

## 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	28/08/2020 15:45
Date Of Accident	27/08/2020 15:50
Exact Location Of Accident	RANGOON ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR2296M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	T TANABAKIYAM
NRIC No	S1768201F
Email Address	TANABALSHANTHI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91682274
Alternative Phone No	OFFICE-91682274

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA486066
Cover Note Number	

### Driver

Name of Driver	T TANABAKIYAM
NRIC No	S1768201F
Date Of Birth	24/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	22/01/2013
Driving Experience	7 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91682274
Fax Number	
Contact Number	OFFICE-91682274
Email Address	TANABALSHANTHI@GMAIL.COM

Address	BLK 182 #17-321 RIVERVALE CRESCENT
Postcode	540182
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 - 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?	
Was any other material or property damaged?	NO
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 ATTACHED SKETCH PLAN AND STATEMENT.

#### Attachment(s)

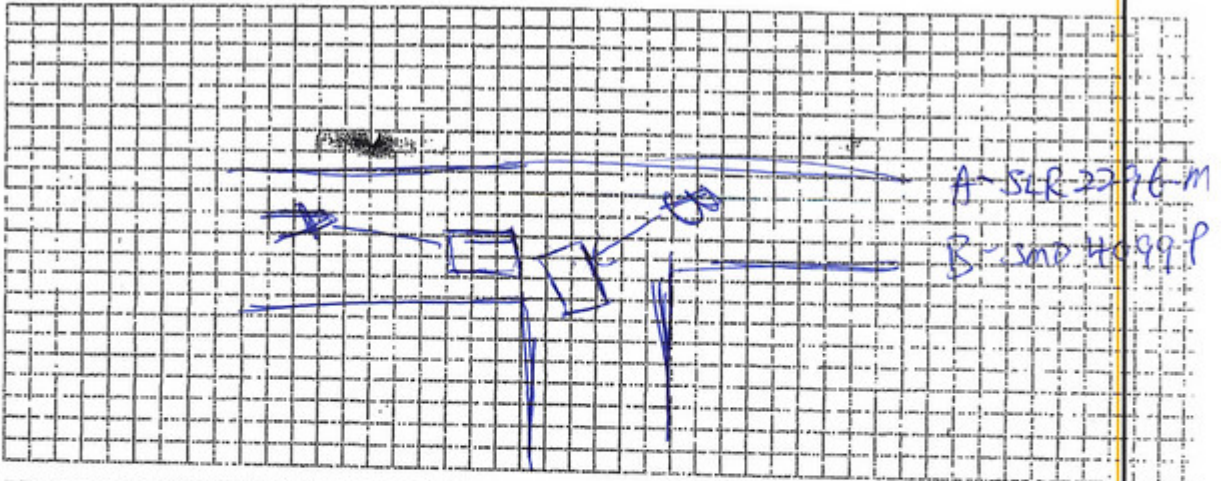
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD4099P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN MENG HAW
NRIC/Passport Number	S6944576D
Contact Number	
Address	
Postcode	
Insurance Company Name	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/06/2020 at around 3.45 to 4pm I was travelling along Rangoon Road. Then the vehicle SMP 4099-P slow down and without any indication turned abruptly to the right without any signal or indication. I was travelling at 40 km/hr but could not stop in time.

## DECLARATION

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

Policyholder's Signature  
Date & Time:

GLAPAC 10/06/2020 10:00

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

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

## SKETCH PLAN

### IMPORTANT NOTICE


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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 Police for investigation.
6. 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.
7. 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:
  - (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.:





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

date  
30/07/2020

policy number  
VA1 / GA486066

account number  
19093

## 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	T. TANANBAKIYAM	Certificate number	GA486066 / 1
Cover	Comprehensive	Chassis number	MR053REH604571256
Plan name	Toyota Prestige Max	Engine number	1ZR1983646
NCD applicable	50%		
Vehicle registration number	SLR2296M		
Period of Insurance	from 04/08/2020 to 03/08/2021 (both dates inclusive)		
Finance loan company	HONG LEONG FINANCE LIMITED		

### Authorized Drivers

- (a) The Policyholder  
(b) Any Named Driver as stated in the Policy;  
(c) 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 of the motor vehicle is connected to the Policyholder's business
- Use for the carriage of passengers (besides commercial hire or reward) in connection with the Policyholder's business
- Use for social, domestic, and personal purposes

The Policy does not cover:

- Use for commercial hire or reward, or for racing, pace-making, reliability trial, or speed testing
- Use while drawing a trailer, except for the towing of a disabled person's mechanically propelled vehicle

\* 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.

EXCESS Windscreen Excess Not Applicable

### Young/Inexperienced driver excess

An additional excess of \$2500 (to be added to any excess imposed under the Policy) whilst the Insured MotorCar is being driven by any driver aged below 23 years old and/or has been issued a valid driving license to drive in Singapore for the relevant class of vehicle for less than one year

Young and/or Inexperienced driver shall mean any person who:

- Is less than 23 years old, and/or
- Has been issued with a valid driving license to drive in Singapore for the relevant class of vehicle for less than 1 year

### Additional clauses & endorsements to your policy

Nil

I/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

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

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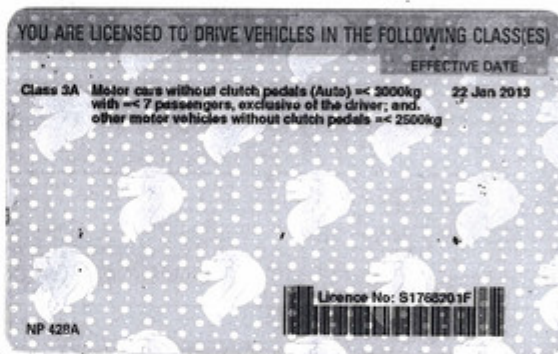
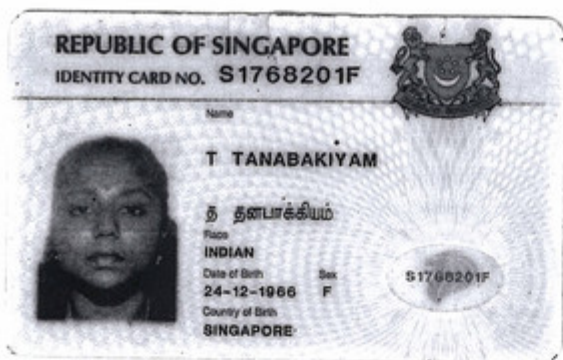
VA1 / GA486066

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, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Identification Card





# SINGAPORE POLICE FORCE



T/20200915/2095

1 of 4

Report No. T/20200915/2095

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/09/2020 17:38	Vide Report No.:	Station Diary No.: 43
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**Informant's Particulars**

Name of Informant: T TANABAKIYAM			Address: APT BLK 182 RIVERVALE CRESCENT #17-321 SINGAPORE 540182		
ID Type / ID No.: NRIC NO / S1768201F			Contact No.: Home/Office: Mobile: 91682274		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 53	Date of Birth: 24/12/1966	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Real estate agent			Driving Licence Information: Class: 3A Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/08/2020 15:50	Type of Location: Straight Road
Location: RANGOON ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLR2296M	Car	TOYOTA	COROLLA ALTIS STANDARD AUTO	White	Slightly Damaged	0
SMD4099P	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





# SINGAPORE POLICE FORCE



T/20200915/2095

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Report No. T/20200915/2095

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SLR2296M	AXA INSURANCE SINGAPORE PTE LTD	GA486066	04/08/2020	03/08/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Driver				
Name	T TANABAKIYAM		ID No.	S1768201F
Related Vehicle	SLR2296M (Car)		Contact No.	91682274
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	TAN MING HAW		ID No.	S6944576D
Related Vehicle	SMD4099P (Car)		Contact No.	96164357
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

**Brief Details.**

On 27/08/2020 at about 1550hrs, I was driving my car(SLR2966M) along Rangoon road at about 30-40km/hr. There was a car(SMD4099D) in front of me at that point of time and I saw the car slowing down. I assumed that the car was about to come to a stop hence, attempted to overtake it as there was enough space for me to do so. However, the car abruptly made a right turn into Kent Road without signaling. I moved more towards the right to avoid collision as there were cars parked along the left side of the road however, I was unable to avoid the collision. The front left part of my car collided against the right rear part of the other car. I then alighted my vehicle to make a check and exchanged particulars with the other driver and we subsequently drove off. No one was injured at that point of time and no government property damaged. Both our cars suffered scratches and dents due to the collision.

On 28/08/2020, I received a message from the driver saying that he had lodged a report with Grab and told me to proceed lodging a report with my insurance company, which I did.

On 10/09/2020, I received a letter from Traffic Police regarding the traffic accident which took place on





**SINGAPORE  
POLICE FORCE**



T/20200915/2095

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Report No. T/20200915/2095

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**CONTINUATION OF REPORT**

that day. I am lodging this report as requested by Traffic Police (ref: TP/IP/37391/2020).

Accident Photo

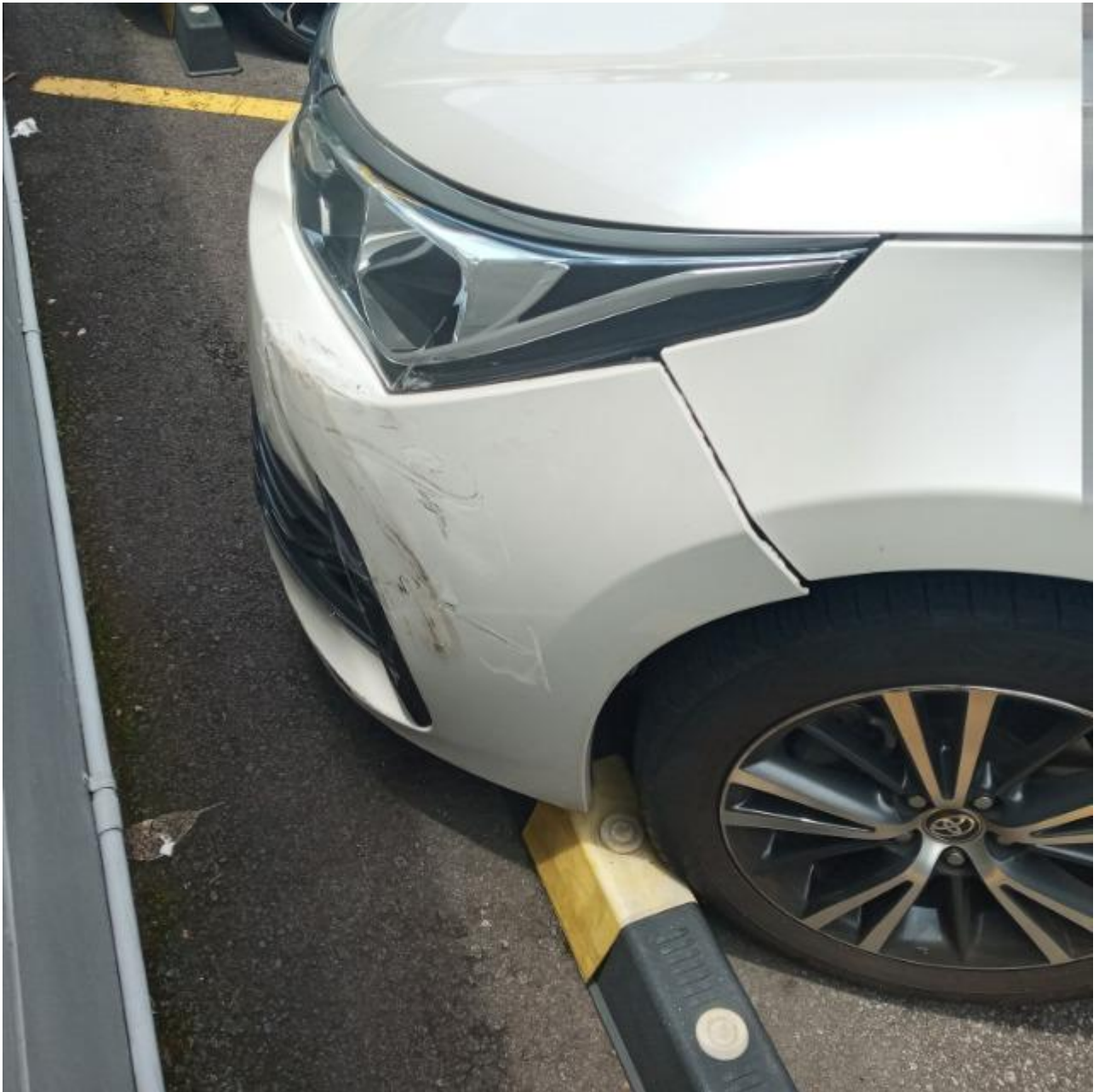


Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





## Identification Card



Accident Photo



Accident Photo





Accident Photo



**Accident Photo**



**Addendum Sheet**

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MBM 320074002 Vehicle Registration No: SLR 2296-M  
Name (as shown in NRIC) : T. TANABAKIYAM NRIC/FIN/Passport No : 5XXXX 201 F  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9168 2274  
Email Address : \_\_\_\_\_  
Date of Accident : 27/8/2020 Time of Accident : 15:50  
Place of Accident : RAVIGNON ROAD  
Insurance Company: AXA

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

I would like to amend my report from TP/AS  
to OD claim and pay my Excess.  
And attach police report.

T. Tanabakiyam  
Policyholder / Driver's Signature  
Date:

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

