

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	01/11/2019 12:01
Date Of Accident	31/10/2019 19:45
Exact Location Of Accident	121 MEYER ROAD OPEN SPACE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL6636X
Insured/Policyholder	
Name Of Registered Owner	PRITAM MISRA
NRIC No	S7187117G
Email Address	PRITAMMISRA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91528606
Alternative Phone No	OTHERS-91528606

Vehicle Particulars

Manufacturer	HYUNDAI
Model	TL TUCSON 2.0 GLS AT 2WD SR (EPB)
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	ALLIANZ GLOBAL CORPORATE & SPECIALTY SE - SINGAPORE BRANCH
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SGV0000093191-0001
Cover Note Number	06 MARCH 2019 TO 05 MARCH 2020

Driver

Name of Driver	ANURADHA KABRA
NRIC No	S2765924A
Date Of Birth	24/09/1963
Occupation	INDOOR
Date Of Driving Pass	10/04/2007
Driving Experience	12 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-92288124
Fax Number	
Contact Number	

E-Mail Address	THISISANNU@GMAIL.COM
Address	121 MEYER ROAD #18-06 (S) 437932
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	COLLIDED INTO PARKED VEHICLE
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)	0

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 with attach.

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	SGK7775K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NIRUPAMA RAGHURAM
NRIC/Passport Number	S7079028I
Contact Number	92969765
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan Pg. 1

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:



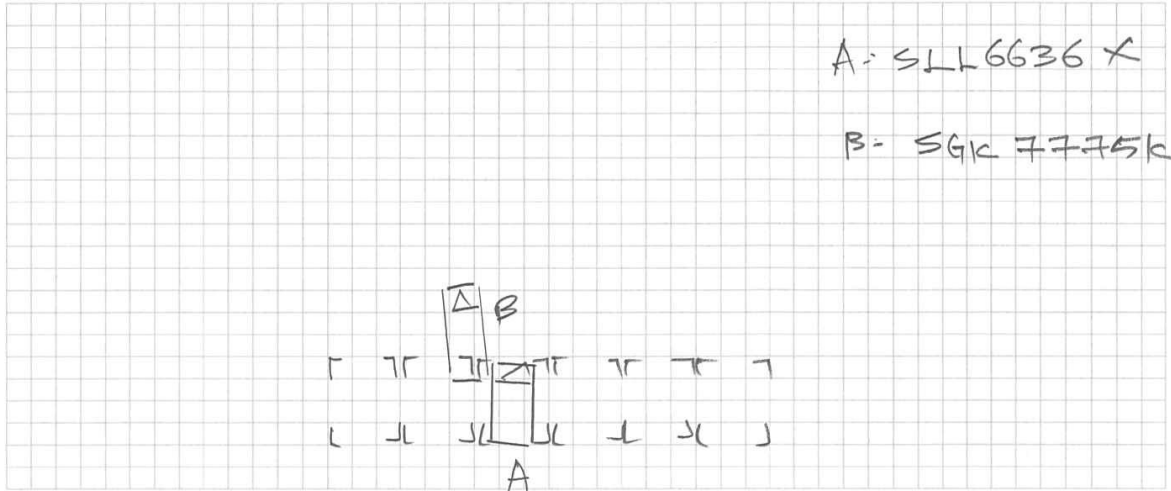
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was parked in the open air parking lot inside my condominium (Makana, Meyer Road).

At 8 PM when I came down to leave for my friend's house, the condo ~~was~~ guard came running to me. He showed me the car and the damage. He gave me the number of the driver. The lady had a wrong judgement when she was reversing ~~the~~ her car and barged into my car.

The lady was in the doctor's clinic inside the condo. I met her and took her phone no., IC details & driving License details.

The incident happened something between 7 pm to 7.30 pm.

Allians Ins.	
Vehicle No. SLL6636	Date of Accident 31/10/2019
<input type="checkbox"/> Reporting Only <input type="checkbox"/> Own Damage Claim <input checked="" type="checkbox"/> Third Party Claim <input checked="" type="checkbox"/> Other Workshop	

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

Driving License Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S2765924A**

Name: **ANURADHA KABRA**

Birth Date: **24 Sep 1963**


Issue Date: **25 Aug 2010**

001886663G

FOR KFS ACCIDENT CLAIM USE ONLY

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S2765924A**



Name: **ANURADHA KABRA**

Race: **INDIAN**

Date of birth: **24-09-1963** Sex: **F** S2765924A

Country of birth: **INDIA**

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

EFFECTIVE DATE: **10 Apr 2007**

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

Licence No: **S2765924A**

NP 428A

FOR KFS ACCIDENT CLAIM USE ONLY

9102575



NRIC No: **S2765924A**



Nationality: **INDIAN**

Date of issue: **18-08-2010**

121 MEYER ROAD #18-06
SINGAPORE 437932

NRIC No: **S2765924A** Date: **02/12/2016**

**Allianz Global Corporate & Specialty SE
Singapore Branch**

Company Registration No. : T11FC0131K
Address : 12 Marina View, #14-01 Asia Square Tower 2, Singapore 018961
Tel : +65. 6297 2529 Fax : +65. 6297 1956
Website : http://www.agcs.allianz.com



Allianz Contact Centre
Tel : 1800 222 1818 or 65 6222 1919
Email : customerservice@allianz.com.sg

CERTIFICATE OF INSURANCE

FORM MX1

ROAD TRANSPORT ACT 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS) RULES 1959 (FEDERATION OF MALAYSIA)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CAP.189 OF THE REVISED EDITION) (REPUBLIC OF SINGAPORE)
MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES 1996 (REPUBLIC OF SINGAPORE)
OR ANY AMENDMENT, ACT OR ACTS PASSED IN SUBSTITUTION THEREOF

Certificate Number : SGV0000093191-0001
Coverage : COMPREHENSIVE
Policyholder Name : PRITAM MISRA
Registration No. : SLL6636X
Period of Insurance : 06 MARCH 2019 to 05 MARCH 2020

Persons or Classes of Persons Entitled to Drive*:

1. PRITAM MISRA
2. ANURADHA KABRA

*Provided that the person driving is permitted in accordance with the licensing or other laws or regulation to drive the Motor Vehicle or has been permitted and is not disqualified by order of Court of Law or by reason of any enactment or regulations in that behalf from driving the Motor Vehicle. And provided further that the Motor Vehicle is registered under the Road Traffic Act has not been cancelled at the time of accident loss or damage.

Limitations as to Use* :

Used only for social, domestic and pleasure purposes.

The Policy does not cover:

- (a) use for hire or reward
- (b) use for racing, pace-making, reliability trials or speed testing
- (c) use for the carriage of goods (other than samples) in connection with any trade or business
- (d) use for any purposes in connection with the Motor Trade

* 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.

I/WHEREBY CERTIFY that the Policy to which this certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport ACT, 1987 (Malaysia) or Amendment, Act or Acts Passed in substitution thereof.

Allianz Global Corporate & Specialty SE Singapore Branch

Mark Mitchell
Chief Executive Officer

12 FEBRUARY 2019

Issue Date

Account Code : SCB0000011 Standard Chartered Bank

Excess:

OWN DAMAGE EXCESS
WINDSCREEN EXCESS

SGD 600.00
SGD 100.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



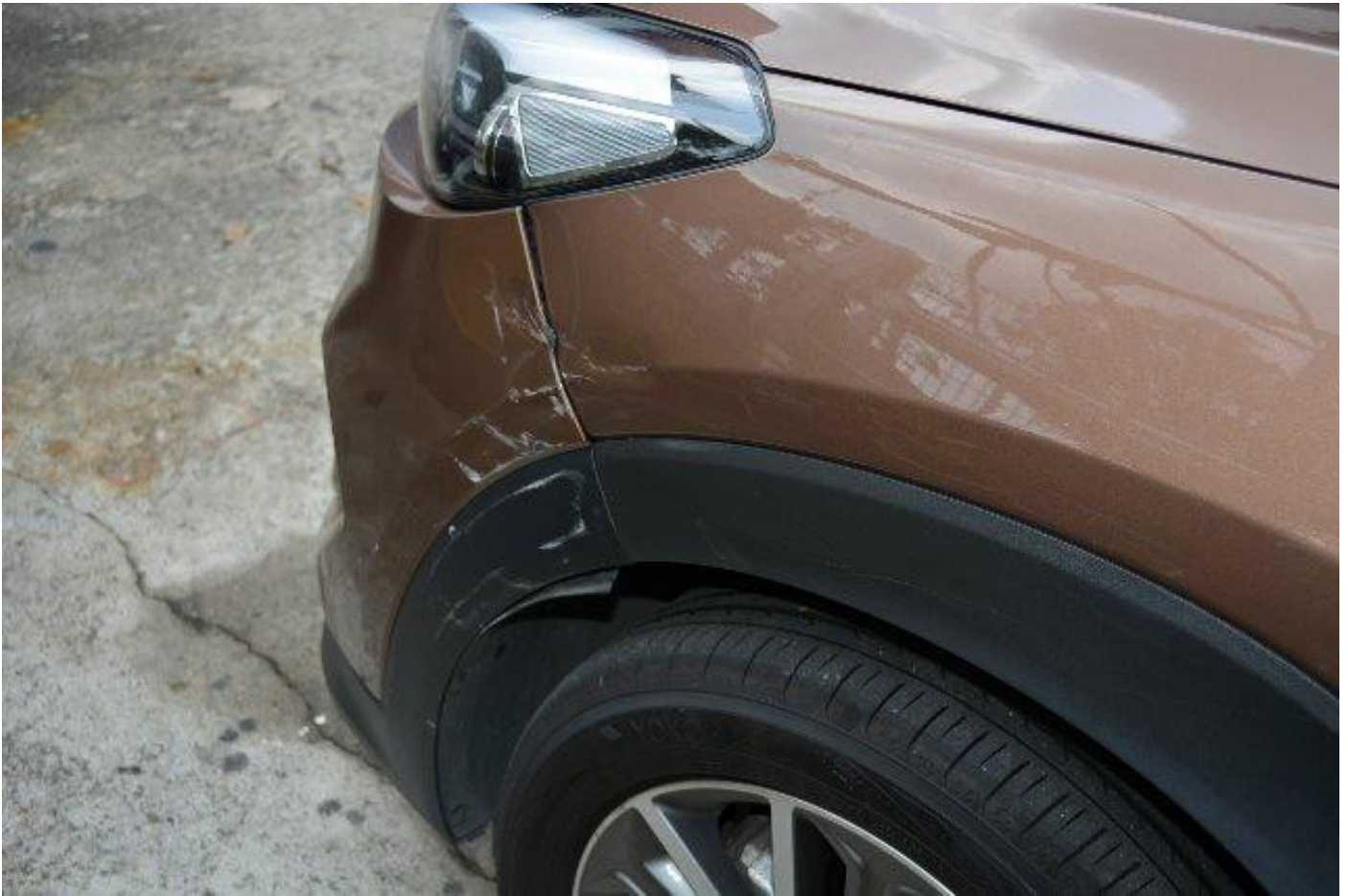
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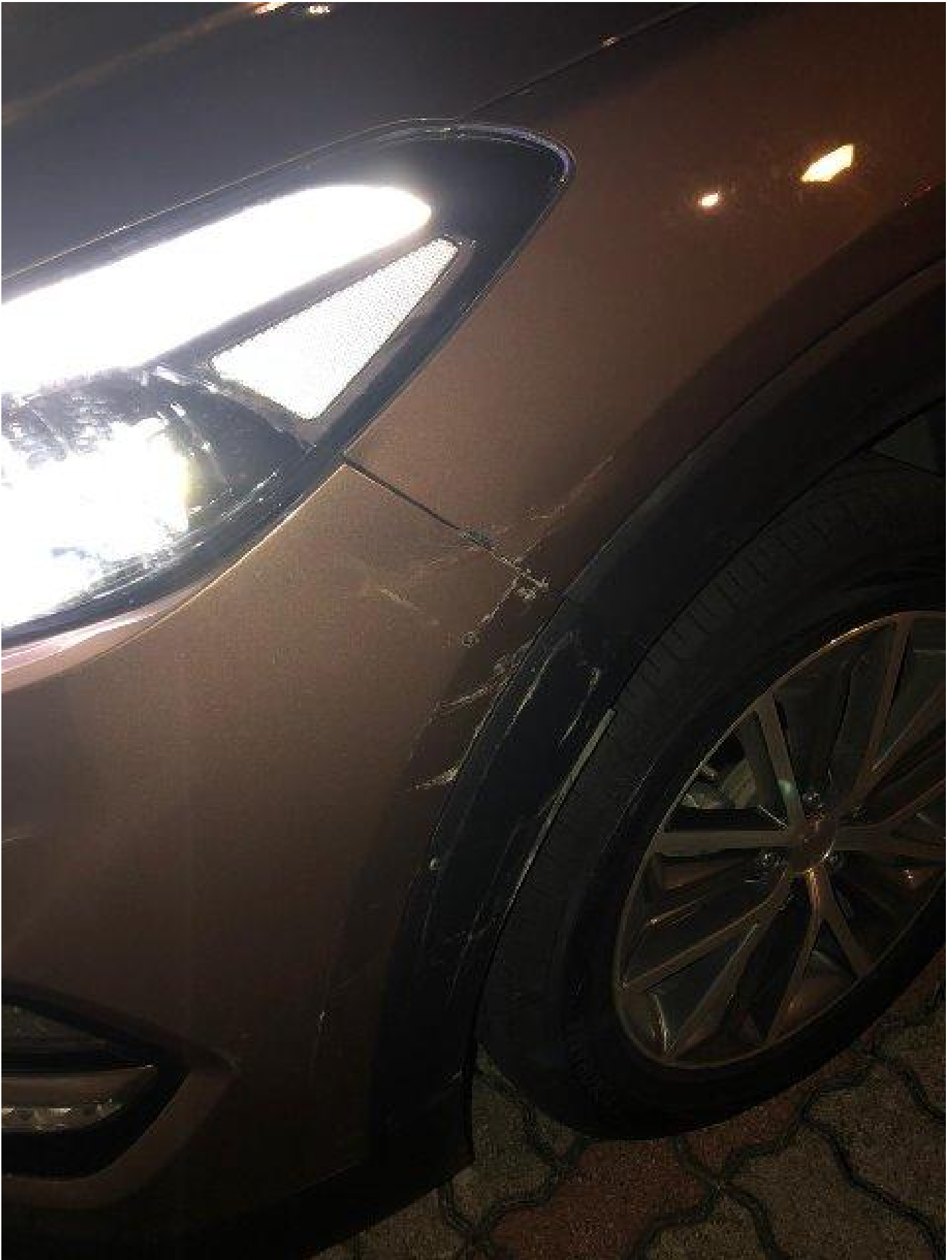
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