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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 07/03/2022 10:32 (SGT) Date of Accident 05/03/2022 10:10 (SGT) Exact Location of Accident Dunearn Rd, Singapore Additional Location Information Dunearn road 'U' turn towards Bukit Timah Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SNB3649H

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Rohit Ramesh Hemnani NRIC No. S7683867D Email Address rohit.hemnani@ap.ill.com Mobile Phone No (Phone) +65-97593820 Alternative Phone No (Home) +65-97593820

VEHICLE PARTICULARS

Manufacturer

Jeep Model Wrangler 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 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Policy Number VPA/P2456140 Cover Note Number

DRIVER

Name of Driver Rohit Ramesh Hemnani NRIC No. S7683867D

Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address Address complement Postcode Is the driver the policyholder? If No, Relationship of the Driver with the Insured	21/04/1976 Indoor 24/10/2005 16 YEARS AND 5 MONTHS Male (Phone) +65-97593820 (Home) +65-97593820 rohit.hemnani@ap.jll.com 57 Binjai Park - 589857 Yes
Does Driver Own Other Vehicles? Vehicle Registration Number of Other Vehicle Owned by Driver	No -
Insurance Company of Other Vehicle Owned by Driver	-
GENERAL INFORMATION OF THE ACCIDENT	
Type of Accident Weather Conditions Road Surface	Collision - Head to Rear Clear Dry
OTHER INFORMATION	
Was any foreign vehicle involved in the accident? Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No 2 No - Yes 3
PASSENGER 1	
Name Gender PASSENGER 2	unknown Male
Name Gender	unknown Male
DETAILS OF POLICE ACTION	
Was the accident reported to the police? Was notice of intended Prosecution given? If yes, against whom?	
CIRCUMSTANCES OF ACCIDENT	
Refer attached report	
ATTACHMENT(S)	
Are accident photos available for attachment? Was there any video captured by Car Camera? Reasons for not uploading a video of the accident Was there any audio recorded?	
DETAILS OF OTHER	VEHICLE PROPERTY 1

SHC2608Z

Vehicle Registration Number

Vehicle Manufacturer	Toyota
Vehicle Model	Prius
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	NG Suang Ngoh
NRIC No	S1337244F
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

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.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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")

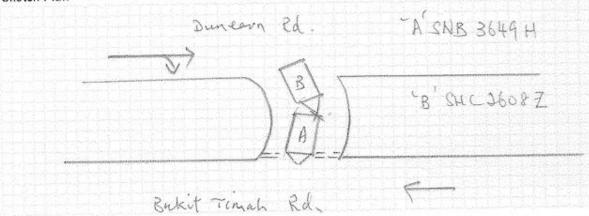
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the 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 &

Driver's Signature (if driver is not the policyholder) / Date

Witnessed by Reporting Centre Personnel

Sketch Plan



	Policyholder's Signature / Date & Time	Driver's Signature (if driver is not the policyholder) / Date & Time	Personnel
	Adaption 2	or the asteriaholder) Data	Witnessed by Reporting Ce
			1
	Declaration We declare the foregoing particulars	s are true in every respect.	
	D. J. antion		
		· · · · · · · · · · · · · · · · · · ·	
	exchanged parkens from behind. Phot	cars across the road on Bux lars. The taxi driver actnowledge as of damage were taken of	d that he hat m
	we stopped our	cars across the road on Bux	it That Road,
	turn and stopping	ing forward at the u-two junctions of the junction before Butit Time Lit my rear bumper.	at Road, and to
-	0 1 1 0 6:1 7	march SA, I was making a unitinal Royal of Royal Gr	een Condo























RECORDS MANAGEMENT CENTRE IMPORTANT NOTE: Please submit the completed Addendum form to the same Accident Reporting Centre with whom you submitted the Original Report. ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Vehicle Registration No: Original Report No: 5502213 70001 Name (as shown in NRIC): Robert Ramach Hambannetc/FIN/Passport No. 5768 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate Singapore (Mobile No.: 9759 3820 Address: Contact (Tel):_ Email Address: Tohit, hem name Date of Accident: U turn Place of Accident: _ Insurance Company: _ (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: Policyholder / Driver's Signature Reporting Centre Personnel's Signature Date: Name: NRIC/FIN No .: