

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	27/07/2019 13:03
Date Of Accident	23/07/2019 16:10
Exact Location Of Accident	LORONG 2 TOA PAYOH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM7054B
Insured/Policyholder	
Name Of Registered Owner	KARNIK SHWETA AVINASH
NRIC No	S7868073C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83221542
Alternative Phone No	OFFICE-98505434

Vehicle Particulars

Manufacturer	HYUNDAI
Model	AVANTE-1.6 (A)
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	CN053652
Cover Note Number	

Driver

Name of Driver	PATHAK AMIT RAM
NRIC No	S7769431E
Date Of Birth	08/06/1977
Occupation	INDOOR
Date Of Driving Pass	04/08/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98505434
Fax Number	
Contact Number	
EEmail Address	ARCHAMS@GMAIL.COM

Address	BLK 126D EDGEDALE PLAINS #14-322
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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 ATTACHED

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	GBE9446M
Vehicle Make/Model/Colour	TOYOTA HIACE SILVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHIRANJEEVI SUNDARRAJ
NRIC/Passport Number	S7361301I
Contact Number	90294009
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

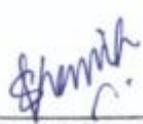
Describe Circumstances of the Accident

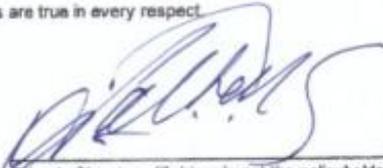
Date: 23/07/2019, TIME: 4:12 PM, PLACE: LOR 2 TOA PAYOH SINGAPORE.

I was driving for work meeting along Toa payoh Lor 2 and stopped at traffic light. Once the light turned green, the vehicles in front started to move. The van in front of me moved ahead, crossed the road marking line at the traffic light and suddenly stopped abruptly (Veh No GBE 9446 1A). This was unexpected since the driver had crossed the line and resulted in a minor impact on the rear as well as to the bonnet of my car.

Declaration

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
27/07/2019
11:00 PM


Witnessed by Reporting Centre Personnel

Accident Sketch Plan

SKETCH PLAN

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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.
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 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;

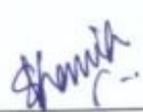
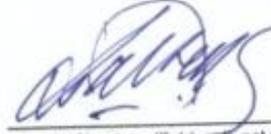
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

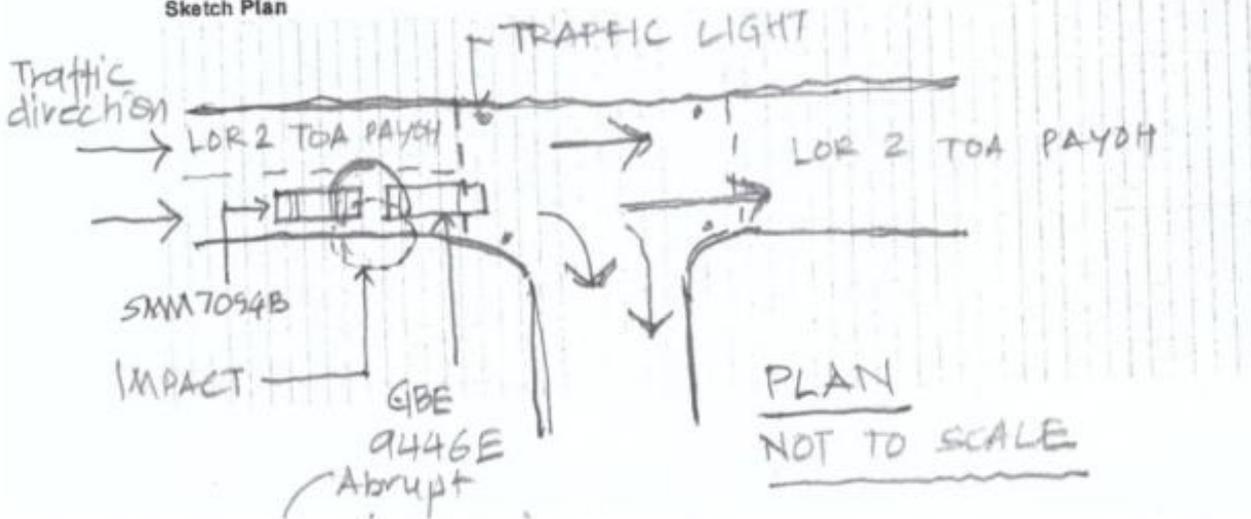




Policyholder's Signature / Date & Time Driver's Signature (if driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

07/07/2014
1:00pm



Sketch Plan



Accident Sketch Plan

AXA INSURANCE PTE LTD

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



Original

Agent Code: **08260**

Policy No.(if any):

New Business

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **CN053652**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	KARNIK SHWETA AVINASH ✓
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 4DR AUTO 'S' ✓
VEHICLE REGISTRATION NO.	TBA
YEAR OF MANUFACTURE	2019
ENGINE NO.	G4FGKU171876
CHASSIS NO.	KMHD841CMKU935493 ✓
ENGINE CAPACITY/TONNAGE	1591
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK SINGAPORE LTD ✓
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 08/07/2019 TO: 07/07/2020
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

 Authorised Signature

Issued by: Rosnari BTE MOHAMAD NOOR on 08/07/2019 5:28 pm

- Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

#TR/C/NOTE/V01/03

Accident Sketch Plan



Accident Sketch Plan

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7769431E



Name
PATHAK AMIT RAM

Race
INDIAN

Date of birth
08-06-1977

Country/Place of birth
INDIA

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



License Number: S7769431E

Name
PATHAK AMIT RAM

Birth Date: 08 Jun 1977

Issue Date: 04 Aug 2017

002710850H



9401512



NRIC No: S7769431E



Nationality
INDIAN

Date of issue
07-08-2016

Address
APT BLK 126D EDGEDALE PLAINS
#14-322
SINGAPORE S24126

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 cc	04 Aug 2017
Class 3 Motor cars with unladen weight <= 3000kg with <= 7 passengers, exclusive of driver; and other motor vehicles with unladen weight <= 2500kg	04 Aug 2017

NP 425A

Licence No: S7769431E



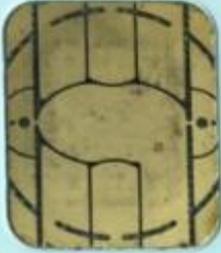


THE UNION OF INDIA
MAHARASHTRA STATE MOTOR DRIVING LICENCE

DL No : **MH15 20080013087**
Valid Till : **07-06-2027 (NT)**

DOI : **16-10-1995**

21-07-2017
AUTHORISATION TO DRIVE FOLLOWING CLASS
OF VEHICLES THROUGHOUT INDIA



COV DOI
LMV 16-10-1995
MCWG 16-10-1995

DOB : **08-06-1977** BG : **A+**

Name : **AMIT PATHAK**
S/DW of: **RAM**
Add : **01 INDRAPASTHA-A A-ROAD/BIH BANJARA HOTEL**
NR CRICKET GROUND MAHATMA NAGAR
NASHIK
PIN : **422007**
Signature & ID of Issuing Authority: **MH15**

[Signature]



FORM 7
RULE 16 (2)



Signature/Thumb
Impression of Holder

[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

