

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	11/05/2020 12:56
Date Of Accident	10/05/2020 10:45
Exact Location Of Accident	SUMANG WALK & SUMANG LINK JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB9406A
Insured/Policyholder	
Name Of Registered Owner	DINESH KUMAR S/O PACHAIMUTHU YANASAKARAN
NRIC No	S8805472E
Email Address	DNESH1902@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90263062
Alternative Phone No	OTHERS-90263062

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA499191
Cover Note Number	15/09/2019 - 14/09/2020

Driver

Name of Driver	DINESH KUMAR S/O PACHAIMUTHU YANASAKARAN
NRIC No	S8805472E
Date Of Birth	19/02/1988
Occupation	INDOOR
Date Of Driving Pass	11/10/2010
Driving Experience	9 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90263062
Fax Number	
Contact Number	OTHERS-90263062
Email Address	DNESH1902@GMAIL.COM

Address	322A SUMANG WALK #02-905
Postcode	821322
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 - U-TURN
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

REFER TO THE SKETCH PLAN BY DRIVER

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	SJR651M
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

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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:

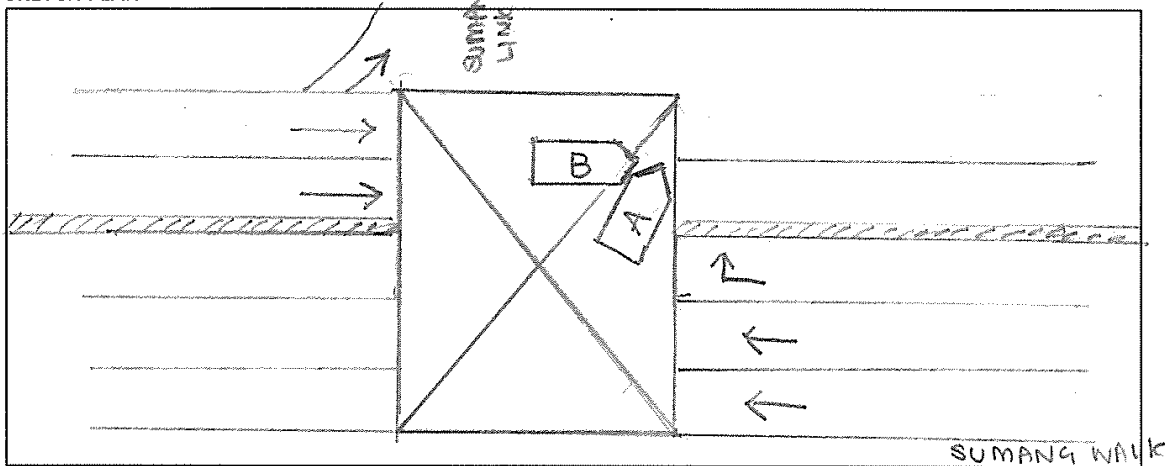


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 10/5/20 Time: 1048 Location: SUMANG WALK & SUMANG LINK JUNCT
 My Vehicle A: STR 9406A Vehicle B: STR 3651M Vehicle C: -

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS GOING STRAIGHTS ABOUT TO MAKE A U-TURN AT GREEN SIGNAL.
 WHEN I WAS HALF WAY THROUGH THE TURN, CAR B COMING FROM OPPOSITE
 DIRECTION HIT MY CAR ON PASSENGER SIDE FENDER

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:



AH LIM MOTOR COMPANY



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 11/5/20

To: Owner of Vehicle Number: SJB 9406A

The following has been advised to you via your workshop, AH LIM MOTOR COMPANY through their staff, ZILA/EILEEN/MUI HONG.

Please tick the applicable box if you had been advised on any of the following:

- ☒ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
 - ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
 - ☐ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
 - if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
 - ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
 - ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
 - ☐ The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
 - ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
 - ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
 - ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

☒ Others Reporting only.

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp





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

DINESH KUMAR S/O PACHAIMUTHU YANASAKARAN
 APT BLK 322A SUMANG WALK
 #02-905
 SINGAPORE 821322

New business

date
13/09/2019

your servicing distributor
DICKSON INSURANCE AGENCY PTE LTD / 17120

your servicing distributor contact
63447667

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	DINESH KUMAR S/O PACHAIMUTHU YANASAKARAN	Policy number	VA1 / GA499191
Cover	Comprehensive	FIN / NRIC	S8805472E
Period of Insurance	from 15/09/2019 to 14/09/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD 1,327.65
7% GST	SGD 92.94
Final Premium	SGD 1,420.59

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive 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	SUZUKI SWIFT 1.5	Year of manufacture	2007
Vehicle registration number	SJB9406A	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1490
Seating capacity (excl driver)	4	Engine number	M15A1288251
Off-Peak car	No	Chassis number	JSAEZC21S00409658

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	EFIZZIG CREDIT PTE LTD

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

Basic Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 100.00

Drivers details

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

Identification Card Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8805472E



Name
DINESH KUMAR S/O
PACHAIMUTHU YANASAKARAN

தினேஷ் குமார்

Race
INDIAN
Date of birth
19-02-1988
Country/Place of birth
SINGAPORE

Sex
M

S8805472E

STRICTLY
FOR WORKSHOP USAGE

USE FOR ACCIDENT
REPORTING ONLY

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S8805472E

Name
DINESH KUMAR S/O
PACHAIMUTHU YANASAKARAN

Birth Date: 19 Feb 1988

Issue Date: 04 Oct 2012



9026 3062

D/C

No injury.

No video.

IPix

Email: DNESH1902@gmail.com

6123878



NRIC No S8805472E



Date of issue
14-02-2019

Address
APT BLK 322A SUMANG WALK
#02-905
SINGAPORE 821322

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

EFFECTIVE DATE

Class 2B	Motorcycles =< 200 cc	30 Aug 2006
Class 2A	Motorcycles between 201 cc and 400 cc	04 Oct 2012
Class 3	Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	11 Oct 2010



Licence No: S8805472E

STRICTLY NP 428A
FOR WORKSHOP USAGE

USE FOR ACCIDENT
REPORTING ONLY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



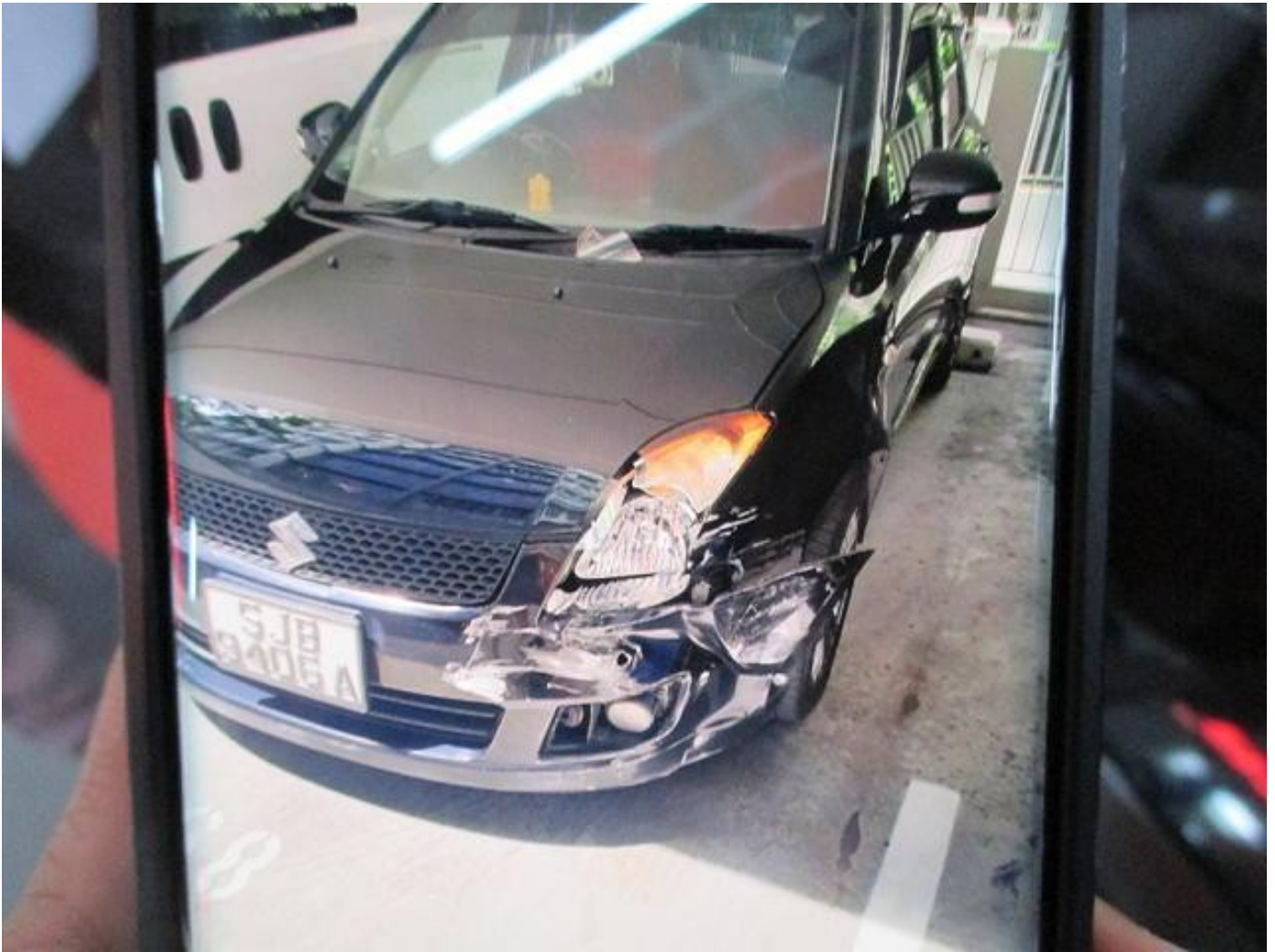
Accident Photo



Identification Card



Accident Photo



Accident Photo



Accident Photo



Accident Photo

