

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	20/09/2019 17:50
Date Of Accident	19/09/2019 17:30
Exact Location Of Accident	ALONG TANJONG RHU RD TO 'THE LINE' CONDO
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SCJ3030E
Insured/Policyholder	
Name Of Registered Owner	RAM GOSWAMI @ GOSWAMI RAM LABHAYA
NRIC No	S0006736I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96443485
Alternative Phone No	OFFICE-96443485

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E200 KOMPRESSOR
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	GA053013/1
Cover Note Number	

Driver

Name of Driver	KIRAN GOSWAMI
NRIC No	S2177971G
Date Of Birth	04/04/1950
Occupation	INDOOR
Date Of Driving Pass	08/03/1975
Driving Experience	44 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96443485
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	201 TANJONG RHU ROAD #14-12 PARKSHORE S(436917)
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	CHAIN COLLISION
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	3
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)	3
Passenger 1	NAME: : PASSENGER GENDER: : FEMALE
Passenger 2	NAME: : PASSENGER 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 attached report.

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	SJF360K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NEO MENG HWI
NRIC/Passport Number	S7620475F
Contact Number	96957840
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMP151J

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

JASON GOH CHIN HOCK

NRIC/Passport Number

S9220939C

Contact Number

92963709

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

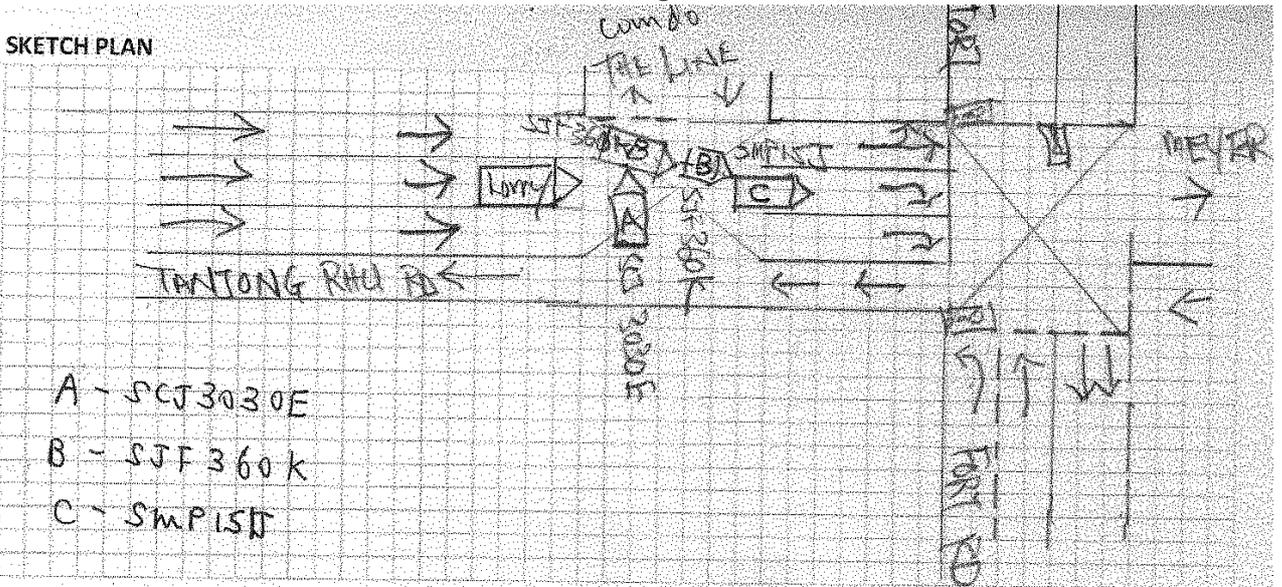
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

<p><i>Ram Gossuami</i></p> <p>Policyholder's Signature</p> <p>Date & Time: 20/9/2019 4.15 pm</p>	<p><i>Khan Gossuami</i></p> <p>Driver's Signature (If driver is not the policyholder)</p> <p>Date & Time: 20.9.19/4.15</p>	<p><i>[Signature]</i></p> <p>Reporting Centre Personnel's Signature</p> <p>Name:</p> <p>NRIC/FIN No.:</p>
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SKETCH PLAN



A - SCT3030E

B - SFF360K

C - SMP15J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attachment.

DECLARATION

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

Ravi Goswami
 Policyholder's Signature
 Date & Time: 20.9.2019
 4:15 pm.

Kiran Goswami
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20.9.19/4.15

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

**Details of accident for my Vehicle No : SCJ3030E claiming
Own Damaged which happened on 19th Sept 2019 at
1730hrs**

I was driving from Fort Rd turning left to Tanjong Rhu Rd and intended to turn right into "The Line" Condo. When I stopped the car at the edge of the yellow box junction and lighted up my indicator to turn right, a lorry in the 2nd lane had stopped to give way for me to move on. While I was in the mist of turning into the yellow box, all of the sudden Vehicle B which drove on the extreme left lane sped through in a speedy manner had collided onto my car's right front portion and caused damage to my car, after which Vehicle B proceeded on and hit another Vehicle C which was stationary in the 2nd lane after the yellow box. Vehicle B's driver indeed had alighted from her car and claimed that her baby was crying and she was in a hurry to reach home and had sped on. No one was injured during the point of accident and Traffic Police Officer who arrived at the scene informed us that since no one was injured therefore no police report is required and all parties can proceed to their respective Insurers for claim purposes.

Kiran Goswami

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2177971G



Name
MRS KIRAN GOSWAMI



Race
INDIAN

Date of Birth: **04-04-1950** Sex: **F**

Country of Birth
INDIA

Card Number: **S2177971G**

Name: **MRS KIRAN GOSWAMI**

Birth Date: **04 Apr 1950**

Issue Date: **12 Sep 2003**

000824691K



3984049



NRIC No: **S2177971G**



Blood Group: **B+** Date of Issue: **01-02-1999**

201 TANJONG BHU ROAD #14-12
SINGAPORE 436917

NRIC No: **S2177971G** Date: **30-01-2002** No: **4358492**

YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **08 Mar 2005**

NP #284

License No: **S2177971G**





POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 2019/1/19 To: Owner of Vehicle Number: SCJ3030E

The following has been advised to you via your workshop, S & H Motor Pte Ltd through their staff, ms Wong

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
 - if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- 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 _____ 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:
Ram Gowans - Khaw Goh Guan
 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



Accident Photo

