

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	24/10/2019 14:24
Date Of Accident	23/10/2019 19:15
Exact Location Of Accident	SLIP RD AT ALEXANDRA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR5994X
Insured/Policyholder	
Name Of Registered Owner	INNOFLEX PTE LTD
Co Reg No	200512685K
Email Address	BALA@INNOFLEX.COM.SG
Mobile Phone No	(LOCAL) +65-91763338
Alternative Phone No	OFFICE-91763338

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA431272
Cover Note Number	12/02/2019 - 11/02/2020

Driver

Name of Driver	GANESAN BALACHANDRAN
NRIC No	S7564878B
Date Of Birth	03/05/1975
Occupation	INDOOR
Date Of Driving Pass	11/07/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91763338
Fax Number	
Contact Number	OTHERS-91763338
EEmail Address	BALA@INNOFLEX.COM.SG

Address	329 CLEMENTI AVE 2 #08-236
Postcode	120329
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	RAINING
Road Surface	WET

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)	2
Passenger 1	NAME: : BALACHANDRAN RAMAPRIYA 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 THE SKETCH PLAN BY DRIVER

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	SLG3816P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

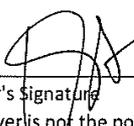
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8. **Consent under the Personal Data Protection Act (PDPA)**

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:



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

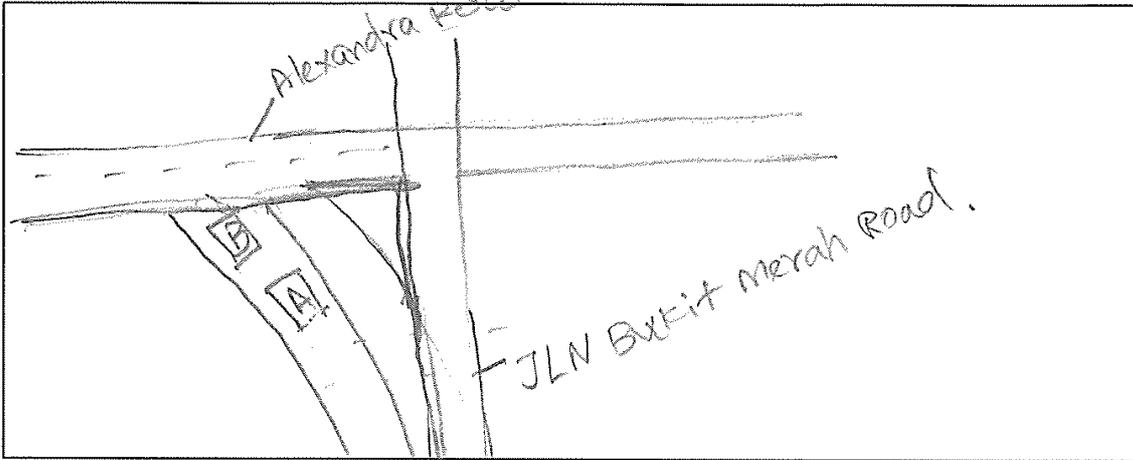


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 23/10/19 Time: 7:15 PM Location: Slip rd at Alexandra Rd
 My Vehicle A: 5ER5AAYX Vehicle B: PLR 3816P Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was entering from Jalan Bukit merah to Clementi, and I was waiting at the junction to merge into Alexandra Road at the left 1st lane behind car B.

When I looked around oncoming traffic and CAR B. The CAR B was moving forward and the traffic was clear at Alexandra Road. Then I looked around second time for oncoming traffic. The traffic was clear, no vehicle on the road so I decided to move my CAR A. But unfortunately by CAR A was stopped and CAR A hit behind CAR B bumper. Even I applied brake and avoid the collision.

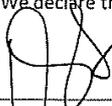
Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

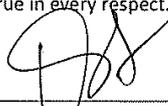
Remarks : Please forward a copy of my efile accident report to :
 My workshop :
 Email address :
 & myself :
 Email address : bala@mmoflex.com.sg

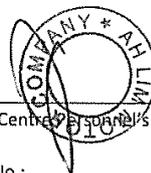
Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:


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



INNOFLEX PTE LTD

Block 3015, Ubi Road 1, #02-218, Singapore 408704
Tel: 6749 1575; Fax: 6749 8897; Email: sales@innoflex.com.sg
GST: Regn 200512685K-PTE-01

To,
Ms. Zila,
No.10 Ang Mo Kio Ind. Park 2,
#01-09 AMK Autopoint,
Singapore 568047

Date: 24 Oct 2019

Subject Authorization Letter for Mr.Bala to lodge accident report.

Dear Ms. Zila, We here by authorize Mr. Ganesan Balachandran, NRIC S7564878B to lodge accident report for vehicle no SGR5994X.

With regards,

Your faithfully

A handwritten signature in black ink, appearing to read "Gan Wen Fung", written over a horizontal line.

(GAN WEN FUNG)
Operation Director



Company Stamp



redefining / insurance

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

INNOFLEX PTE LTD
 3015 UBI ROAD 1
 #02-218
 SINGAPORE 408704

New business

date
 28/12/2018

your servicing distributor
 WINNER INSURANCE AGENCIES PTE
 LTD / 04460

your servicing distributor contact
 62838611

Policy Schedule

Your SmartDrive Third Party, Fire & Theft

Your policy snapshot

Policyholder name	INNOFLEX PTE LTD	Policy number	VA3 / GA431272
Cover	Third Party, Fire & Theft	FIN / NRIC	200512685K
Period of Insurance	from 12/02/2019 to 11/02/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 10% NCD	SGD 1,033.38
Total Discounts	- SGD 218.09
7% GST	SGD 57.07
Final Premium	SGD 872.36

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Third Party, Fire & Theft Benefits

- Loss or Damage by Fire & Theft
- Legal Liability
- 24/7 Towing in Singapore

Vehicle details

Make & Model of Vehicle	TOYOTA COROLLA ALTIS 1.6	Year of manufacture	2006
Vehicle registration number	SGR5994X	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1598
Seating capacity (excl driver)	4	Engine number	3Z24598111
Off-Peak car	No	Chassis number	MR053ZEC107129705

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	SWEE SENG CREDIT PTE LTD

Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess	Not Applicable
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Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	GANESAN BALACHANDRAN	03/05/1975	7 year(s)

Additional clauses & endorsements to your policy

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

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7564878B



Name
GANESAN BALACHANDRAN

க பாலச்சந்திரன்
Race
INDIAN

Date of birth **03-05-1975** Sex **M** S7564878B

Country of birth
INDIA



REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number **S7564878B**
Name
GANESAN BALACHANDRAN

Birth Date **03 May 1975**
Issue Date **11 Jul 2012**

002085353A




STRICTLY
FOR WORKSHOP USAGE

USE FOR ACCIDENT
REPORTING ONLY

91763338.
Vijay
No yia.
Yar

(P) Balachandran Ramapriya. No yia.

STRICTLY
FOR WORKSHOP USAGE

USE FOR ACCIDENT
REPORTING ONLY

Barcode

NRIC No. S7564878B

Nationality
INDIAN

Date of issue
03/12/2010

APT BLK 320 CLEMENTI AVENUE 2 #08-238
SINGAPORE 120320

NRIC No. S7564878B Date: 03/12/2010



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

EFFECTIVE DATE

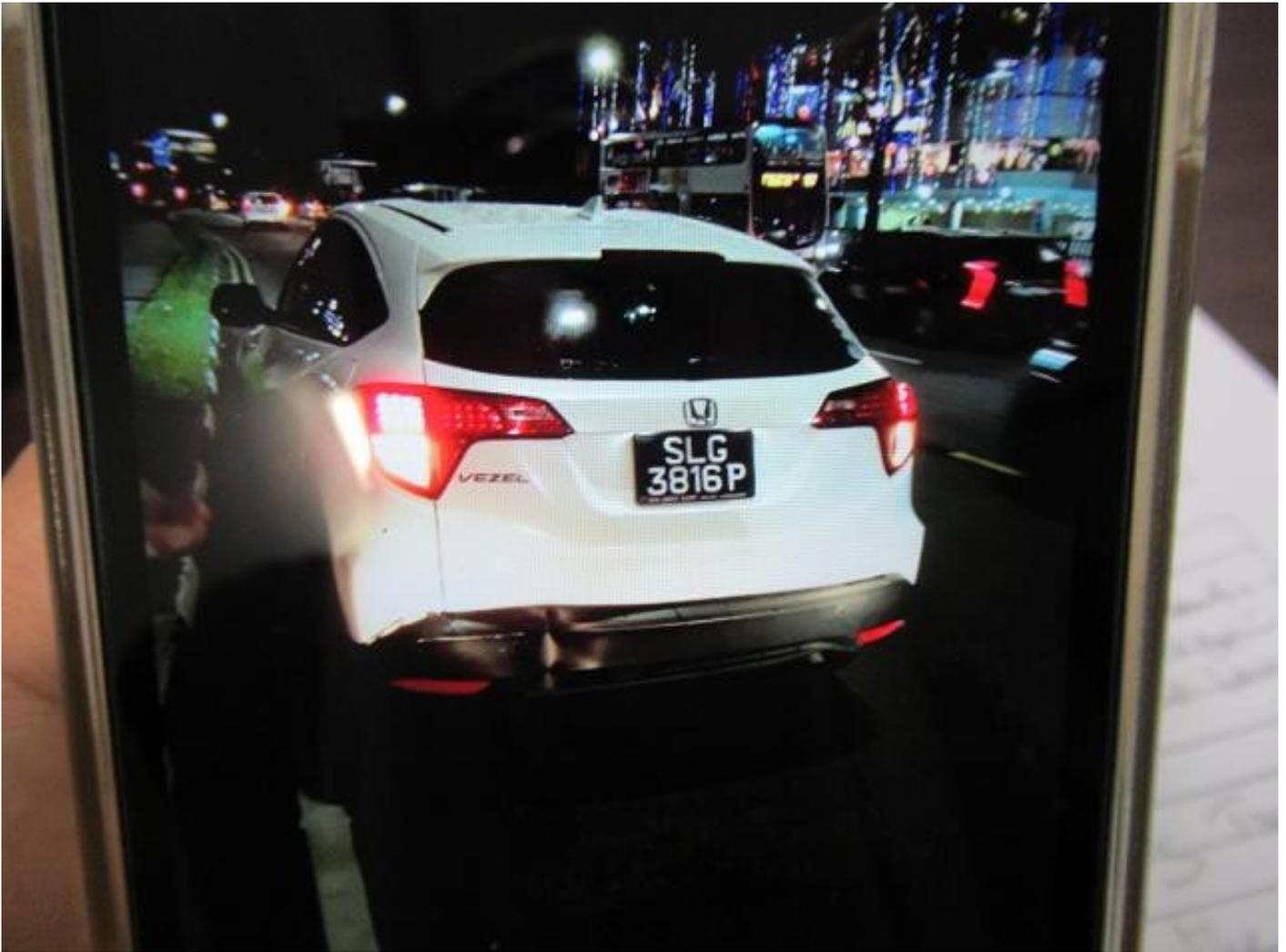
Class 3 Motor Cars=<3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg 11 Jul 2012

NP 428A

Licence No. S7564878B



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

