

3. Information provided must be as truthful and accurate as possible. Any willful 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	02/01/2018 16:12
Date Of Accident	01/01/2018 11:40
Exact Location Of Accident	JOHORE BAHRU CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH2234U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED SALIM S/O MOHD SANAULLAH
NRIC No	S1384024E
Email Address	SHIDAH@AOL.ASIA
Mobile Phone No	(LOCAL) +65-91135627
Alternative Phone No	OFFICE-91135605

#### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 AT LED TAIL LAMP

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	GA280091/1
Cover Note Number	27/10/2017-26/10/2018

#### Driver

Name of Driver	RASHIDAH BIBI BINTE ABDULLAH
NRIC No	S1499891H
Date Of Birth	19/03/1961
Occupation	INDOOR
Date Of Driving Pass	28/07/1984
Driving Experience	33 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91135605
Fax Number	
Contact Number	
EMail Address	NOEMAIL

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Address	774 PASIR RIS ST 71 09-392
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Postcode	510774
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Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SPOUSE

Vehicle Registration Number of Driver's Own Vehicle	-
Vehicle	-

Insurance Company of Driver's Own Vehicle	-
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Address 09-392  
Postcode 510774  
Was driver an employee of the Insured's Company NO  
If No, Relationship of the Driver with the Insured SPOUSE  
Vehicle Registration Number of Driver's Own Vehicle -  
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) 4  
Passenger 1

NAME: SAFIAH  
GENDER: FEMALE

Passenger 2

NAME: NABILAH SYAHIRAH  
GENDER: FEMALE

Passenger 3

NAME: NISHAT BEGAM  
GENDER: FEMALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name CAWANGAN TRAFIK  
Police Station Address ROAD: IBU PEJABAT POLIS DAERAH SERI ALAM, BANDAR SERI ALAM,  
POSTCODE: 81750, COUNTRY: MALAYSIA  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT

#### 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 SHC3720A  
Vehicle Make/Model/Colour HYUNDAI  
Details Of Properties

Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number S0111621E  
Contact Number  
Address

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

S0111621E

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**SKETCH PLAN**

**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. The 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 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.

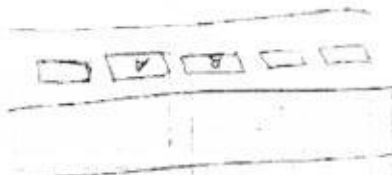
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## SKETCH PLAN

8 = SHC 3730A  
 A = SLH 2234U



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 01/01/2018 at 11:40 hrs I was driving my car NO SLH 2234U from Singapore towards Johore Bahru. When I reached S.B. immigration while waiting at Lane no 5 to endorse my passport at Sultan Iskandar Building suddenly a Singapore registered taxi no SHC 3730A hit my car from behind. The driver's name is NG HENG WEE NTO IC 5011621E. He hit my car from behind damaging my car plate, sensor and bumper. Those were the damage that I saw other damage im not sure yet

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
Claim OD / TP at other workshop

## DECLARATION

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

02/01/18  
 Policyholder's Signature  
 Date & Time:

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

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

CLAIMING SIGNATURE