

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 06/09/2021 12:00 (SGT)
Date of Accident 03/09/2021 09:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information SENTOSA GATEWAY
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNA7907S

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner INGRID MARIA RAJ
NRIC No SXXXX128H
Email Address josephraj@jopara.co
Mobile Phone No (Phone) +65-90106050
Alternative Phone No +65-90106050

VEHICLE PARTICULARS

Manufacturer Hyundai
Model Avante
Variant CN7 AVANTE 1.6 DOHC CVT S/R
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 1598

INSURANCE COMPANY

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

DRIVER

Name of Driver JOSEPH PAUL RAJ
NRIC No SXXXX847D

Date Of Birth	05/07/1962
Occupation	Indoor
Date Of Driving Pass	18/01/2002
Driving experience	19 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90177408
Alt. Phone Number	-
Email Address	josephraj@jopara.co
Address	55 COVE DRIVE #06-14 SPORE 098395
Address complement	-
Postcode	-
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	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
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)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	JOSHUA RAJ
Gender	Male

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

REFER TO SKETCH PLAN

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	SGA6699G
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	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	PC9428K
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Goods vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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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.
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' law yers/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.

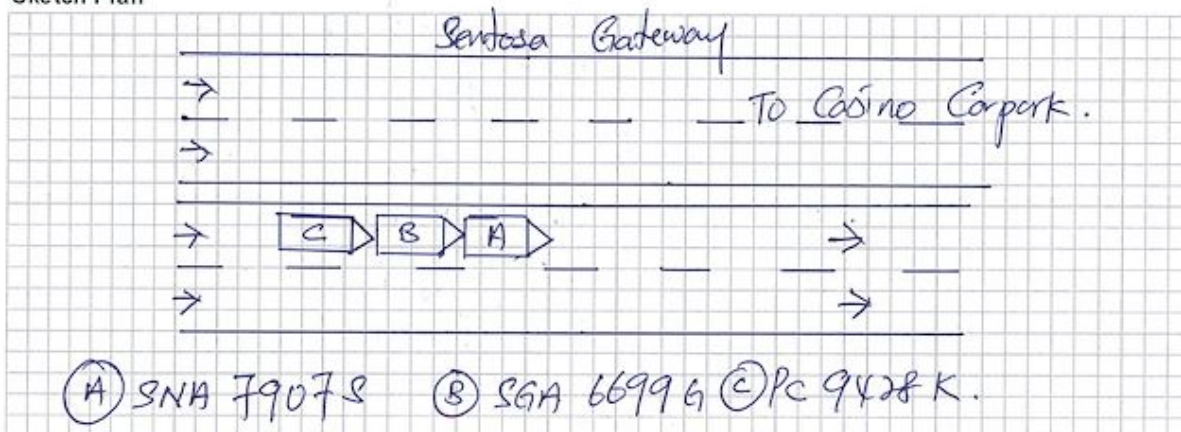
(collectively the "Purposes")

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/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
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Sketch Plan



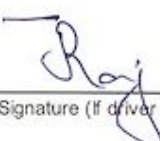
Describe Circumstances of the Accident

On the stated date and time, I was driving my veh towards sensor. A veh filter into my lane, and I slow down to a stop position. while stationary I felt a impact from my veh rear portion. I then got down my veh and realised that I was involved in a 3+ car collision. Video attached.

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



















AXA INSURANCE PTE LTD

8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel: 1800 6904888
 Website: www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@axa.com.sg



Original

Agent Code: 08260

Policy No.(if any): TBA

New Business

SmartDrive Quote Ref:

No. CN136462

MOTOR COVER NOTE

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
 - The Road Transport Act 1987 of Malaysia; or
 - The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
 - The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
 - And any subsequent revisions to the above Acts and Agreements
- The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	INGRID MARIA RAJ
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 AUTO ELITE (S/R)
VEHICLE REGISTRATION NO.	TBA
YEAR OF MANUFACTURE	2021
ENGINE NO.	G4FMMU036180
CHASSIS NO.	KMHLN41ETNU202055
ENGINE CAPACITY/TONNAGE	1598
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	HONG LEONG FINANCE LIMITED
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 08/07/2021 TO: 07/07/2022
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by: Rosnani BTE MOHAMAD NOOR on 08/07/2021 4:45 pm

Authorised Signature

- Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged :
 - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:
 Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.
 For Non-Individual Customers:
 Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03