

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	08/08/2020 12:38
Date Of Accident	07/08/2020 12:50
Exact Location Of Accident	ALONG LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDH1114J
Insured/Policyholder	
Name Of Registered Owner	MATHUR SANJAY
NRIC No	S2696231E
Email Address	S.MATHUR@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-97360993
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	LEXUS
Model	RX450H-3.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	GA051494
Cover Note Number	

Driver

Name of Driver	MATHUR RANJANA SANJAY
NRIC No	S2696232C
Date Of Birth	19/10/1965
Occupation	INDOOR
Date Of Driving Pass	31/03/2001
Driving Experience	19 YEARS AND 4 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97540259
Fax Number	
Contact Number	
EEmail Address	SANRANJ.MATHUR@GMAIL.COM

Address	2 BARBARY WALK
Postcode	149861
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	
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 SKETCH

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	GBH8242A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ABDUL MALIK BIN HAJI SAYUTHI
NRIC/Passport Number	S1283490Z
Contact Number	81834914
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

VEHICLE NO: SDH 114J
ACCIDENT DATE: 07/08/2020

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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.

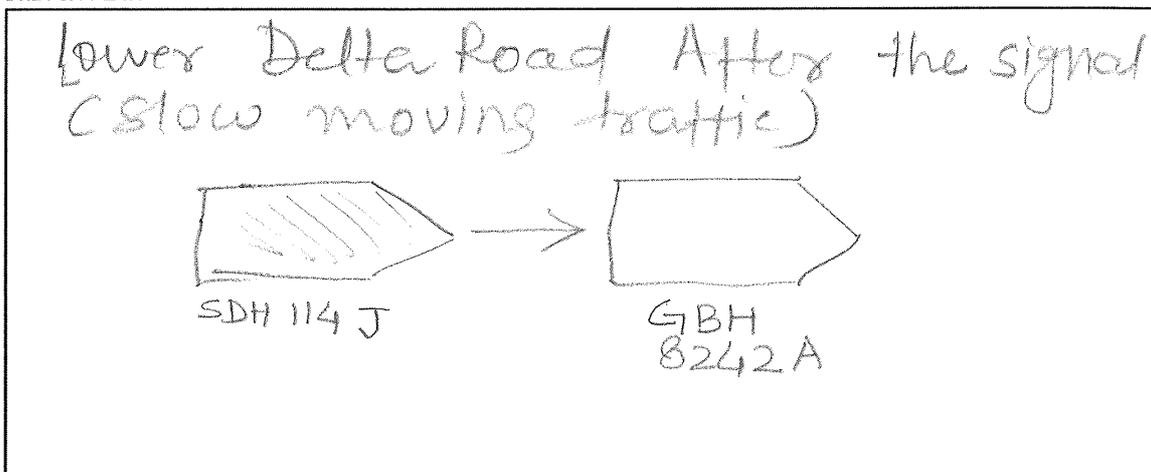
NOTE: DO NOT THAT YOU MAY HAVE A 14-DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE REFER TO YOUR POLICY FOR MORE INFORMATION.

[Signature]
 Policyholder's Signature
 Date & Time:
 08/08/2020
 11am

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:
 08/08/2020
 11am

[Signature]
 CHARN ' S CUSTOMCRAFT
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

07/8/2020

Yesterday, around 12:50 pm, along Lower Delta Road, I was in the left lane to later turn left. It was slow moving traffic, the van in front of me jammed brake suddenly. He said it was because the car in his front stopped. I braked but the car still hit the back of his car. (photos attached). He mentioned the van is a rental and his boss will contact me. But no one called up. I have emailed all the photos for your reference. The cars were moving slowly as the it was just past signal. but the cars were

	OWN DAMAGE <input checked="" type="checkbox"/>	3RD PARTY CLAIM ()	REPORTING ONLY <input checked="" type="checkbox"/>	OWN WORKSHOP ()
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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:

08/8/2020
11:00 hrs

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



Sketch Plan #3 Pg. 1



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 08/08/2020

To: Owner of Vehicle Number: SPH 11A1

The following Estor has been advised to you via your workshop, Charm's Customcraft through their staff,

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.
- 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 _____

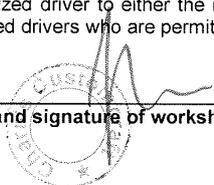
Signed and acknowledged by:

Ranjana Mathew Math

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



Driving License Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2696231E



Name
MATHUR SANJAY

Race
INDIAN

Date of birth
16-10-1963

Sex
M

Country/Place of birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S2696232C

Name
MATHUR RANJANA SANJAY

Birth Date: **19 Oct 1965**

Issue Date: **11 Mar 2003**

000279263C



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S2696232C



Name
MATHUR RANJANA SANJAY

Race
INDIAN

Date of birth
19-10-1965

Sex
F

Country of birth
INDIA

9434355



NRIC No. S2696231E



Nationality
INDIAN

Date of issue
27-02-2017

Address
**2 BARBARY WALK
SINGAPORE 149861**

ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE
31 Mar 2001

Licence No: S2696232C



NP 428A

9145244



NRIC No. S2696232C



Nationality
INDIAN

Date of issue
22-10-2011

Address
**2 BARBARY WALK
SINGAPORE 149861**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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