKSWAGEN GOLF 1.4 TSI CABRIOLET	
Year of Manufacture	: 2014	Seating Capacity (excl. Driver) : 03
Body Type	: CABRIOLET	Engine C.C. : 1390
Engine No.	: CTH140969	
Chassis No.	: WVVZZZ1KZEK008419	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use : As specified in Certificate of Insurance		
Hire Purchase	: DBS BANK LTD	
<u>Extra Coverage(Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
FIXTURES AND ACCESSORIES		50.00
NCD Protector		
<u>Excess Applicable</u>		
Basic Own Damage Excess	:	SGD

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POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 09/07/2019

To: Owner of Vehicle Number: 56N2795

The following has been advised to you via your workshop, COGE, through their staff, flum.

Please tick the applicable box if you had been advised on any of the following:

☒ 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 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 1-2. 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.

For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 acknowledged by:

[Signature] 9th July 2019

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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