

## 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	19/08/2019 15:46
Date Of Accident	17/08/2019 16:10
Exact Location Of Accident	DICKSON RD TRAFFIC LIGHT GOING TOWARDS JL BESAR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKJ5161C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BISWAS SHOVAN
Passport No/FIN	G5708373K
Email Address	SHOVANBISWAS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92761480
Alternative Phone No	OFFICE-92761480

### Vehicle Particulars

Manufacturer	AUDI
Model	A5-2.0 (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? 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	VA1/GA168251
Cover Note Number	

### Driver

Name of Driver	BISWAS SHOVAN
Passport No/FIN	G5708373K
Date Of Birth	01/07/1971
Occupation	INDOOR
Date Of Driving Pass	01/06/2004
Driving Experience	15 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92761480
Fax Number	
Contact Number	OFFICE-92761480
E-Mail Address	SHOVANBISWAS@GMAIL.COM

Address #16 CHESTNUT GARDENS  
 Postcode 679241  
 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?  
 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) 2  
 Passenger 1 NAME: : PARI SEN BISWAS  
 GENDER: : FEMALE

**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 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 GBD8624C  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category GOODS VEHICLE  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

## Sketch Plan

### SKETCH PLAN

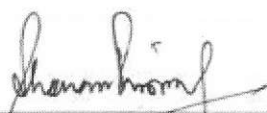
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#### **8. Consent under the Personal Data Protection Act (PDPA)**

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' 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:

19-08-2019

14:00 hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

Ang Jie Tan  
S4502600



## SKETCH PLAN

### 3<sup>rd</sup> Party Insurance Claim details

AXA Policy No: GA158251

Policy Holders Name: BISWAS SHOVAN

Address & Contact: #16 Chestnut Gardens, Singapore 679241, Ph: +65 82751480

Email: [shovanbiswas@gmail.com](mailto:shovanbiswas@gmail.com)

#### Incident Report:

On Saturday, 17<sup>th</sup> August at around 4.10pm I was waiting at the red traffic light (at the junction of Dickson road going to Jalan Besar Road) behind a few other vehicles. Suddenly, a loud noise and jerk was heard from my vehicle. A Nissan Van (GBD8634C) came from behind and hit me on my rear bumper. There are damages (Dents) on my rear bumper and the bumper brackets because of the rear Collision. I got out of the vehicle and collected the FIN car and the vehicle details and took pictures of the damages in my car caused by the Van. Please see photos attached.

