

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 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	05/04/2018 17:09
Date Of Accident	02/01/2018 11:35
Exact Location Of Accident	WEST COAST HIGHWAY TWRDS JALAN BUROH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBG4233H
Insured/Policyholder	
Name Of Registered Owner	HORIZON AUTOMOTIVE PTE LTD
Co Reg No	20121637K
Email Address	JEREMYKONGCW@HORIZON-AUTOMOTIVE.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64530100

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	P1810877
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ADAMFAROMY BALUQHIAH B ZULKIFRI SALI
NRIC No	S8910702D
Date Of Birth	02/04/1989
Occupation	OUTDOOR
Date Of Driving Pass	16/09/2011
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82785251
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	14A CLEMENTI RD
Postcode	129743
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	6
Passenger 1	NAME: : FAIZ GENDER: : MALE
Passenger 2	NAME: : ABU GENDER: : MALE
Passenger 3	NAME: : FIRDAUS GENDER: : MALE
Passenger 4	NAME: : HAIKAL GENDER: : MALE
Passenger 5	NAME: : BADRUL GENDER: : MALE

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

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	SHC4259J
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category

TAXI

Name of Driver

THIYAGARAJAN S/O MUNIYANDI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

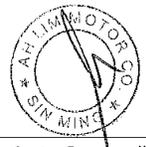
- (a) My insurer, my workshop and the General Insurance Association of Singapore (“GIA”) may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the “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.




 Policyholders Signature
 Date & Time: 5/4/18 1:55pm



 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 5/4/18 1:55pm

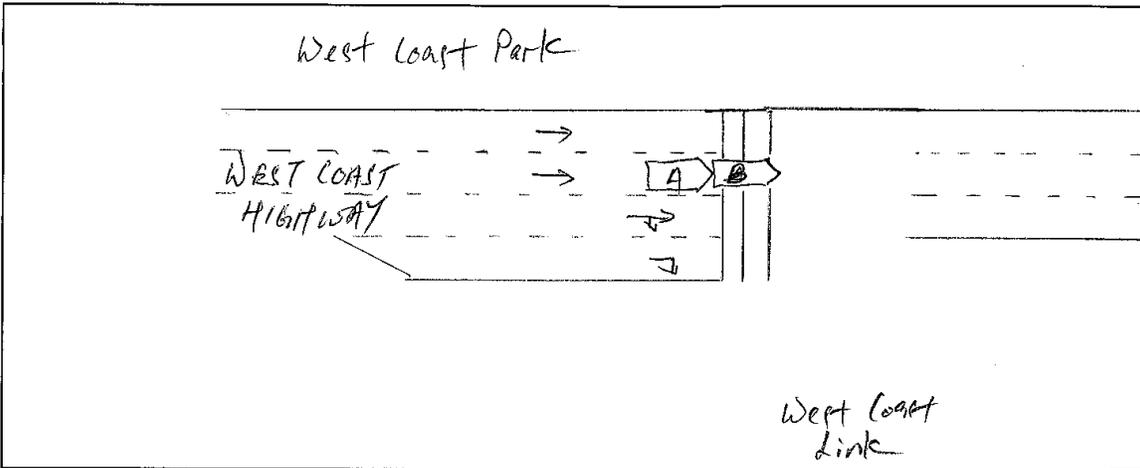


 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Accident Date: 2/1/18 Time: 11-35am Location: West Coast Highway towards Layan
 My Vehicle A: G23G4233H Vehicle B: SHC4259D Vehicle C/Others: None *Bursh*



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving about 60-70km/h at West Coast Road in front West Coast Park.
 A taxi in front of me jam break when the traffic light turn amber. He was about one car length ~~away~~ from the traffic light. And I was one car length behind him. I never get to break on time and my van hit the back of the taxi. I did horn to him to let him know that I was behind him ~~and~~ so that he would beat the amber light because he was already at the white line, but ~~he~~ he jam break.

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

Remarks : Please forward a copy of my efile accident report to
 My workshop Email Address : Jeremy.kongcw@horizon-automotive.com
 & Myself Email Address : Jensue.chou@horizon-automotive.com

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

DECLARATION

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


 Policyholder's Signature
 Date & Time: 2/1/18 1:55pm


 Driver's Signature (If driver is not the policyholder)
 Date & Time 2/1/18 1:56pm


 Witnessed by Reporting Centre
 Personnel

To Whom It May Concern,

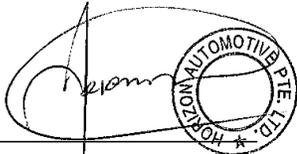
Accident involving my vehicle no GBG 4233H on 2nd January 2018 (date) with
SHC 4259J (other veh no) along West Coast Highway towards Jalan
Buroh

I, Chen Wei Kiat Jerome NRIC No: S8405546B

owner of vehicle no - GBG 4233H am aware of the accident of my vehicle on

2nd January 2018 (Date) while car was driven by Muhammad Adam Faromy

IC No: S8910702 D. I hereby authorise him/her to make the report.
Balaghiah Bin Zulkifli Sali



Name Jerome Chen

Date: 5/4/18

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

Sketch Plan Pg. 4

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Service Centre #B1-01
 Tel:(65)63387288 Fax:(65)63382522
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ 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)	
CERTIFICATE NO.	VFX/P1810877
Account No.	11492
Coverage	Comprehensive
Sum Insured	Market Value At The Time Of Loss
Name of Policy Holder	HORIZON AUTOMOTIVE PTE. LTD.
Vehicle Registration No.	GBG4233H
Period of Insurance	From 08/08/2017 To 06/07/2018 (Both Dates Inclusive)
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* Any person who is driving on the hirer'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.	
LIMITATIONS AS TO USE* (a) Use for the carriage of passengers or goods in connection with the hirer's business. (b) Use for social domestic and pleasure purposes and business purposes of any person to whom the vehicle is hired. The Policy does not cover (a) Use for racing, pace making, reliability trial or speed-testing (b) Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle (c) Use for the carriage of passengers for hire or reward by any person to whom the vehicle is hired	
(09)	
EXCESS : Sect I - Used In S'pore Only : SGD 600.00 Sect II-Used In Singapore Only : SGD 600.00 Sect I - Used Outside S'pore : SGD 600.00 Sect II-Driven Outside S'pore : SGD 600.00 W/screen Excess in Singapore : SGD 100.00 W/screenExcess(Outside S'pore) : SGD 100.00	
* 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.	

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions 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


 Authorized Signature

Issued by - SGOSAMY on 12/10/2017

IMPORTANT :
 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).

FOR INDIVIDUAL CUSTOMERS : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

FOR NON-INDIVIDUAL CUSTOMERS : Please refer to the Premium Warranty Clause on the policy

DRIVER NRIC & DL Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8910702D**



Name
**MUHAMMAD ADAMFAROMY
BALUGHIAH BIN ZULKIFRI
SALI**

Race
INDONESIAN

Date of birth Sex
02-04-1989 M

Country of birth
SINGAPORE

SR910702D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S8910702D**
Name:



**MUHAMMAD ADAMFAROMY
BALUGHIAH BIN ZULKIFRI
SALI**

Birth Date: **02 Apr 1989**
Issue Date: **16 Sep 2011**

00200983G

4726069



NRIC No. **S8910702D**



Date of Issue
06-05-2011

11A CLEMENTI ROAD
SINGAPORE 129743
NRIC No. **S8910702D** Date **31/08/2015**

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

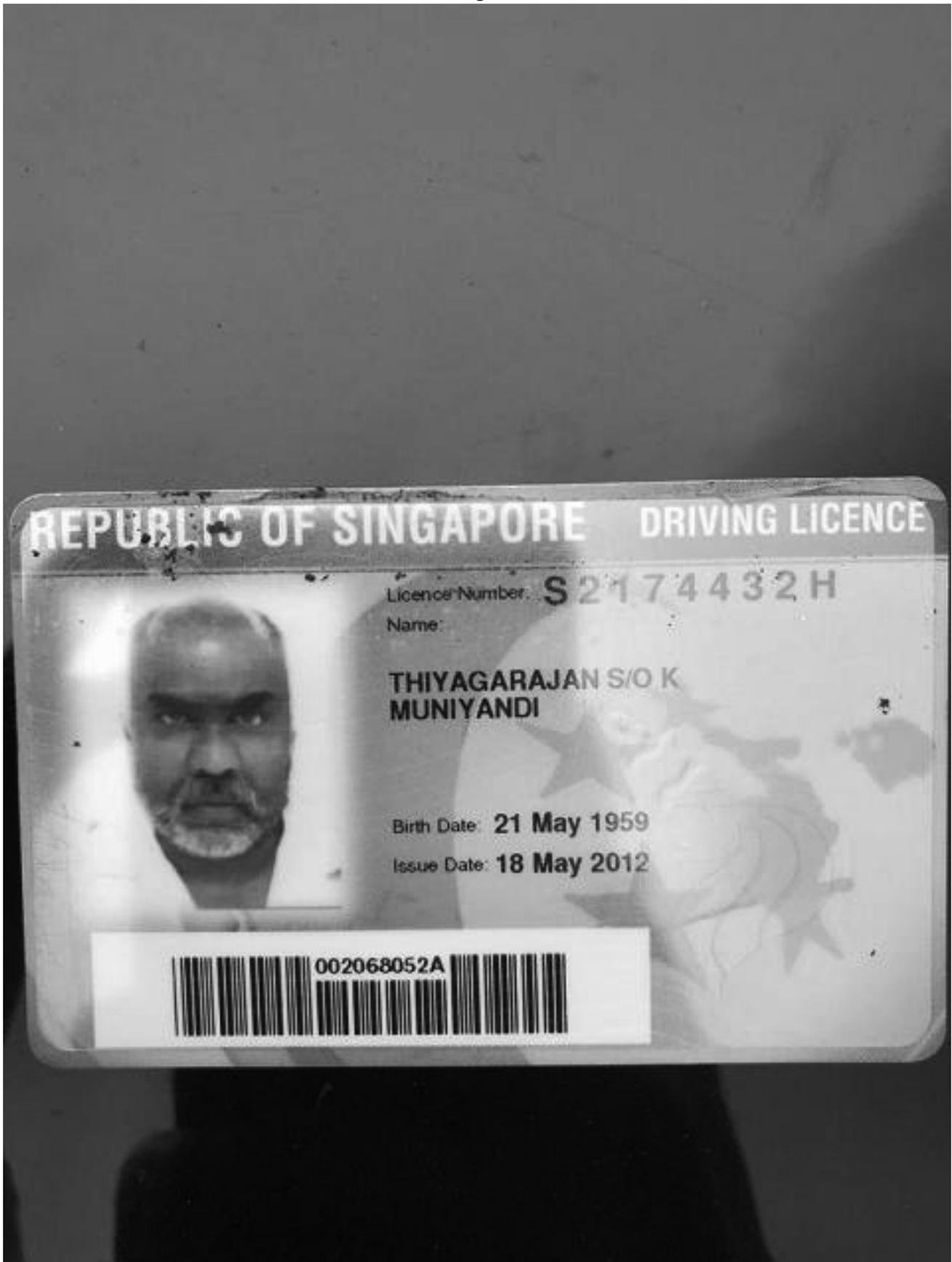
EFFECTIVE DATE

Class 3 Motor Cars <= 3000kg with <= 7 passengers, exclusive of the driver; and other motor vehicles <= 2500kg 16 Sep 2011

NP 428A

Licence No: **S8910702D**





REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S 21 7 4 4 3 2 H**

Name:

**THIYAGARAJAN S/O K
MUNIYANDI**

Birth Date: **21 May 1959**

Issue Date: **18 May 2012**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

