

## 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 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	11/01/2018 16:49
Date Of Accident	10/01/2018 16:00
Exact Location Of Accident	KIAN TECK AVE JUNCTION KIAN TECK DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGQ4284Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SYED MUHAMMAD BIN ALI ALSAGOFF
NRIC No	S7704772G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91975615
Alternative Phone No	OFFICE-91975615

### Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER
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

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA153725
Cover Note Number	

### Driver

Name of Driver	JUPRI BIN ISMAIL
NRIC No	S1245973D
Date Of Birth	07/11/1957
Occupation	INDOOR
Date Of Driving Pass	24/11/1995
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82691232
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address -  
 Postcode -  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured RELATIVE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD  
 Weather Conditions RAINING  
 Road Surface WET

#### 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) 1

#### 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

I AM TURNING LEFT WHEN SUDDENLY, VEHICLE B CAME AND HIT ONTO MY VEHICLE'S FRONT RIGHT AND REAR RIGHT PORTION. THE IMPACT CAUSES MY VEHICLE TO LOST CONTROL AND HIT ONTO A WALL OF A FACTORY.

#### 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 YP1329R  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B  
 Vehicle Category COMMERCIAL VEHICLE  
 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

#### IMPORTANT NOTICE

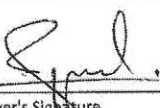
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

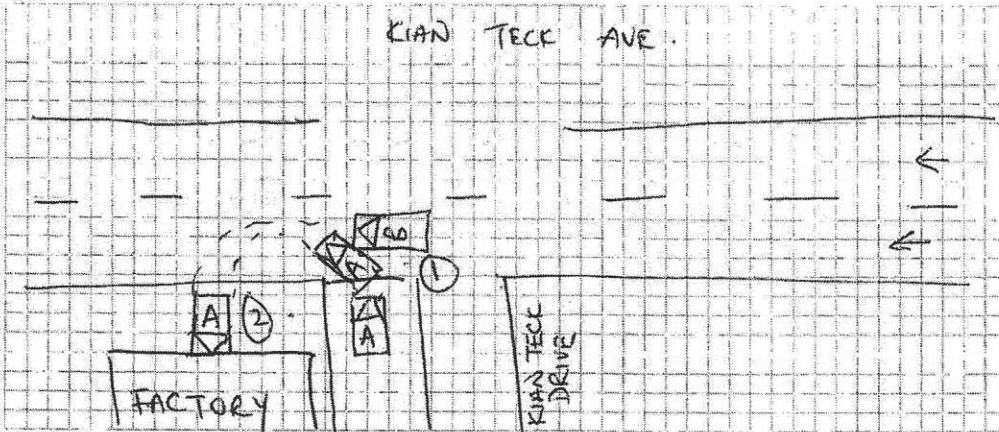
  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I am turning left when suddenly vehicle B came and hit onto my vehicle's left right and rear right portion. The impact causes my vehicle to lose control and hit onto a wall of a factory.

## DECLARATION

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

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.:

GIARMAC Sketch Plan Form V3




redefining / insurance

AXA INSURANCE SINGAPORE PTE LTD  
☎ 1800-880 4888 (Within Singapore)  
(65) 6880 4888 (International)  
☎ (65) 6338 2522  
🌐 www.axa.com.sg

### Letter of Authorisation for Lump Sum Repair


1. I, [Name] [NRIC] SYED MUHAMMAD BIN ALI ALSAGOFF, the owner of vehicle [no.] SGR 4084 Z ("Vehicle") do hereby authorize the [Workshop/Insurer] to repair the Vehicle on a lump sum basis instead of part by part.
2. The [Workshop/Insurer] has explained to me the difference between lump sum repair and part by part repair and the consequences of my authorisation for lump sum repair for the Vehicle.
3. I understand that with lump sum repair, the Workshop may use a mixture of genuine parts, original equipment manufacturer (OEM) parts, reconditioned and second hand parts to carry out the repair and I note that the [Workshop/Insurer] will not be furnishing a detailed breakdown of parts or price for such lump sum repair.
4. I am aware that AXA Insurance Singapore Pte Ltd ("AXA Insurance") does not encourage lump sum repair as AXA Insurance strongly recommends repairs for vehicles on a part by part basis for transparency reasons. I confirm that I will hold AXA Insurance harmless from any claims arising from the lump sum repair of the Vehicle which I have authorised.

Signed and acknowledged by:

  
Signature of policyholder

Date:



  
Name and signature of workshop personnel including workshop stamp  
Date:

AXA INSURANCE SINGAPORE PTE LTD  
8 Shenton Way, #27-01 AXA Tower, Singapore 068811  
Customer Care Department: #B1-01  
GST Registration No.: M2-0009922-2 Co. Reg. No.: 196900406D