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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.			
	ACCIDENT STATEMENT		
Date Of Report	03/03/2020 13:45		
Date Of Accident	22/02/2020 12:35		
Exact Location Of Accident	417 FERNVALE LINK CARPARK		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SJS8675G		
Insured/Policyholder			
Name Of Registered Owner	MAHALECKMI D/O AYYAKANNU		
NRIC No	S8925018H		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96325588		
Alternative Phone No	OFFICE-96325588		
Vehicle Particulars			
Manufacturer	HONDA		
Model	STREAM		
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	GA500087		
Cover Note Number			
Driver			

Name of Driver SELVAM S/O KANESAN

NRIC No S7406490F
Date Of Birth 27/02/1974
Occupation INDOOR
Date Of Driving Pass 16/02/1994

Driving Experience 26 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96325588

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 418B FERNVALE LINK #11-152

Postcode 792418

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - -

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : MAHALECKMI D/O AYYAKANNU

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

I WAS TRAVELLING ALONG 417 FERNVALE LINK CARPARK. VEHICLE B WAS SPEEDING UP THE SLOPE AND HIT ONTO THE RIGHT SIDE OF OUR VEHICLE.

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 SLC1331E

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B
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 Pg. 1

SKETCH PLAN

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- The 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.
- 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:
 - 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:

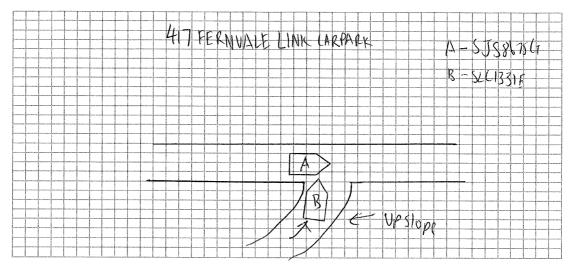
Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG 417 FERNVALE LINK CARPARK. VEHICLE B WAS			
SPEEDING UP THE SLOPE AND HIT ONTO THE RIGHT SIDE OF OUR VEHICLE.			

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

3/3/2020

Name:

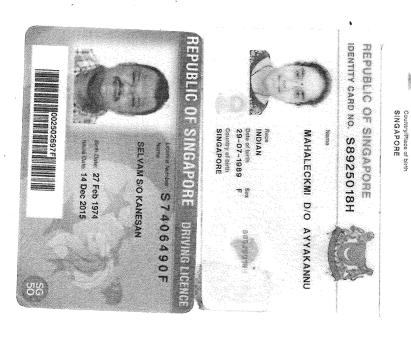
NRIC / FIN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, MAHALECKMI D/O AYYAKANNU	, the owner of vehicle no.	SJS8675G
My/Our Insurance is under M/s AXA Insur to claim under my/our Policy or against the claim to M/s AXA Insurance Singapore Pto 14(fourteen) days of occurrence or d	e Third Party and if the forme e Ltd with all relevant facts an	r shall submit such
My/Our Third Party claim is handle by my/ou	ır preferred workshop,	ER ACTO
Signed and Acknowledge by:		
h		
S8925018H		22/2/2020
Nric no. and signature of policyholder	Company Stamp	Date







க செல்வம்

Race INDIAN

M Sex

27-02-1974

57408890F





MAHALECKMI D/O AYYAKANNU APT BLK 418B FERNVALE LINK #11-152 SINGAPORE 792418

Policy Schedule

Your SmartDrive Comprehensive Essential

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

New business

date

18/09/2019

your servicing distributor

DICKSON INSURANCE AGENCY PTE LTD/

17120

your servicing distributor contact

63447667

Your policy snapshot

Policyholder name Period of Insurance

Cover

MAHALECKMI D/O AYYAKANNU

Policy number

VA1 / GA500087 S8925018H

Comprehensive

FIN / NRIC from 19/09/2019 to 18/09/2020 (both dates inclusive)

Premium breakdown

Gross Premium after 10% NCD

Total Discounts 7% GST **Final Premium**

SGD 1,582.13 - SGD 168.11

SGD 98.98 SGD 1,513.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

Smart Drive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Vehicle details

Make & Model of Vehicle

Vehicle registration number Body type

SJS8675G

HONDA STREAM 1.8

Year of manufacture Type of Use

2009 Private use 1799

Seating capacity (excl driver) Off-Peak car

MPV 6

Engine capacity (c.c.) Engine number Chassis number

R18A13850516 JHMRN68809C200516

Insured's Estimated Market Value

Limitation to use Finance Loan Company Market Value at the time of Loss (including accessories and spare parts)

As per Certificate of Insurance DICKSON CAPITAL PTE LTD

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

Basic Own Damage Excess

SGD 500.00 SGD 100.00

Windscreen Excess

Drivers details

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

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