

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	13/02/2018 11:56
Date Of Accident	10/02/2018 21:50
Exact Location Of Accident	CIQ JOHOR BAHRU (MALAYSIA)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ531M
Insured/Policyholder	
Name Of Registered Owner	SUHAIRI EFENDI
Passport No/FIN	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86912281
Alternative Phone No	OFFICE-86912281

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	GA247675
Cover Note Number	

Driver

Name of Driver	SAIFUDDIN BIN SULAIMAN
NRIC No	S7125448H
Date Of Birth	07/07/1971
Occupation	INDOOR
Date Of Driving Pass	21/09/1989
Driving Experience	28 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96221797
Fax Number	
Contact Number	
EEmail Address	DINGERDINO@GMAIL.COM

Address	BLK 237 PASIR RIS ST 21 #09-11
Postcode	510237
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - -
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: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE
Passenger 5	NAME: : UNKNOWN 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

TRAFFIC IS SLOW. I FOLLOW FRONT VEHICLE. SUDDENLY, VEHICLE B HIT MY VEHICLE REAR RH CORNER.

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	SKS8624S
Vehicle Make/Model/Colour	

Details Of Properties

VEHICLE B

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 Pg. 1

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:

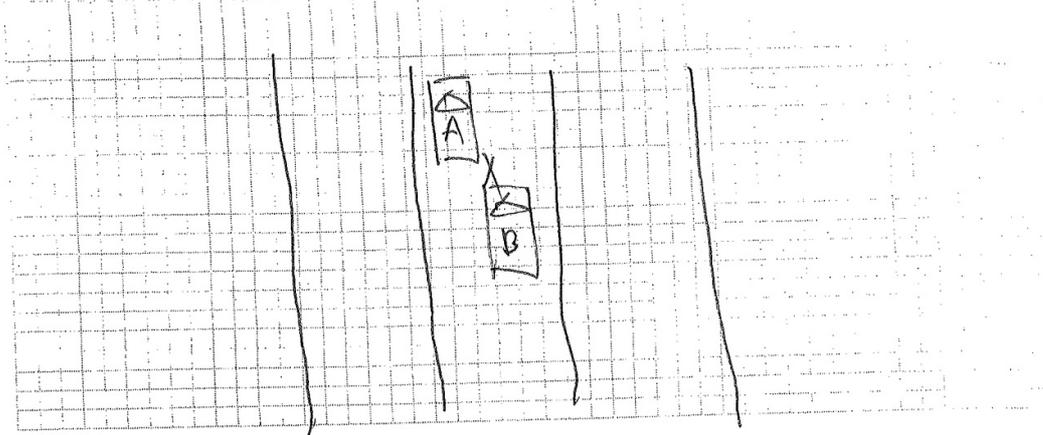


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic is slow, I follow front veh, suddenly
veh B hit my veh near RH corner.

[Signature]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

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

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

LETTER OF UNDERTAKING

I/We, SUHAIK ETENDI, the owner of vehicle no. 3JJ531M

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

↓
57940722 F. J
Nric no. and signature of policyholder

.....
Company Stamp

12/02/2018
.....
Date

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7125448H



Name
SAIFUDDIN BIN SULAIMAN

Race
JAVANESE

Date of Birth 07-07-1971 Sex M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: S7125448H

Name:
SAIFUDDIN BIN SULAIMAN

Exp. Date: 07 JUL 1971
Valid Until: 17 JUL 2008




4252191



Identity No. S7125448H



Date of Issue
17-07-2008

Address
APT BLK 237 PASIR RIS STREET 21
#09-11
SINGAPORE 510237



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

		ISSUE DATE
Class 1A	Motorcycles < 200 CC	15 Sep 1999
Class 1A	Motorcycles > 200 CC and 400 CC	15 Sep 1999
Class 2	Motorcycles > 400 CC	10 Dec 1999
Class 3	Motorcars < 2000 kg with 7 passenger seats and 4m Jolly and motor tractors < 2000 kg	21 Oct 1999

S7125448H S / No. 8000237569

RF 420A



INSURANCE



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6860 4888 (International)
 (65) 6860 4740
 customer.care@axa.com.sg
 www.axa.com.sg

SUHARI EFENDI
 13 TAMPIRES CENTRAL
 7 #11-07
 SINGAPORE 528770

New business

date
 28/07/2017

your servicing distributor
 ISAFE AGENCY / 14295

your servicing distributor contact
 62922002

Policy Schedule

Your SmartDrive Comprehensive Flexi

Your policy snapshot

Policyholder name	SUHARI EFENDI	Policy number	VA1 / GA247675
Cover	Comprehensive	FIN / NRIC	S7440722F
Period of Insurance	from 28/07/2017 to 27/07/2018 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 858.92
Total Discounts	- SGD 79.71
7% GST	SGD 54.54
Final Premium	SGD 833.75

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Flexi Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen: Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

Claim Protector Pack Benefits

- Own damage excess waiver
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	HONDA VEZEL 1.6X	Year of manufacture	2016
Vehicle registration number	SMS31M	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	1496
Seating capacity (excl driver)	5	Engine number	L15R4407838
Off-Peak car	No	Chassis number	RUJ1207841

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	KENSO LEASING PTE LTD

Excess applicable (refer to Policy Wording for other applicable Excesses)

Windscreen Excess	Not Applicable
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AXA Insurance Pte Ltd (L99903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #81-01

1 of 2

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

