SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
 This Form must be <u>completed</u> 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

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	ACCIDENT STATEMENT
Date Of Report	26/07/2019 17:29
Date Of Accident	10/07/2019 18:00
Exact Location Of Accident	PIE TWDS TUAS THOMSON FLYOVER
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SFT7000C
Insured/Policyholder	
Name Of Registered Owner	MANOJ KANTILAL THACKER
NRIC No	S2702166B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98287777
Alternative Phone No	OFFICE-98287777
Vehicle Particulars	
Manufacturer	LEXUS
Model	RX300
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	GA452852
Cover Note Number	
Driver	

Name of Driver MANOJ KANTILAL THACKER

NRIC No S2702166B Date Of Birth 29/05/1964 Occupation **INDOOR** Date Of Driving Pass 25/06/2001

Driving Experience 18 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98287777

Fax Number

OFFICE-98287777 Contact Number

EMail Address NOEMAIL

2 ARDMORE PARK #18-03 Address

Postcode 259947 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) 2 involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. 1

Number of Passengers (Including Driver)

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

VEHICLE B SUDDENLY JAM BRAKE. I ALSO BRAKE BUT CAN'T STOP IN TIME AND MY VEHICLE SLIGHTLY TOUCHED ONTO VEHICLE B REAR PORTION.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC949C

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

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- 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.
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- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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:

- 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)
 - (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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.

Mang Thacker Mang Thacker

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

A Milaria de La Terra de la la la

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	1 7 0/000
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Vehicle But can't stop in vehicle slightly touched o rear portion.	rake. I uso time and my n vehicle B
	· ·
DECLARATION I/We declare the foregoing particulars are true in every respect.	
ΛΛ 1h -:	r K a a
Many Thacky Many Than	Reporting Centre Personnel's Signature
Policyholder's Signature Date & Time: Date & Time: Date & Time:	Name: NRIC/FIN No.:

LETTER OF UNDERTAKING

I/We, MANUS GARCULAL THACCER	, the owner of vehicl	le no. <u>177 7000</u> e
My/Our Insurance is under M/s AXA Insclaim under my/our Policy or against the such a claim to M/s AXA Insurance Pte I within 14(fourteen) days of occurrence	Third Party and if the fo Ltd with all relevant facts	and documents
My/Our Third Party claim is handle by n	ny/our preferred worksho	pp,
Signed and Acknowledge by:		
Many Thacker		<i>36(07/30€9</i>
Nric no. & signature of policyholder	Company stamp	Date

Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$2702166B

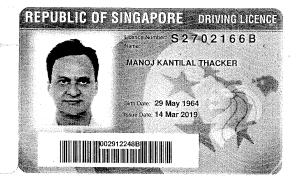


MANOJ KANTILAL THACKER

Race INDIAN Date of birth 29-05-1964 Country/Place of birth

INDIA

\$2702160B







19-04-2018

2 ARDMORE PARK #18-03 SINGAPORE 259947

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 Motor cars with unladen weight =< 3000kg with =< 7 25 Jun 2001 passengers, exclusive of driver; and other motor vehicles with unladen weight =< 2500kg

NP 428A





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

date

15/03/2019

policy number VA1 / GA452852

Certificate of Insurance

account number 14886

-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

MANOJ KANTILAL THACKER

Certificate number

GA452852 / 1

Plan name NCD applicable

Comprehensive Lexus Prestige 50%

Chassis number Engine number

JTJBAMCA102047427 8ARW769340

Vehicle registration number Period of Insurance

SFT7000C

from 26/03/2019 to 25/03/2021 (both dates inclusive)

DBS BANK LTD

Authorized Drivers

(a) The Policyholder

Finance loan company

(b) Any Named Driver as stated in the Policy:

(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 of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trail, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

EXCESS

Basic Own Damage Excess

Windscreen Excess

SGD 700.00

Not Applicable

Young/Inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and /or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/ or Inexperienced driver shall mean any person who :

- Is less than 23 years old, and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

Additional clauses & endorsements to your policy

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

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

1 of 3

^{*} 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.















