

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 12/06/2020 12:57
 Date Of Accident 12/06/2020 08:50
 Exact Location Of Accident THE INTERSECTION OF JALAN ISHAK & LORONG MARZUKI
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLH1632K
 Insured/Policyholder
 Name Of Registered Owner CHANDRI RAMESH JETHWANI
 NRIC No SXXXX905C
 Email Address SAPNARJETHWANI@GMAIL.COM
 Mobile Phone No (LOCAL) +65-92364229
 Alternative Phone No OFFICE-93832010

Vehicle Particulars

Manufacturer NISSAN
 Model SYLPHY-1.6 CVT ABS D/AIRBAG 2WD 4DR (A)

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? 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 GA273917 / 1
 Cover Note Number

Driver

Name of Driver CHANDRI RAMESH JETHWANI
 NRIC No SXXXX905C
 Date Of Birth 03/01/1963
 Occupation INDOOR
 Date Of Driving Pass 26/05/1986
 Driving Experience 34 YEARS AND 0 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-92364229
 Fax Number
 Contact Number OFFICE-93832010
 Email Address SAPNARJETHWANI@GMAIL.COM

| | |
|---|---------------------------------------|
| Address | 82 JALAN DAUD #09-03 WINDY HEIGHTS |
| Postcode | 419592 |
| 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? | YES |
| 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) | 2 |
| Passenger 1 | NAME: : DEEPTI RAMESH JETHWANI GENDER: : FEMALE |

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

SEE ATTACHED SKETCH PLAN, SCENE PHOTO AND PHOTO DAMAGED OF THE VEHICLE. POLICE REPORT NO. G20200612/0067

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 | SJP73L |
| Vehicle Make/Model/Colour | AUDI/GRAY |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | LOH TZE KEONG RICHARD |
| NRIC/Passport Number | SXXXX114C |
| Contact Number | 97522771 |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|---------------------------------------|
| Name | CHANDRI RAMESH JETHWANI |
| Approximate Age | 57 |
| Injuries Sustain | LH LEG AND BACK PAIN |
| Injured person in which vehicle? | SLH1632K |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| Address | 92 JALAN DAUD #09-03 WINDY HEIGHTS |
| Postcode | 419592 |

SKETCH PLAN

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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.

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD, 4
SINGAPORE 408623
TEL: 6490 9688 FAX: 6846 7483

Policyholder's Signature

Date & Time:

12/0/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

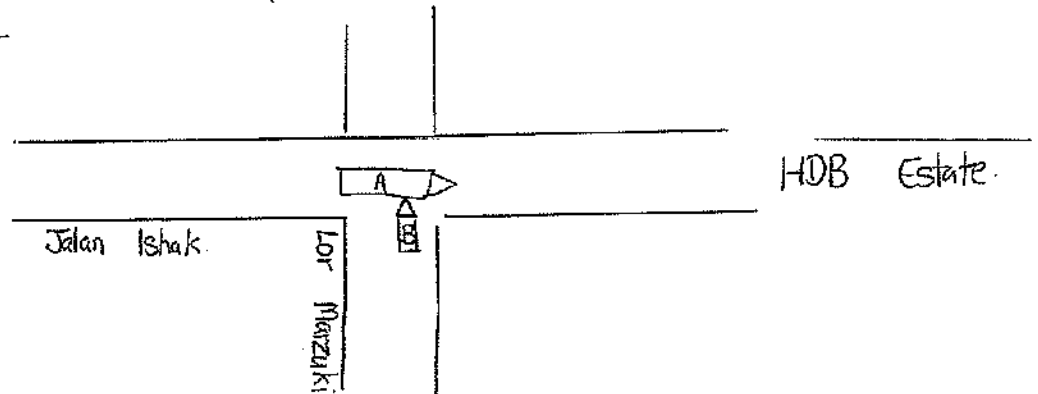
Name:

NRIC/FIN No.:

NAME: ALONSO
NRIC/FIN No.: 6XXXX XX4L

A - SLH/6321C

B - SJP73L

THE INTERSECTION OF JALAN ISHAK
& LORONG MARZUKI

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We had dropped my grandchild, Shyna Hiranandani to school and were driving home. At the intersection of Jalan Ishak & Lor Marzuki as we drove straight since it was our right of the road, Car B, SJP 73L drove out suddenly and banged into us ^{at 8.50am} on the right - drivers side. I could not get off from the car since I got a shock as my daughter, Deepthi Ramesh Jethwani who is 23 weeks pregnant was seated next to me and I got scared. The driver of the other car got off and so did my daughter and started discussing the accident to which the driver of car B agreed that it was his fault. They took multiple pictures and exchanged details. Throughout this time, I wasn't able to get off the car since my door was jammed. At 8.54am, my daughter told me to move the car forward since we were obstructing traffic.

The driver of Car B then helped my daughter to open the door to my side and then I could come off. I have pain on my left leg and back due to the impact of the accident and my daughter has a little pain in her stomach and back after this. The driver of Car B was willing to call an ambulance to help us but because there were no major injuries for which we needed to call one.

DECLARATION

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

Policyholder's Signature

Date & Time:

12/6/2022

Driver's Signature

(If driver is not the policyholder)

Date & Time:

AUTOLUTION INDUSTRIAL PTE LTD
19 UBI ROAD 4
SINGAPORE 408623
TEL: 6490 8866 FAX: 634 6743

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No:

NAME: HANER SUTON32
NRIC/FIN No: 6XXXXXX41

AXA Insurance Pte Ltd
 **1800 880 4888 (Within Singapore)**
(65) 6980 4888 (International)
 **(65) 6980 4740**
 **customer.care@axa.com.sg**
 **www.axa.com.sg**

account number
01844

[illegible]

| | | | |
|-----------------------------|--|--------------------|-------------------|
| Policyholder name | CHANDRI RAMESH JETHWANI | Certificate number | GA273917 / 1 |
| Cover | Comprehensive | Classis number | MF4B44E1720006529 |
| Fleet name | Fleet | Engine number | MR46354147R |
| NCD applicable | 30% | | |
| Vehicle registration number | SLH1632K | | |
| Period of insurance | from 26/10/2019 to 25/10/2020 (both dates inclusive) | | |
| Financial company | UNITED OVERSEAS BANK LIMITED | | |

2. GEDU JETHWANI

I declare 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.

The policy does not cover use for fire or rescue, racing, parachuting, reliability trial, speed testing, the carriage of goods other than samples in connection with a trade or business or use for any purpose in connection with motor races or when the Motor Car, whether stationary in use or otherwise, is in a racing trial, circuit trial, course or any other trials by whatever name called that are typically used for racing, parachuting or such similar purposes.

| | | |
|---------------|-----------------|----------------|
| EXCESS | Windows Express | Not Applicable |
|---------------|-----------------|----------------|

3. **Additional Excess** is applicable as follows:

- \$5,500 for standard **Authorized Driver**
- \$5,500 for declared **Young and Inexperienced Driver**
- \$35,000 for undeclared **Young and Inexperienced Driver**. This additional excess is reduced to \$25,500 if you have chosen A4 Premium **deductions**.

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I do hereby certify that this policy, to which this Certificate relates, is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, Chapter 129, and Part IV of the Road Transport Act, 1987, Malaysia.

AXA Insurance Pte Ltd

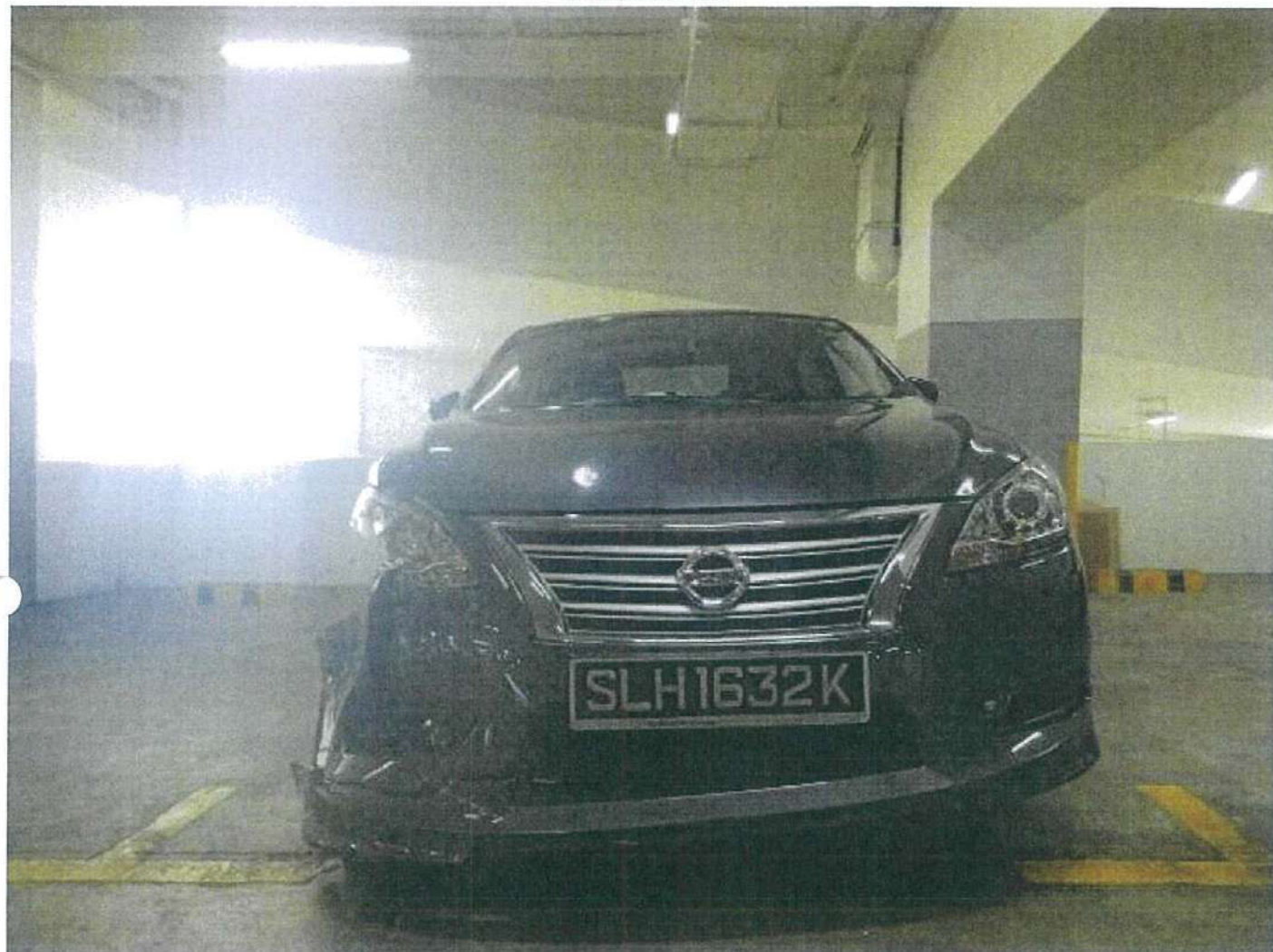
doi:10.1017/S0022292414000164

When making the award paid on the basis of a major claim, they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate is lost or stolen, it must be replaced. A Statutory Declaration to the effect that the model, Policy to comply with the conditions of an award under the Motor Vehicle (Third Party) Road Use Compensation Act (RUC 1999).

The Insurance Workers' Union requires the person to be paid in full when a successful claim is being made. There would be no liability under the policy, because the policy would be void.

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo

