

## 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 ability
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 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 Report	09/05/2016 15:16
Date Of Accident	30/04/2016 00:40
Exact Location Of Accident	CTE(CITY) AFT AMK AVE 5
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ1525D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MARIC MARKETING
Co Reg No	53287967L
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-90293834

### Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS 1.5
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Commercial Vehicle

### Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	CN756806
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HISYAM BIN MOHAMED HASHIM
NRIC No	S8716480B
Date Of Birth	15/06/1987
Occupation	Outdoor
Date Of Driving Pass	20/11/2009
Driving Experience	6 Years And 5 Months
Gender	Male
Mobile Number	(Local) +65-84853724
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 651 JALAN TENAGA #04-04
Postcode	410651
Was driver an employee of the Insured's Company	No
If No, Relationship of the Driver with the Insured	Other - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Unknown - REFER TO ATTACHED
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	No
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED

Are accident photos available for attachment?	Yes
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#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9492M
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	JACKY
NRIC/Passport Number	
Contact Number	84029898
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

## Sketch Plan

### 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

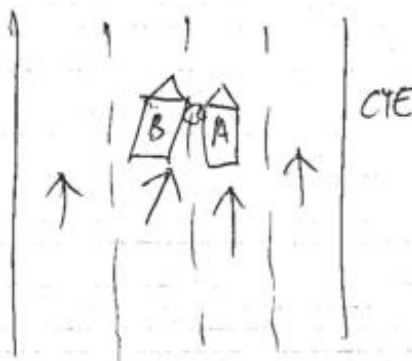
Sketch Plan

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

09/05/2016



Witnessed by Reporting Centre Personnel



A: SKZ1525D  
B: SHD9492M

Describe Circumstances of the Accident

On 30/04/2016 at about 12:40AM along CTE after Ang Mo Kio Ave 5.

I was travelling in my lane when suddenly the vehicle B swerved in my lane and hit onto my vehicle 'A' front left portion side mirror. We stopped at the scene and I knocked into his vehicle B. While he claimed that I collided onto his vehicle B from the front left all the way till the rear left. While was also damaged, I disagreed with him and my vehicle A damaged it's only the front left side mirror. He wanted to privately settle but he refused as he said he wants money only. Therefore my boss told me to lodge a report.

\*NO damaged on his side mirror right. No visible damaged.

- ( ) Claim OD/TP at Ah Lim Motor ( ) Claim OD/TP at other workshop  
☒ Reporting Only

Remarks : Please forward a copy of my file accident report to :

My workshop : Ann Joo Motor Pte Ltd  
 email address : ymanzi13@gmail.com  
 & myself  
 email address :

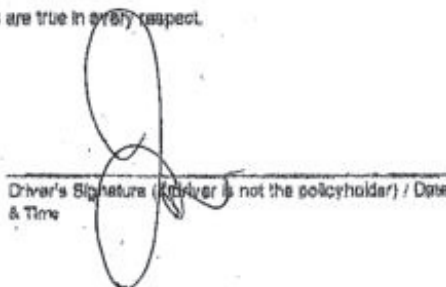
Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time



Driver's Signature (Driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel



To Whom It May Concern,

Accident involving my vehicle no SKZ 1525D on 30/04/2016 ( date ) with  
SHD9492M ( other veh no ) along CTE (UTN) after Ang Mo Kio Ave 5

I, ANG CHENG KWEE / S7813578F NRIC No : S7813578F  
owner of vehicle no - SKZ 1525D am aware of the accident of my vehicle on  
30/04/2016 ( Date ) while car was driven by Muhammad Hozam Bin Mohamed Hamdan  
IC No : 88716480B . I hereby authorise him/her to make the report.



Name Ang Cheng Kwee  
Date : 09/05/2016

**To fill in if there is a OD claim**

I am aware of the circumstances and agreeable to claim my own insurance for the  
above accident.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date



**AXA INSURANCE SINGAPORE PTE LTD**

8 Shenkon Way, #27-01  
 AXA Tower, Singapore 068811  
 Customer Service Centre #01-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: M2-0009922-2

**Original**Agent Code: **08028**

Policy No. (if any):

**New Business**

SmartDrive Quote Ref:

**No. CN756806****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 SINGAPORE PTE LTD
INSURED	MARIC MARKETING
INSURED BUSINESS REGISTRATION NO.	5328796/L
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA VIOS 1.5
VEHICLE REGISTRATION NO.	SKZ1525D
YEAR OF MANUFACTURE	2007
ENGINE NO.	1NZK545597
CHASSIS NO.	MR053HY9305001476
ENGINE CAPACITY/TONNAGE	1497
COVER TYPE	THIRD PARTY ONLY
HIRE PURCHASE	N/A
VALUE (\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>16/03/2016</b> TO: <b>15/03/2017</b>
EXCESS (\$)	\$1500 SEC II (WITHIN S'PORE) \$3000 SEC II OUTSIDE S'PORE INC. FIRE&THEFT
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 SINGAPORE PTE LTD

Issued by **DICKSON AUTO AGENCY** on **16/03/2016 11:57am**

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.



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8716480B



Name  
MUHAMMAD HISYAM BIN  
MOHAMED HASHIM  
محمد هيسام بن محمد هاشم

Race  
MALAY

Date of birth  
15-06-1987

Sex  
M

Country of birth  
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S8716480B

Name  
MUHAMMAD HISYAM BIN  
MOHAMED HASHIM

Birth Date 15 Jun 1987

Issue Date 20 Nov 2009




0012056643

38716



NSIC No. S8716480B




DATE OF ISSUE  
15-04-2006

ADDRESS  
APT BLK 651 JALAN TENAGA  
#04-04  
SINGAPORE 410551


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS DATE  
20 Nov 2009

1.3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver, and other motor vehicles <= 2500kg



NP 426A



License No: S8716480B

Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

