

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	04/07/2022 18:05 (SGT)
Reported by	Driver
Date of Accident	02/07/2022 14:30 (SGT)
Exact Location of Accident	CTE, Singapore
Additional Location Information	CTE TWDS SLE.
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA4724H
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	CHANDRAAN KANAPATHEY
NRIC No	S6930592Z
Email Address	CHANDRAN.KANAPATHEY@GMAIL.COM
Mobile Phone No	(Phone) +65-91695699
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Volkswagen
Model	Golf
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	1399

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Policy Number / Cover Note Number	GA4614907/1

DRIVER

Name of Driver	HARSHAVARDHAN CHANDRAN
NRIC No	S9817790F
Date Of Birth	27/05/1998
Occupation	Indoor

Date Of Driving Pass	12/08/2016
Driving experience	5 YEARS AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-88844270
Alt. Phone Number	-
Email Address	HARSH.CK05@GMAIL.COM
Address	BLK 47 SIMEI RISE #06-36
Address complement	-
Postcode	528787
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Child
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	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

I WAS DRIVING ALONG CTE TOWARDS SLE TRAFFIC WS HEAVY, THE CAR IN FRONT OF ME STOPPED I FOLLOW SUIT SUDDENLY I FELT A HUGE IMPACT TO THE REAR OF MY CAR CAUSING IT TO LUNGE FORWARD COLLIDING INTO THE FRONT VEHICLE. I REALISED THAT I WAS INVOLVED IN A 4 CARS CHAIN COLLISION. I FELT NECK BACK SPRAIN PAIN INCLUDING SHOULDER PAIN, I SEEK MEDICAL ATTENTION AND DOCTOR TOLD ME TO MONITOR FOR 2 MORE DAYS. ON THE 04/07/2022 MY PAIN PERSISTED AND I DECIDED TO SEE ANOTHER DOCTOR REGARDING MY PAIN.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLK4414M
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)	3

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMC613L
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 3

Vehicle Registration Number	SKM8185Z
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)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	HARSHAVARDHAN CHANDRAN
Gender	-
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKA4724H
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

SKETCH PLAN

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 8. Consent under the Personal Data Protection Act (PDPA)
- I understand, acknowledge, agree and consent that:
- (a) I, Insurer(s) 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 shed outside of Singapore, for one or more of the above Purposes.

Policy holder's Signature / Date & Time

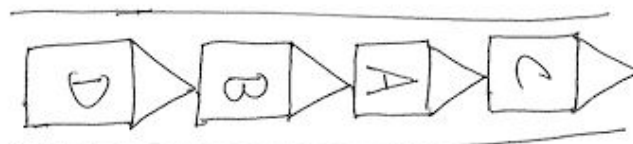
Driver's Signature (If driver is not the policy holder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

GTE TOWARDS SLE

A: SKA4724H
B: SLK 444M.
C: SMC 613L
D: SKM 8185Z.



Describe Circumstances of the Accident:

I WAS DRIVING ALONG ~~THE~~ CTE TOWARDS ~~THE~~ TRAFFIC WAS HEAVY. The car in front of me stopped I follow suit Suddenly I felt a huge impact to the rear of my car causing it to lunge forward colliding into the front vehicle. I realised that I was involved in a 4 car Chain collision. I felt neck back sprain pain including shoulder pain I seek medical attention & doctor told me to monitor for 2 more days. On the 04/07/2022 my pain persisted & I decided to see another doctor regarding my pain.

Declaration:

I hereby declare that the information provided is true and correct.

Chandhan

[Signature]

Police Officer's Signature: _____
Date: _____

Driver's Signature: _____
Date: _____

Witness's Signature: _____
Date: _____













GENERAL
INSURANCE

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:

Original Report No: SS2X2274000W Vehicle Registration No: SICA4724M
 Name (as shown in NRIC): HARSHAVARDHAN CHANDRAN NRIC/FIN/Passport No: 39817790F
 (*Vehicle Driver/Vehicle Owner) (*) Please delete as appropriate
 Address: BLK 44 SIMEI ROAD #06-36 Singapore (508707)
 Contact (Tel): _____ Mobile No.: 9894 4290
 Email Address: _____
 Date of Accident: 02/07/22 Time of Accident: 14:30
 Place of Accident: CTE TAND SLE
 Insurance Company: AXA

(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:

VEHICLE A : NUMBER PLATE SHOULD BE SICA4724M

INSTEAD OF SICA4274M.

TOTAL NUMBER OF VEHICLES INVOLVED IS 4.

 Policyholder / Driver's Signature
 Date:

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



redefining / insurance

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

Certificate of Insurance

account number
 03364

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) Motor Vehicles (Third Party Risks and Compensation) Rules, 1960 Road Transport Act, 1987 (Malaysia)
 Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	CHANDRAN S/D KANAPATHEY	Certificate number	GAB14907 / 1
Cover	Comprehensive	Chassis number	WVWZZZ1KZBW186058
Plan name	Essential	Engine number	CAW264572
NCD applicable	0%		
Vehicle registration number	SKA4724H		
Period of Insurance	from 18/03/2022 to 17/03/2023 (both dates inclusive)		
Finance loan company	MAYBANK		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any Named Driver as stated in the Policy:
 1. CHANDRAN HARSHAVARDHAN 2. CHANDRAN HITYASHAN
 (c) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace making or such similar purposes.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	SGD 700.00
	Windscreen Excess	SGD 100.00

An Additional Excess is applicable as follows:

1. S\$500 for unnamed Authorised Driver
2. S\$500 for declared Young and Inexperienced Driver
3. S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

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

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