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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	02/01/2018 21:07
Date Of Accident	01/01/2018 01:10
Exact Location Of Accident	JUNCTION OF SIM AVE & LORONG 3 GEYLANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLB4660R
Insured/Policyholder	
Name Of Registered Owner	QAIRUL FAHMI BIN SAPARI
NRIC No	S8622638C
Email Address	QAIFAH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96953687
Alternative Phone No	OTHERS-96953687
Vehicle Particulars	
Manufacturer	PEUGEOT
Model	3008-1.6 D E-HDI ETG ACTIVE (A)
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA309939/1
Cover Note Number	
Driver	

Driver

Name of Driver QAIRUL FAHMI BIN SAPARI

NRIC No S8622638C

Date Of Birth 12/08/1986

Occupation INDOOR

Date Of Driving Pass 18/11/2005

Driving Experience 12 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96953687

Fax Number

Contact Number OTHERS-96953687
EMail Address QAIFAH@GMAIL.COM

Address BLK 528A PASIR RIS STREET 51

#05 - 669

Postcode 511528

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

_

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO THE ATTACH STATEMENT & 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 Witness 1

Name NAJIB
Phone Number 97898940

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL3126U

Vehicle Make/Model/Colour MITSUBISHI COLT

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN WEI MWG, ERIC

NRIC/Passport Number S8521528J Contact Number 93823938

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

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- 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:
 - 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: 12- 310-3 >0.8" (

1735HET

Driver's Signature

(If driver is not the policyholder)

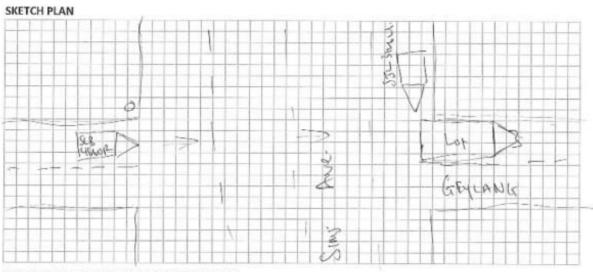
Date & Time:

Reporting Centre Personnel's Signature

Name: MO Shobir

NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Of Jan 2018 @ about Ollo hours, I was kning SLB 4660 R along
Lorong 3 Geylang. I Exopered at the traffic light junction of
Sims Are get Lor 3 breyling as the red light it on Once the
light for green, I moved aff.
Upon reaching the other side of the junction, I spotted a pair of
couple alempting to cross the road. A they were hosts heritating, I
Stowed down my behille and honk at Nem- Suddanly the car !
Nomen was and resident with the last of the southern the last
was driving spinned to degrees. That is when I realised that
a black historiani colt had rear ended the left side of my
which . The sort vehicle hers the registration plate no SIL 31264.
These is no injury to either parties mobiled. No government
Ampuny or Louisa reliebe was involved.
In love of my describe over med moreon.
D. March I Call Ma
the extempted to settle the notion amounting but I represed since I
expect the door cost of damage to be high.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature Date & Time: 102 Jun 204 P

17-60.

GM/IMC SketchPlanForm, V1

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

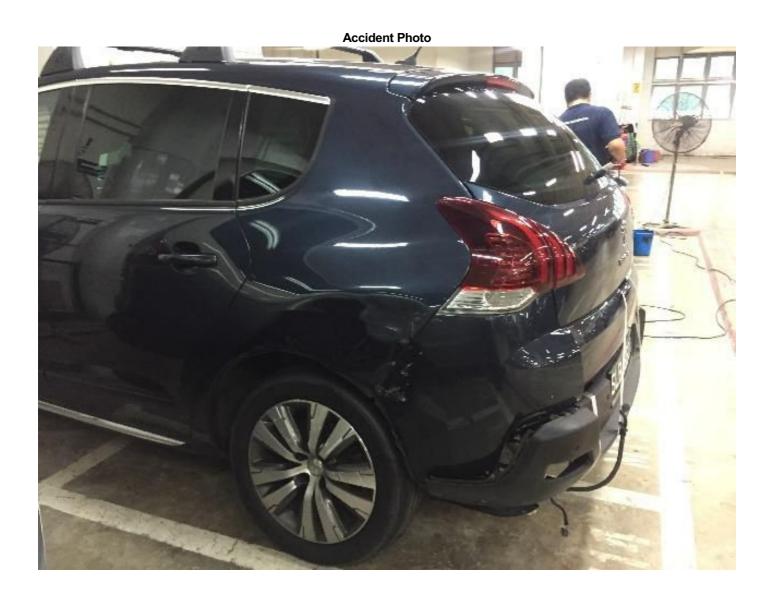
Reporting Centre Personnel's Signature Name: MD Shebir. NRIC/FIN No.:











Accident Photo



Accident Photo

