

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 12/05/2022 14:43 (SGT)
Date of Accident 06/05/2022 19:00 (SGT)
Exact Location of Accident Balestier Rd, Singapore
Additional Location Information BALESTIER RD TWDS LAVENDER
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SFW1880C

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner CHARLES ASHLEY ISHWARAN
NRIC No S8328366A
Email Address ASHLEY.ICHARLES@GMAIL.COM
Mobile Phone No (Phone) +65-81139914
Alternative Phone No +65-81139914

VEHICLE PARTICULARS

Manufacturer Honda
Model Crossroad
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 1798

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA448814
Cover Note Number -

DRIVER

Name of Driver CHARLES ASHLEY ISHWARAN
NRIC No S8328366A

| | |
|--|---------------------------|
| Date Of Birth | 14/09/1983 |
| Occupation | Indoor |
| Date Of Driving Pass | 03/06/2011 |
| Driving experience | 10 YEARS AND 11 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-81139914 |
| Alt. Phone Number | +65-81139914 |
| Email Address | ASHLEY.ICHARLES@GMAIL.COM |
| Address | 94 WHAMPOA DR |
| Address complement | #19-226 |
| Postcode | 320094 |
| 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 | Side Swipe |
| 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? | Yes |
| Was any injured conveyed to hospital by ambulance? | Yes |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 4 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|--------|
| Name | NICOLE |
| Gender | Female |

PASSENGER 2

| | |
|--------------|--------|
| Name | AVA |
| Gender | Female |

PASSENGER 3

| | |
|--------------|--------|
| Name | HOLDEN |
| Gender | Male |

DETAILS OF POLICE ACTION

| | |
|---|----------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Traffic Police |
| Police Station Phone No | (Phone) +65-65470000 |
| Alt. Police Station Phone No | (Fax) +65-65474900 |
| Police Station Address | 10 Ubi Avenue 3 Singapore 408865 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

AS PER POLICE REPORT & 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 | FBR5865U |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Motorcycle |
| 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) | - |

INJURED PERSONS DETAILS


INJURED 1

| | |
|---|-------------|
| Name of injured person | MOTORCYLIST |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | - |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |


SKETCH PLAN

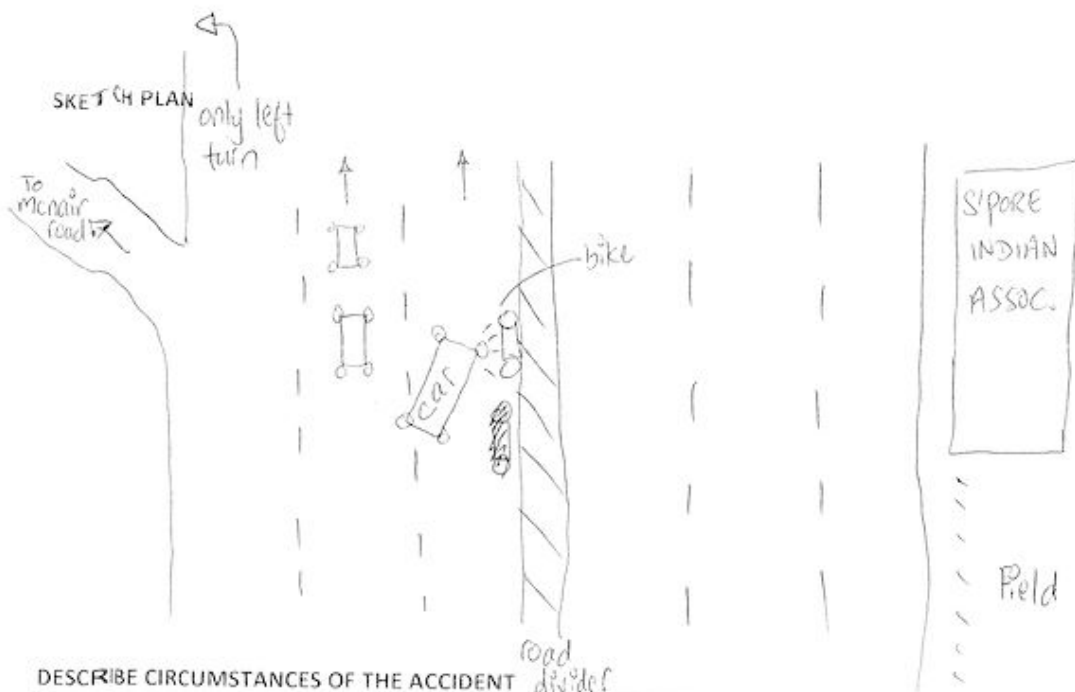
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)** I understand,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


 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.: 12/05/22



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Motorcyclist collided with my car's right front side, with my family on board. Travelling on middle lane @ v. slow speed est. $\leq 10\text{km/h}$. signalled early to indicate ~~the~~ filter to R. lane. Motorcycle attempts to squeeze between vehicle and barrier. Minimal damage to vehicle + motorcycle.

M/Bike plate: FBR5865U

car plate: SFW1880C

* Kindly take note that you have 14 days to revert to Own Insurance Claim (own damage).

Claim OD / TP At Falcon-Air

Claim OD / TP Own W/shop

Reporting Only

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:

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





POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 12/5/22 To: Owner of Vehicle Number: SFW1880C
 The following has been advised to you via your workshop, Falcon-Air through their staff, Anna. Please tick the applicable box if you had been advised on any of the following:

- (☒) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- (☒) You had been advised by the workshop on the liability and merits of the case accordingly.
- (☒) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be **no recovery prospect** and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, **the recovery is not guaranteed**, and AXA will not be held responsible.
- (☒) You have agreed to let AXA **assign a workshop** for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- \$200 off on your Basic Own Damage Excess **or**
 - \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit **or**
 - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- (☒) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- () There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- () The estimated waiting time for the spare parts to arrive is _____. The estimated arrival time does not include the repair period.
- () You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- () For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- () You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- () For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- () Others _____

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured vehicle.

Name and signature of workshop personnel including company stamp










**SINGAPORE
POLICE FORCE**


T/20220506/7046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20220506/7046

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 06/05/2022 22:28 | | Vide Report No.: E/20220506/0131 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: CHARLES ASHLEY ISHWARAN | | | Address: APT BLK 94 WHAMPOA DRIVE #19-226 SINGAPORE 320094 | | |
| ID Type / ID No.: NRIC NO / S8328366A | | | Contact No.: Home/Office: Mobile: 81139914 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: ashley.icharles@gmail.com | | |
| Sex: Male | Age: 38 | Date of Birth: 14/09/1983 | Type of Informant: Driver | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: | | | Driving Licence Information: Class: 3 | | Date of Expiry: 31/12/2040 |

General Information of the Accident

| | | | | |
|---|----------------------------------|---|--|------------------------------------|
| Type of Accident: | Non-Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 06/05/2022 19:00 | Type of Location: Straight Road |
| Location: BALESTIER ROAD | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: 60 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | Anyone conveyed by ambulance: No | |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|-------|----------------------|-------|----------|-------|
| SFW1880C | Car | HONDA | CROSSROAD+TYPE-18L+A | Black | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|---------------------------------|--------------|------------|-------------|
| SFW1880C | AXA INSURANCE SINGAPORE PTE LTD | GA448814 | 25/02/2022 | 24/02/2023 |



**SINGAPORE
POLICE FORCE**



T/20220506/7046

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20220506/7046

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|-----------------------------------|--|
| Details of Person Involved | | | |
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Driver | | | |
| Name | CHARLES ASHLEY ISHWARAN | ID No. | S8328366A |
| Related Vehicle | SFW1880C (Car) | Contact No. | 81139914 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry | Class: 3 Date of Expiry: 31/12/2040 |
| Date | NIL | Date | NIL |
| No. of Days granted Medical Leave | NIL | Degree of | NIL |

Brief Details.

Motorcyclist collided into my vehicle right front side, with my family on board. we were on the way to fill up petrol at Esso Lavender, a short distance away from home. car low fuel light was on. Travelling along Balestier Road, middle lane at v slow speed est.10km/h. signaled to filter to right lane early, chkd rearview+blindspot and turned out at slow speed. Motorcyclist attempts to squeeze between my vehicle and middle barrier without due regard for vehicle. Possibly distracted or unaware of road ahead. collision occurs. i stopped vehicle immediately, rendered assistance chkd for responsiveness. Motorcyclist removes his own helmet, and makes a few phone calls while lying prone on the road after the collision. motorbike was lifted off his left leg, aesthetic damage to his motorbike and my vehicle. i called 995 immediately after securing bike with help of other road users. police van passing by stopped to take names and statements, while awaiting ambulance and TP patrol motorbike.

Motorbike license plate: FBR5865U

To contact IO Sangkar 65476251



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20220506/7046

3 of 3

Report No. T/20220506/7046

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SITI NORHAFIDAH BINTE HANAFI
Contact No.: 65476202

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
06/05/2022 22:28

Classification Of Case:

