

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 Submission 26/06/2021 14:15 (SGT)
Date of Accident 25/06/2021 17:25 (SGT)
Exact Location of Accident Bishan, Singapore
Additional Location Information SERVICE ROAD FROM JUNCTION 8, TOWARDS BISHAN STREET 13.
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SCN3097S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ASIFUR RAHMAN CHOWDHURY
NRIC No S2645897H
Email Address asifchow@seatrak.com.sg
Mobile Phone No (Phone) +65-97891514
Alternative Phone No +65-97891514

VEHICLE PARTICULARS

Manufacturer Porsche
Model Macan
Variant -
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 - Reporting only
Vehicle Category Private car
Transmission Auto
CC 1984

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA524877
Cover Note Number NA

DRIVER

Name of Driver CHOWDHURY SHAMIM

NRIC No	S2645898F
Date Of Birth	01/01/1964
Occupation	Indoor
Date Of Driving Pass	04/09/1996
Driving experience	24 YEARS AND 9 MONTHS
Gender	Female
Mobile Number	(Phone) +65-97891514
Alt. Phone Number	-
Email Address	asifchow@seatrak.com.sg
Address	7A
Address complement	CHILTERN DRIVE
Postcode	S359725
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Cross Junction
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE DATE AND TIME MENTIONED I WAS DRIVING AT THE SAID MENTIONED LOCATION AND MADE A STOP AT THE JUNCTION. AS THERE WAS A BUS STOPPING ON MY LEFT AT THE EXTREME LEFT LANE., BEFORE THE YELLOW BOX. AFTER CHECKING THAT WAS NO VEHICLE APPROACHING, I MOVED SLOWLY AHEAD AND I WAS ABOUT TO MAKE A RIGHT TURN, SUDDENLY VEHICLE B, COMING FROM THE REAR RIGHT SIDE OF THE BUS, ON THE RIGHT LANE FROM THE LEFT, CAME INTO CONTACT WITH MY VEHICLE, INSIDE THE YELLOW BOX. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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	SJD6774X
Vehicle Manufacturer	Toyota
Vehicle Model	Vios
Vehicle Variant	-
Vehicle Colour	Gray

Vehicle Category	Private car
Name of Driver	LOW ENG KHENG
NRIC No	S1361629I
Contact Number	(Phone) +65-90698699
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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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.

**VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
HASHIM BIN KAMARI**

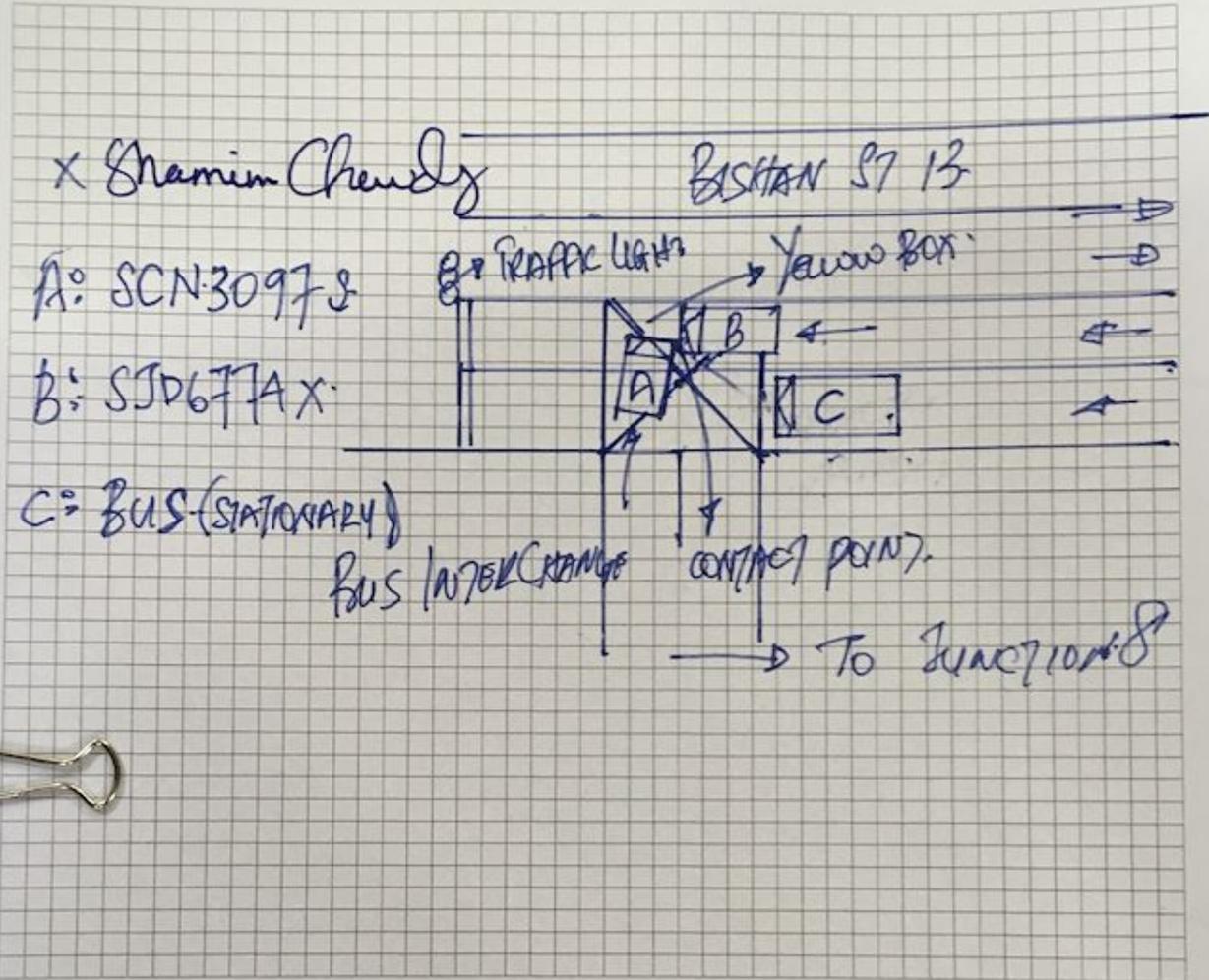
Policyholder's Signature
Date & Time:



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

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

ACCIDENT DIAGRAM



VERIFIED BY AJAX MARS (ARC)
 REPORTING OFFICER
 HASHIM BIN KAMARI

Policyholder's Signature
 Date & Time:

Shamin Chandy

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

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

SKETCH PLAN

REFER TO ATTACHED ACCIDENT DIAGRAM

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE DATE AND TIME MENTIONED I WAS DRIVING AT THE SAID MENTIONED LOCATION AND MADE A STOP AT THE JUNCTION, AS THE TRAFFIC LIGHT ON MY KEFT WAS RED AND THERE WAS A BUS STOPPING ON MY RIGHT, AT THE EXTREME LEFT LANE., BEFORE THE YELLOW BOX, DUE TO THE RED TRAFFIC LIGHT. AFTER CHECKING THAT THERE WAS NO VEHICLE APPROACHING, I MOVED SLOWLY AHEAD AND I WAS ABOUT TO MAKE A RIGHT TURN, SUDDENLY VEHICLE B, COMING FROM THE REAR RIGHT SIDE OF THE BUS , ON THE RIGHT LANE FROM THE LEFT, CAME AND CAME INTO CONTACT WITH MY VEHICLE, INSIDE THE YELLOW BOX. NO ONE WAS INJURED. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

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:

VERIFY BY AJAX MARS (ARC)
REPORTING OFFICER
 HASHIM BIN KAMARI

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









