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 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 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 the lodgement of this report to the insurers, you he aforesaid.	reby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	20/01/2018 13:23
Date Of Accident	19/01/2018 14:50
Exact Location Of Accident	OUTSIDE KK HOSPITAL TOWARDS KAMPUNG JAVA ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SGQ6506X
Insured/Policyholder	
Name Of Registered Owner	MOHAMED IBRAHIM S/O MOHAMED ARTHAM
NRIC No	S8197088B
Email Address	INACOLD7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83223745
Alternative Phone No	OFFICE-83223745
Vehicle Particulars	
Manufacturer	MITSUBISHI
Model	LANCER 1.6 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?

REPORTING ONLY If No, Please state action to be taken PRIVATE CAR Vehicle Category

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number VPA/P1878706

Cover Note Number

Driver

Name of Driver NURDIYANA BINTE ABDUL KARIM

NRIC No S8813333A Date Of Birth 24/04/1988 Occupation INDOOR Date Of Driving Pass 09/01/2007

Driving Experience 11 YEARS AND 0 MONTHS

Gender **FEMALE**

Mobile Number (LOCAL) +65-98176883

Fax Number

Contact Number

EMail Address JOHN DIDI@HOTMAIL.COM

23 PASIR RIS LINK Address

#08-08

Postcode 518169

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

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

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

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

PLEASE REFER TO THE ATTACHMENT

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

SKL1368P Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

CHAN YING KEONG Name of Driver

S7677227D NRIC/Passport Number **Contact Number** 97494934

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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)
 - (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: 20/01/18

Driver's signature

(If driver is not the policyholder)

Date & Time: 20/01/18, 12:48 pm

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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Date & Time: 20 for /rg NRIC/FIN No.:	20/01/18 (If drive	is not the policyholder) irme: 20/01/18, (2:4	Name:	

CERTIFICATE OF INSURANCE Pg. 1

AXA INSURANCE SINGAPORE PTE LTD 8 Shenton Way, #27-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: M2-0009922-2 customer.care@axa.com.sg

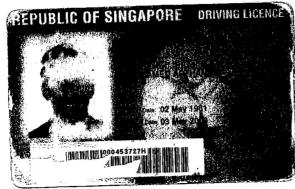


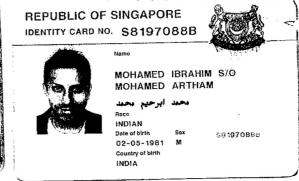
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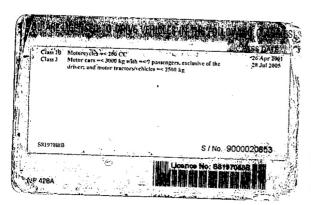
POLICY INFORMATION	Policy No. : VPA/P1878706
Source	: (01) 13950 META (PA/HOME X SELL 20110901)
Insured	: MOHAMED IBRAHIM MOHAMED ARTHAM
Address	: 23 PASIR RIS LINK #08-08 SINGAPORE 518169
Business/Profession	Carrying on or engaged in the business or professi last declared and no other for the purpose of th insurance.
Period of Insurance	: From 06/01/2017 To 21/01/2018 (Both Dates Inclusive
Any subsequent period agree to accept a remainder.	d for which the Insured shall pay and the Company sha
PREMIUM	
Premium After 50.00%	: SGD 608.38
GST 7.00%	: SGD 42.59
Annual Premium	: SGD 650.97
Total Payable	: SGD 679.51
RISK DETAILS THE MO	OR VEHICLE
Type Of Cover	: Comprehensive
Regn No.	: SGQ6506X
Type Of Use	: Private Car
Make/Model	: MITSUBISHI LANCER 1.6A
Year of Manufacture	: 2006 Seating Capacity (excl. Driver) : 04
Body Type	: SALOON Engine C.C. : 1584
Engine No.	: 4G18HT7098 Chassis No. : JMYSTCS3A7U007635
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)
Limitations as to Use	: As specified in Certificate of Insurance
Hire Purchase	: SPEED CREDIT PTE LTD
Extra Coverage (Premi	m Breakdown) Limits (SGD) Premium (SG
NCD Protector Basic Own Damage Exc	: SGD 400.00
Named Drivers 1 MOHAMED IBRAHIM	MOHAMED ARTHAM
MEMORANDA, CLAUSES,	VARRANTIES & ENDORSEMENTS
,	
	unda, Clauses, Warranties & Endorsements attached hereto

Page 1

OWNER IC & DRIVING LICENCE (FRONT & BACK) Pg. 1









DRIVER IC & DRIVING LICENCE (FRONT & BACK) Pg. 1







KARIM



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

PASS DATE

Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive 09 Jan 2007 of the driver; and other motor vehicles =< 2500kg

Licence No: S8813333A

NRIC No. S8813333A

Blood Group Date of Issue
- 02-05-2003

23 PASIR RIS LINK #DB-08 SINGAPORE 518169 NRIC No: S8813333A

Date: 30/07/2015























CHASSIS NUMBER





