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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/01/2018 19:37
Date Of Accident	08/01/2018 16:00
Exact Location Of Accident	219 BEDOK CENTRAL CARPARK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJM9284B
Insured/Policyholder	
Name Of Registered Owner	MS CARZ LEASING PTE. LTD.
Co Reg No	201401066R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97527501
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	VFX/P1829391
Cover Note Number	
Driver	
Name of Driver	SHAMSUDEEN BIN HAJA MAIDEENN
NIDIO N.	04000075

NRIC No S1336207F
Date Of Birth 07/09/1958
Occupation OUTDOOR
Date Of Driving Pass 11/04/1979

Driving Experience 38 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97527501

Fax Number

Contact Number

EMail Address NOEMAIL

Address BLK 713 BEDOK RESERVOIR ROAD #06-3932

Postcode 470713

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

-

NO

NO

6

General Information of the Accident

Type Of Accident SIDE SWIPE
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?

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.

Number of Passengers (Including Driver)

Passenger 1 NAME: : KOKOM KOMARIAH

GENDER: : FEMALE

Passenger 2 NAME: : NASHIRAH SHAMSUDEEN

GENDER: : FEMALE

Passenger 3 NAME: : FATHIYYAH SHAMSUDEEN

GENDER: : FEMALE

Passenger 4 NAME: : HASNAHUMAIRAH SHAMSUDEEN

GENDER: : FEMALE

Passenger 5 NAME: : MARDHIYAH SHAMSUDEEN

GENDER: : FEMALE

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC2315P

Vehicle Make/Model/Colour TOYOTA HIACE AUTO

Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By this 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, roports 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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

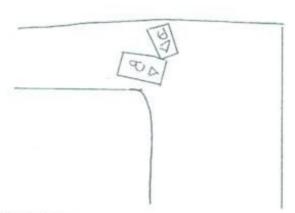
Name: Julia

NRIC/FIN No .: 5/0+03714

Sketch Plan #2

SKETCH PLAN

Date & Time



Vehale B) GBC 2315P

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On	the started dote and time, I vehicle	A
Was	ravelling on the stated vinue. I was	
parle	stationery in my lane and checked lane	
s de	before proceeding while doing so,	
Sudden	1 vehick turn out and hit outo	
My	rear right portion	
Passenge	1 : Kokom komariah (F) 2 : Nashirah Shamsudeen (F)	
Passen	3: Fathiyuah Shamudeen (F)	
Passen	3: Fathiyyah Shamsudeen (F) 4: Hasnahumairah shamsudeen (F) 5: Mardhiyah shamsudeen (F)	
Passemer	5: Mardhiyah shangudeen CF)	

Driver's Stenature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: £ 60,00 NRIC/FIN No.: IFO40373P

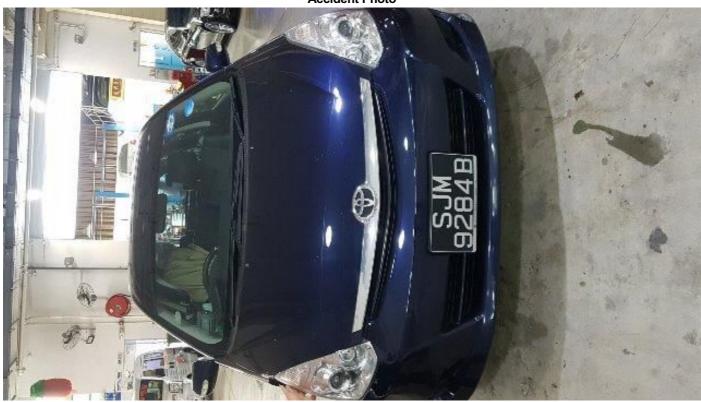




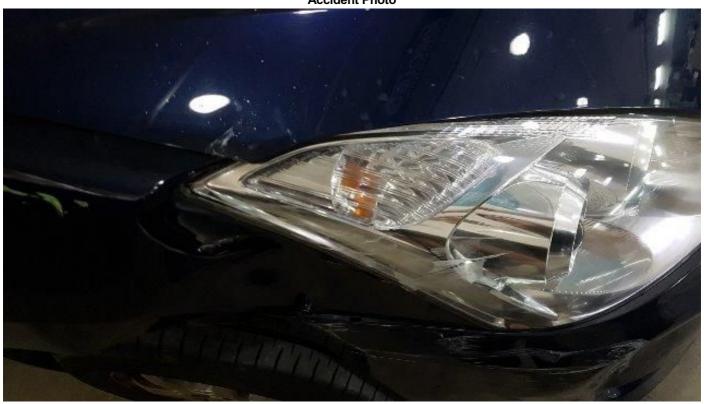








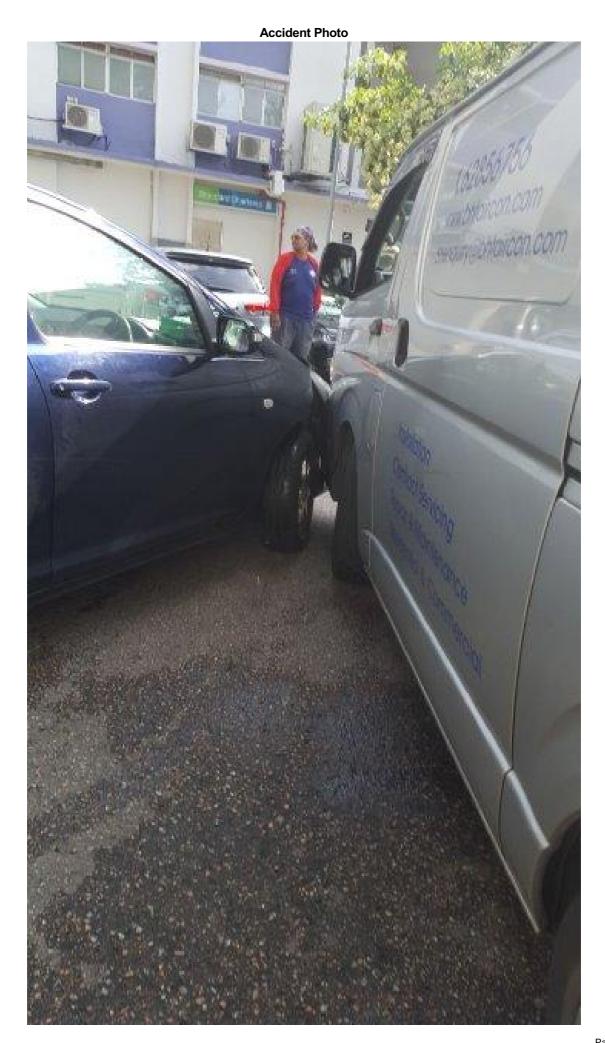




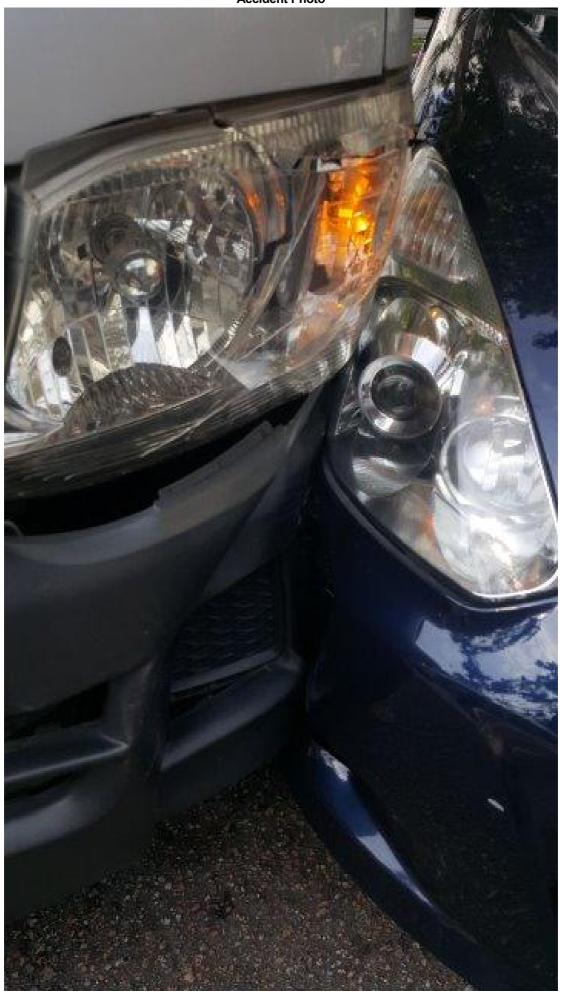






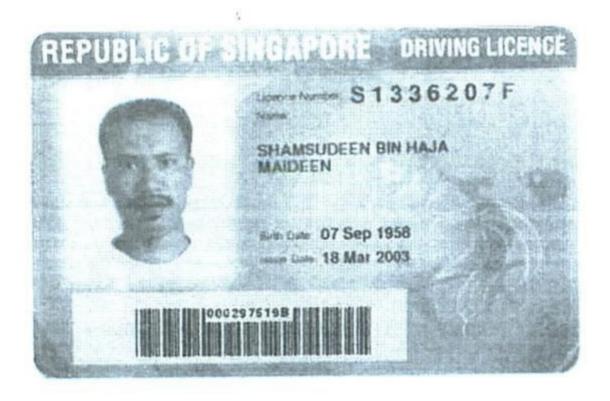


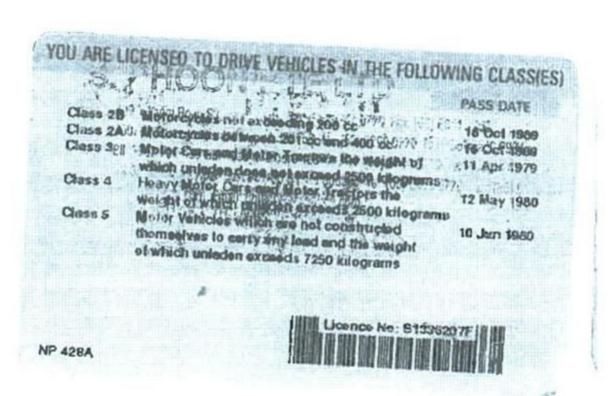






Driving License





Insurance policy

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.sq 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)

: VFX/P1829391 Account No. : 00914

: Comprehensive Coverage

Sum Insured : Market Value At The Time Of Loss

: MS CARZ LEASING PTE LTD Name of Policy Holder

Vehicle Registration No. : SJM9284B

: From 21/07/2017 To 20/07/2018 (Both Dates Inclusive) Period of Insurance

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Named Driver(s) as stated in the Policy

1. ANY AUTHORISED DRIVER

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 Policyholder's business
- (b) Use for social, domestic and pleasure purposes.

The Policy does not cover

- Use for racing, pace making, reliability trial or speed-testing Use whilst drawing a trailer except the towing (other than for reward) of any one disabled mechanically propelled vehicle (b)

EXCESS :

Sect I - Used In S'pore Only : SGD 3,000.00 Sect II-Used In Singapore Only : SGD 3,000.00 Sect I - Used Outside S'pore : SGD 6,000.00 Sect II-Driven Outside S'pore : SGD 6,000.00 Windscreen Excess : SGD 400.00

* 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

lake

Authorized Signature

Issued by - SGOGOWT on 19/07/2017

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.

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

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