

## 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	04/05/2020 15:57
Date Of Accident	30/04/2020 08:35
Exact Location Of Accident	BLK 147 & 149 BISHAN ST11 CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA1500H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHRISTOPHER THOMAS
NRIC No	S1651624D
Email Address	JUSTINCHRISTOPHER14@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91448436
Alternative Phone No	OTHERS-96524245

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	OS KONA 1.0 T-GDI MT
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA478755/1
Cover Note Number	

### Driver

Name of Driver	JUSTIN PRAGASH CHRISTOPHER
NRIC No	S9418075I
Date Of Birth	14/05/1994
Occupation	INDOOR
Date Of Driving Pass	28/10/2013
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96524245
Fax Number	
Contact Number	
Email Address	JUSTINCHRISTOPHER14@GMAIL.COM

Address	20 WESTWOOD TERRACE
Postcode	648603
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	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)	1

#### 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 THE ATTACHMENT

#### 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	SML1452E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	TAN CHIN HENG
NRIC/Passport Number	S6821879I
Contact Number	96357620
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.

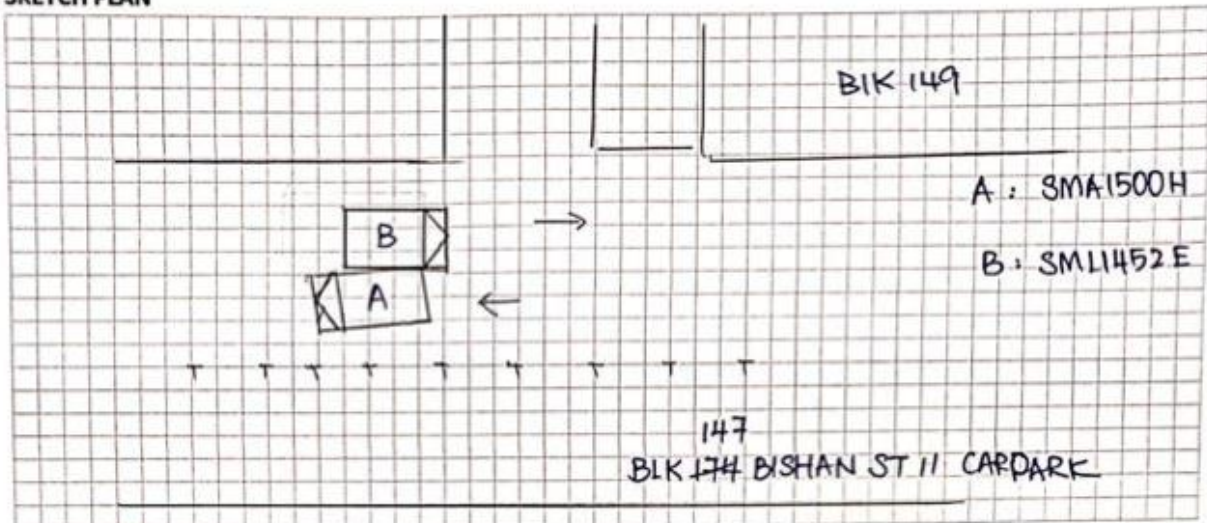
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# **Accident Sketch Plan & Describe Circumstances Of The Accident**

## **SKETCH PLAN**




## **DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On 30<sup>th</sup> April 2020, I was approaching a T-Junction, while a grey car was slowing down towards the Junction. As I noticed the grey car came to a stop, I drove and stopped at the white line. I was intending to make a turn. As the grey car was at stationary, I gestured my hand towards the driver to thank him. As I continued to make a turn, almost completing the turn to straighten my car, I was afraid that my front-left side would hit the parked vehicles. Therefore, I stopped my car. Thereafter, the driver of the grey car moved forward and collided with the back-right side of my car. There was no one injured in this accident.

## **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.:



## Certificate Of Insurance



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

account number  
15277

# Certificate of Insurance

-Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 - Road Transport Act, 1987 (Malaysia)  
-Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

### Policy details

Policyholder name	CHRISTOPHER THOMAS	Certificate number	GA478755 / 1
Cover	Comprehensive	Chassis number	KMHK3811LKU158985
Plan name	Essential+	Engine number	G3LCJU005739
NCD applicable	10%		
Vehicle registration number	SMA1500H		
Period of Insurance	from 30/06/2019 to 29/06/2020 (both dates inclusive)		
Finance loan company	MAYBANK		

### Persons or classes of persons entitled to drive\*

- (a) The Policyholder  
(b) Any person who is driving on the Policyholder's order 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 or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

### Limitation as to use\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* 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.

<b>EXCESS</b>	Basic Own Damage Excess	SGD 250.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*.
2. S\$500 for declared *Young and Inexperienced Driver*.
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

### Additional clauses & endorsements to your policy

#### Additional Clause 1

MPLD

(We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

### Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

Owner's IC (Front)



Owner's IC (Back)



Owner's Driving Licence (Front)





Owner's Driving Licence (Back)



**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Licence Number: **S94180751**

Name:

**JUSTIN PRAGASH  
CHRISTOPHER**

Birth Date: **14 May 1994**


Issue Date: **28 Oct 2013**



 002239373F

**REPUBLIC OF SINGAPORE**

**IDENTITY CARD NO. S94180751**



Name

**JUSTIN PRAGASH  
CHRISTOPHER**

**ஜஸ்டின் கிறிஸ்டோபர்**

Race

**INDIAN**

Date of birth


**14-05-1994**


Sex


**M**

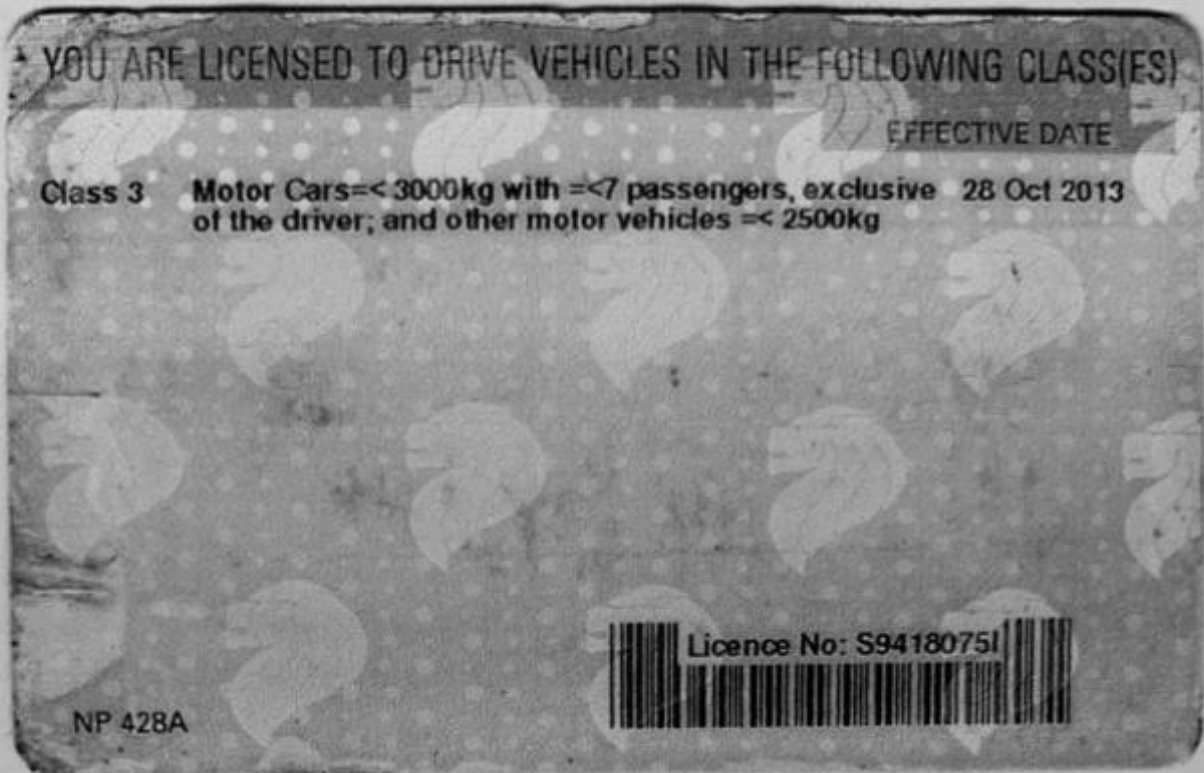
Country of birth

**SINGAPORE**










Authorise Letter

To Whom It May Concern,

Accident involving my vehicle no SMA1500H on 30/4/20 (date) with  
SM11452E (other veh no) along Blk 147 K 149 Blshan st 11 carpark

I, Christopher Thomas NRIC No: S1651624D  
owner of vehicle no- SMA1500H am aware of the accident of my vehicle on  
30/4/20 (Date) while car was driven by Justin Pragash Christopher  
IC No: S9418075I . I hereby authorise him/her to make the report.

  
Name: CHRISTOPHER THOMAS

Date: 4/5/2020

HP 91448436

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

Name \_\_\_\_\_

Date \_\_\_\_\_



Photo 1





Photo 2



Photo 3



Photo 4





Photo 5



Photo 6





Photo 7



Chassis Number



## Odometer Reading



Accident Scene Photo 1





Accident Scene Photo 2





Accident Scene Photo 3



Accident Scene Photo 4



Accident Scene Photo 5



Accident Scene Photo 6



Accident Scene Photo 7





Accident Scene Photo 8

