

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	12/02/2018 10:48
Date Of Accident	11/02/2018 16:05
Exact Location Of Accident	KITCHENER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE6004G
Insured/Policyholder	
Name Of Registered Owner	ZAINOL BIN ABDULLAH
NRIC No	S1514636B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92976973
Alternative Phone No	OTHERS-92976973

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	JETTA-1.4 TSI (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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA189938/1
Cover Note Number	

Driver

Name of Driver	ZAINOL BIN ABDULLAH
NRIC No	S1514636B
Date Of Birth	10/08/1961
Occupation	INDOOR
Date Of Driving Pass	02/08/1991
Driving Experience	26 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92976973
Fax Number	
Contact Number	OTHERS-92976973
Email Address	NOEMAIL

Address	BLK 431 TAMPINES STREET 41 #08-531 SINGAPORE
Postcode	520431
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	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?	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)	2
Passenger 1	NAME: : NORAYATI BTE RAMLAN 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SLJ3872K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

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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:

GIA/RC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

		Vehicle No
		A - SLE 6004 G B - SLJ 3872K
		Legend

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On Sunday at about 4:30pm, I was driving my own car with my ^{wife} as a passenger along Kitchener Road toward Serangoon Rd. I was driving on the right lane until at junction of Kitchener hink/Verdun Rd, I saw a car in front of me move slowly and I try to avoid it that car, thus I turn slightly to the right and my car at the rear door right side hit another car which is stationary at the front edge bumper of that car.

Passenger Name: Naryati Bte Ramlan.

DECLARATION

I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

12/2/18
10:40pm

perwen
2

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

11 Date of accident 11/2/18		12 Exact location of accident Kitchen road		To be signed by BOTH drivers 13 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
14 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		15 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SLE6004G

16 Insured / policyholder (see insurance cert.)
Name Zainol Bin Abdullah
Address _____
NRIC / Passport no. S1514636B
Tel no. (from Pen 011 Spm) _____
HP 92976973

17 Vehicle
Make, type Volkswagen Jetta

18 Insurance company
AXA ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. GA1899381

19 Driver
☒ Same as Insured
Name _____
NRIC / Passport no. _____
Class of licence 3
HP _____
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Roadside
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor Rd
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Upkicking
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vanishing / Damaged whilst Parked
<input type="checkbox"/>	Hit by Falling Tree / Other Object
<input type="checkbox"/>	Hit Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Truck

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SLJ3872K

20 Insured / policyholder (see insurance cert.)
Name _____
Address _____
NRIC / Passport no. _____
Tel no. (from Pen 011 Spm) _____
HP _____

21 Vehicle
Make, type _____

22 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available) _____

23 Driver (See driving licence)
(if different from Insured B above)
Name _____
NRIC / Passport no. _____
Class of licence _____
HP _____
Gender Male ☐ Female ☐

24 Indicate the point of initial impact with an arrow (→)

25 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

26 Indicate the point of initial impact with an arrow (→)

27 Visible damage to vehicle A

28 Visible damage to vehicle B

29 My remarks

30 Signature of drivers

A

B

31 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)						Own Workshop Email / Fax (if any):	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)							
Insured	1. Occupation (if more than one, state all)						Email:
	2. Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity		
	3. Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If no, State Relationship of Driver with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4. Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify						
	5. Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If no, state where it is at present		Tel no.		
	6. Are you claiming under your own insurance policy for repair to your vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)						
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A						
	<input type="checkbox"/> B						
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	10/8/61		Indoor		2/8/91		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability						
	9. Full details of all driving convictions including pending prosecutions in the last 36 months						
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)
Police action	12. Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station						
	13. Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?						
Accident details	14. Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/>		Others		
	15. Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/>		Others		
	16. Speed of vehicles		A km/hr		B km/hr		
	17. What warnings were given by driver or other party?						
	18. Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	19. What lights were displayed on your vehicle/the other vehicle(s)?						
	20. If your vehicle is commercial, state weight of load carried at time of accident						
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)						
Declaration	22. State number of Passengers (including Driver) <input checked="" type="checkbox"/> 2						
	I/We declare the foregoing particulars are true in every respect						
	Policyholder's signature _____ Date 15/2/18 10:40am						
Driver's signature (if driver is not the policyholder) _____ Date							



redefining insurance

AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

customer.care@axa.com.sg

www.axa.com.sg

Certificate of Insurance

account number
04042

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)

Policy details

Policyholder name	ZAINOL BIN ABDULLAH	Certificate number	GA189938 / 1
Cover	Comprehensive	Chassis number	WWWZZZ16ZFM046392
Plan name	Flexi	Engine number	CAXF72109
NCD applicable	50%		
Vehicle registration number	SLE6004G		
Period of Insurance	from 21/04/2017 to 26/07/2018 (both dates inclusive)		
Finance loan company	MAYBANK		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any person who is driving on the Policyholder'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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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

EXCESS Windscreen Excess Not Applicable

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

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

Authorised signature

Important note

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).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

DRIVER NRIC & LICENSE Pg. 1

MS29

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S1514636B**

Name: **ZAINOL BIN ABDULLAH**

Birth Date: **10 Aug 1961**

Issue Date: **12 Aug 2003**

1000737760K



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S1514636B**

Name: **ZAINOL BIN ABDULLAH**


Race: **MALAY**

Date of Birth: **10-08-1961**

Sex: **M**

Country of Birth: **SINGAPORE**

S1514636B



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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: **02 Aug 1991**

NP 428A

Licence No: **S1514636B**

1047203

Barcode

NRIC No: **S1514636B**

Blood Group: **O+**

Date of issue: **21-06-1993**


APT BLK 431 TAMPINES STREET 41 #08-531

SINGAPORE 520431

NRIC No: **S1514636B**

Date: **11/05/2012**

No: **7100030**



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

