

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	26/12/2019 10:51
Date Of Accident	24/12/2019 13:20
Exact Location Of Accident	AYE (TUAS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMH128U
Insured/Policyholder	
Name Of Registered Owner	MIYAPAN RAMU
NRIC No	S7818250D
Email Address	RAMUMIYAPAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96403503
Alternative Phone No	OFFICE-96403503

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250-1.8 (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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA467298/1
Cover Note Number	

Driver

Name of Driver	MIYAPAN RAMU
NRIC No	S7818250D
Date Of Birth	06/07/1978
Occupation	INDOOR
Date Of Driving Pass	24/11/1995
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96403503
Fax Number	
Contact Number	OFFICE-96403503
Email Address	RAMUMIYAPAN@GMAIL.COM

Address	BLK 117 JURONG EAST STREET 13 #15-145 SINGAPORE
Postcode	600117
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?	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: : WONG HUITING 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

PLEASE REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLS898J
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

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.

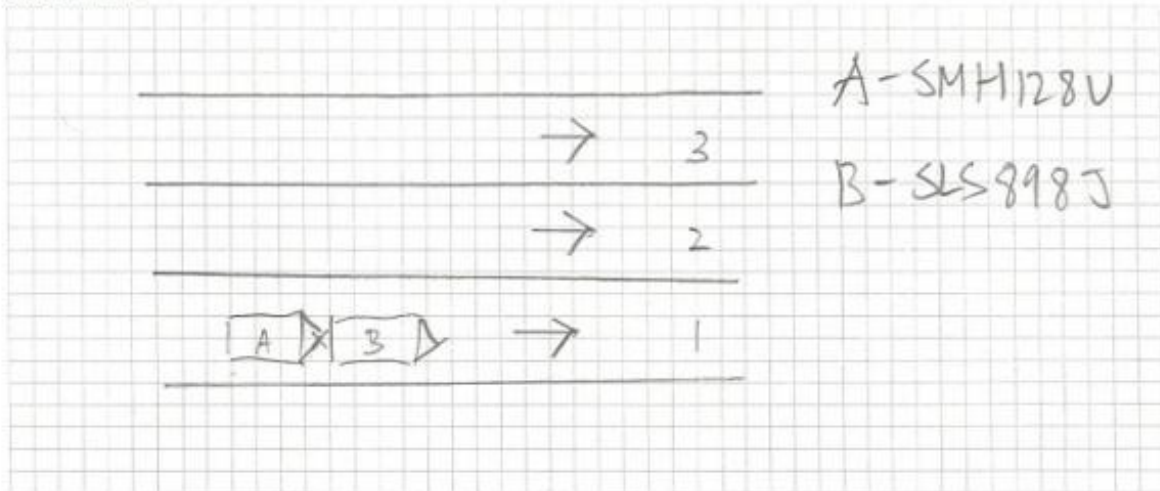
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

There was heavy traffic along AYE (Tuas) at about 1.20pm. Vehicle in front of me, a silver Honda Civic (SLS 898J) suddenly jammed his car brakes, as there was an unknown vehicle ahead of him that did the same. At this point in time, I was travelling at about 20 km/h. Given the sudden breaking of the said Honda, I jammed my breaks immediately as well but it was not in time and I ended up rear-ending the said Honda.

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.:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo








Accident Photo



Accident Photo



INSURANCE CERT

 1800-888-1888 (Within Singapore)
 (65) 9890-9898 (International)
 (65) 3383-4744
 custserv@nsworldwide.net.sg
 www.nsworldwide.net

Certificate of Insurance

012038

Michael Varnhagen, *Franklin D. Roosevelt and the Problem of Democracy* (Cambridge, MA: Harvard University Press, 1994), 400 pp., \$29.95 (hbk), \$12.95 (pbk). ISBN 0 674 01400 1.

Policy details

[illegible]

Persons or classes of persons entitled to drive*

- (b) Any person who is doing on the Polysphedonides or with their permission

Provided that, the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle and has been adequately trained and is not a disqualified person or a drunk or impaired person for any conditions or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use:

Use only 100cc, 200cc and 400cc glassware and/or the following business

[illegible]

* Values are rounded in positive by Section 6 of the Motor Vehicle Theft-Fairly Trade and Compensation Act, (Chapter 14B) and Section 95 of the Road Transport Act, 1987 (Chapter 14B). Values are rounded in positive by Section 6 of the Motor Vehicle Theft-Fairly Trade and Compensation Act, (Chapter 14B) and Section 95 of the Road Transport Act, 1987 (Chapter 14B).

EXCESS	Basic Own Damage Excess	360 400.00	
	Windscreen Excess	360 175.00	

As Additions, Examples 11 and 12 are as follows:

1. \$5000 for unlicensed Authorized Driver
2. \$6500 for licensed Young and Inexperienced Driver
3. \$8500 for unlicensed Young and Inexperienced Driver

A \$85,500 fee is assessed for unaided living and experienced clients. This amount is reduced to \$42,500 if you have chosen ASA Premier Worksheds.

Additional clauses & endorsements to your policy

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THIS DOCUMENT IS NOT FOR SALE TO THE PUBLIC. IT IS LOANED TO YOU BY THE NATIONAL ARCHIVES. IT IS YOUR RESPONSIBILITY TO RETURN IT TO THE NATIONAL ARCHIVES. IT IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM. IT IS TO BE USED FOR PRIVATE RESEARCH ONLY. IT IS NOT TO BE USED FOR PUBLICATION, ADVERTISING, OR PROMOTIONAL PURPOSES. IT IS NOT TO BE USED FOR ANY OTHER PURPOSES. IT IS NOT TO BE USED FOR ANY OTHER PURPOSES. IT IS NOT TO BE USED FOR ANY OTHER PURPOSES.

AXA Insurance Plc Ltd

A handwritten signature in dark ink, appearing to be "R. J. ...". The signature is written diagonally across the page.

APPENDIX 5: SUMMARY

Important note

Participants are aware that, on the site of a motor vehicle they must all wear a Certificate of Insurance and the policy of the insurance company. If the Certificate of Insurance has been lost or damaged a temporary Certificate of Insurance must be used. Failure to comply with this obligation is an offence under the Motor Vehicle Theft Act, Road and Transportation Act, 1984.

The *Equation for Y* (AGE) shows the position to be held in the age 50 period following either there would be no liability under the policy period 1970-1979.

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