

## 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 ability.
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 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	29/04/2016 12:17
Date Of Accident	27/04/2016 21:50
Exact Location Of Accident	PIE (TUAS) NEAR LP 531/42
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW4950S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NURUM MOBINUR RAHMAN
NRIC No	S2606392B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97506041
Alternative Phone No	Office-97506041
<b>Vehicle Particulars</b>	
Manufacturer	CHEVROLET
Model	CRUZE
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P0936346
Cover Note Number	
<b>Driver</b>	
Name of Driver	SHOURAV TANVIR RAHMAN
NRIC No	S8870760E
Date Of Birth	03/06/1988
Occupation	Indoor
Date Of Driving Pass	25/06/2007
Driving Experience	8 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-91005140
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	42 JALAN MALU MALU
Postcode	769659
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- Head to Rear (Insured Hit TP)
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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

I WAS TRAVELLING ALONG PIE (TUAS) ON THE SECOND LANE FROM THE EXTREME LEFT LANE. VEHICLE B WAS CUTTING INTO MY LANE FROM RIGHT. AFTER CHECKING THAT THE TRAFFIC WAS CLEAR, I PROCEEDED TO DRIVE TO THE THIRD LANE. SUDDENLY, VEHICLE B APPLIED BRAKE AND WE COLLIDED.

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFA6450T
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	ARUJUN S/O SAMINATHAN
NRIC/Passport Number	
Contact Number	91426240
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

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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 Traffic Police Department for investigation.
6. This report will be forwarded by the Insurers to 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.

**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.

Kumar Mohan Raju  
Policyholder's Signature / Date & Time

[Signature]  
Driver's Signature (if driver is not the policyholder) / Date & Time

\_\_\_\_\_  
Witnessed by Reporting Centre Personnel

Sketch Plan

	<p style="text-align: right;">↓</p> <p>P/E (7445)</p> <p>NPAW LP 531/42</p> <p>A: SJW 4450S</p> <p>B: SFA 6450T</p>
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### Describe Circumstances of the Accident

I was travelling along PIE (Tuar) on the 2nd lane from the extreme left lane.

Vehicle "B" was cutting in to my lane from my right.

After checking that traffic was clear, I proceeded to drive to the 3rd lane.

Suddenly, vehicle "B" applied brake and we collided.

## Declaration

I/We declare the foregoing particulars are true in every respect.

Kenneth McIlwain Rathbone

Policyholder's Signature  
Date & Time



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

Witnessed by Reporting  
Centre Personnel

Insurance Co. : AXA  
Vehicle NO. : 2JW 49500 Date of Accident: 27/04/2016  
☐ Reporting Only  
☐ Own Damage  
☒ Third Party Claim NEW HOOK TECH