

# 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 .....	10/08/2021 13:25 (SGT)
Date of Accident .....	07/08/2021 12:00 (SGT)
Exact Location of Accident .....	Selegie Rd, Singapore
Additional Location Information .....	TWDS BUKIT TIMAH
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SLB4920R
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### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	SAMRAJ ASIR JEYARAJ
NRIC No .....	S7685089E
Email Address .....	samasir@gmail.com
Mobile Phone No .....	(Phone) +65-93635371
Alternative Phone No .....	+65-93635371

### VEHICLE PARTICULARS

Manufacturer .....	Toyota
Model .....	Mark
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 - Claiming third party
Vehicle Category .....	Private car
Transmission .....	Auto
CC .....	2500

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Type of Coverage .....	Comprehensive
Fleet Policy .....	No
Policy Number .....	GA555161
Cover Note Number .....	-

### DRIVER

Name of Driver .....	SAMRAJ ASIR JEYARAJ
NRIC No .....	S7685089E

Date Of Birth .....	20/10/1976
Occupation .....	Indoor
Date Of Driving Pass .....	14/06/2007
Driving experience .....	14 YEARS AND 2 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-93635371
Alt. Phone Number .....	+65-93635371
Email Address .....	samasir@gmail.com
Address .....	BLK 6 BOON LAY DRIVE #09-15
Address complement .....	-
Postcode .....	649927
Is the driver the policyholder? .....	Yes
If No, Relationship of the Driver with the Insured .....	-
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 - Head to Rear
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 07/08/2021 AT 12PM, I WAS TRAVELLING ALONG SELEFGIE ROAD TOWARDS BUKIT TIMAH DIRECTION. WHILE APPROACHING TRAFFIC JUNCTION OF MACKENZIE, TRAFFIC LIGHT TURN RED. SO, I STOP AT THE TRAFFIC LIGHT. OUT OF SUDDEN, VEHICLE B COLLIDED ONTO THE LEFT PORTION OF MY VEHICLE A.

#### 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 .....	SLJ3683P
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Private car
Name of Driver .....	-
Contact Number .....	-

Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## SKETCH PLAN


**IMPORTANT NOTICE**

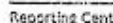
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

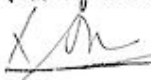
I understand, acknowledge, agree and consent that:

- (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.

  
 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.:

I hereby authorize SMC Motor P/L  
 send my accident report to  
 reports@maxmotors.com.sg

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- (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.

Policyholder's Signature / Date & Time \_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time \_\_\_\_\_  
Witnessed by Reporting Centre Personnel \_\_\_\_\_

## Sketch Plan



Seleje RD → Bura Timah  
Bura Timah RD →  
BEFORE RUETAN CANAL RD.  
Makongie RD.

VEH A → SLB4900R  
Toyota Mark X.

VEH B → SLJ3683P  
Toyota Prius.





**Describe Circumstances of the Accident**

07/08/21 12pm, I was travelling along Selby RD  
towards Bux Trench Direction. While approaching Traffic Junction  
of Mackenzie. Traffic light turn RED so I stop at  
the traffic light and of sudden vehicle is collided onto  
the left portion of my vehicle.

**Declaration**

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

Witnessed by Reporting Centre  
Personnel

LETTER OF UNDERTAKING

We, Samraj Asix Jeyaraj, the owner of vehicle no. SLB4920 R

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, Max Motors

Signed and Acknowledge by:



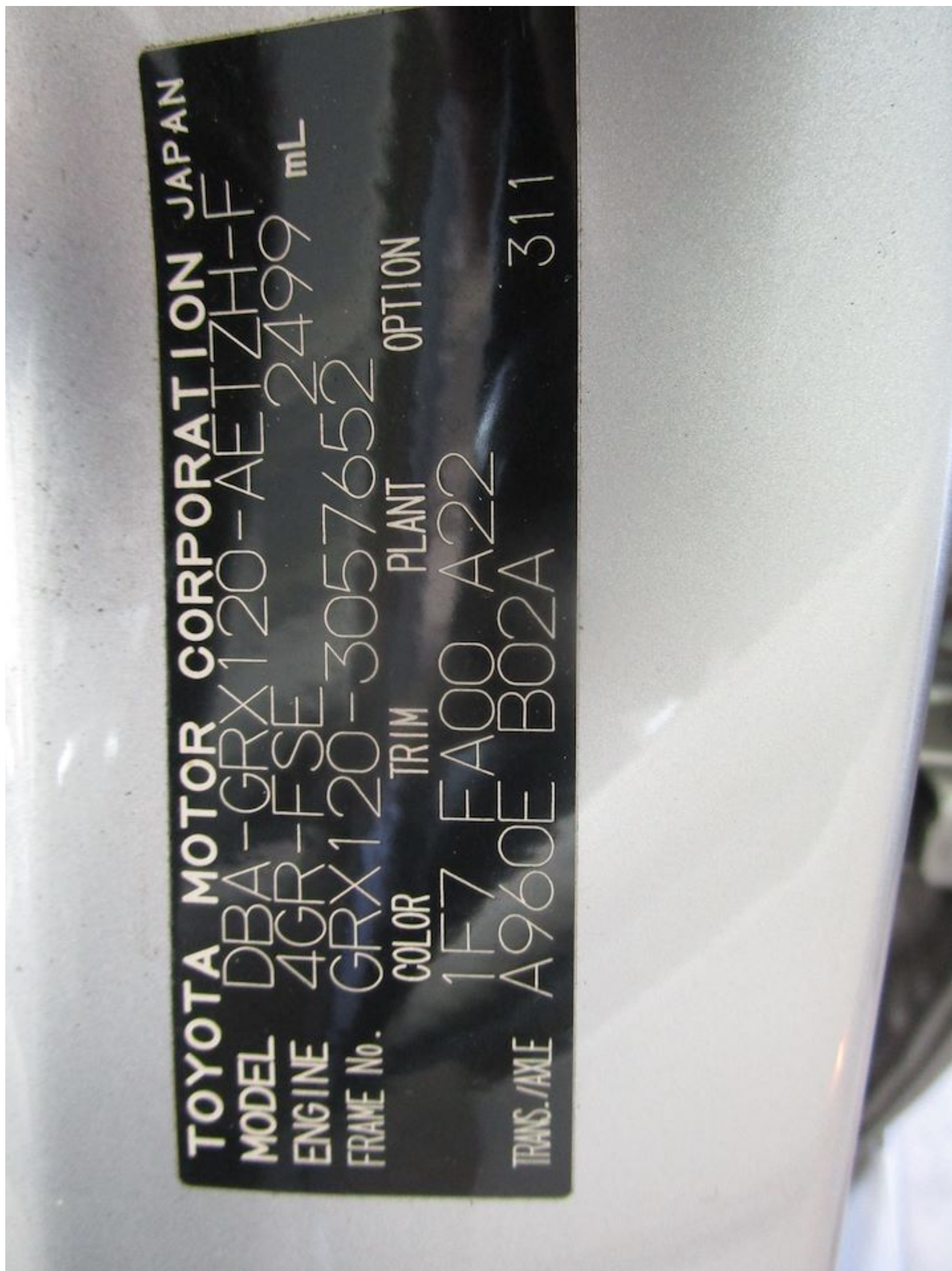
57685089E

Nric no. & signature of policyholder

Company stamp

10 Aug 2021

Date


















**redefining / insurance**

SAMRAJ ASIR JEYARAJ  
6 BOON LAY DRIVE  
#09-15 SUMMERDALE  
SINGAPORE 649927

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

**New business**

date

**17/10/2020**

your servicing distributor

**B.P. PHILOMO PTE LTD / 01409**

your servicing distributor contact

**62237228**

## Policy Schedule

**Your SmartDrive Comprehensive Essential+**
**Your policy snapshot**

Policyholder name	SAMRAJ ASIR JEYARAJ	Policy number	GA555161
Cover	Comprehensive	FIN / NRIC	XXXXX089E
Period of Insurance	from 23/10/2020 to 22/10/2021 (both dates inclusive)		

**Premium breakdown**

Gross Premium after 50% NCD	SGD 812.00
Total Discounts	- SGD 43.29
7% GST	SGD 53.81
<b>Final Premium</b>	<b>SGD 822.52</b>

**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
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Delivery of repaired car to your preferred location
- Daily Transport Allowance of \$100 for a maximum of ten (10) days
- Reimbursement of 110% of your car's market value in the event of total loss (without Basic Own Damage Excess)

**Vehicle details**

Make & Model of Vehicle	TOYOTA MARK X 2.5	Year of manufacture	2008
Vehicle registration number	SLB4920R	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	2499
Seating capacity (excl driver)	4	Engine number	4GR0446827
Off-Peak car	No	Chassis number	GRX1203057652

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	SPEED CREDIT PTE LTD

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

Basic Own Damage Excess	SGD 400.00
Windscreen Excess	SGD 100.00

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

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