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, yo aforesaid. | u hereby consent to the archiving of this report at the centre and to copies of the report being made available |
|--|---|
| | ACCIDENT STATEMENT |
| Date Of Report | 07/06/2018 17:11 |
| Date Of Accident | 07/06/2018 12:30 |
| Exact Location Of Accident | ALONG KING GEORGE AVE |
| Country/State of Loss | SINGAPORE |
| | DETAILS OF OWN VEHICLE |
| Vehicle Registration Number | SCK2437S |
| Insured/Policyholder | |
| Name Of Registered Owner | NUR AMIRAH BINTE AZMI |
| NRIC No | S9600878C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84110387 |
| Alternative Phone No | OFFICE-84110387 |
| Vehicle Particulars | |
| | |

HONDA Manufacturer Model CIVIC

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 THIRD PARTY

Fleet Policy NO

Policy Number GA316914

Cover Note Number

Driver

Name of Driver ABDUL RASHID BIN ABDUL MUTALIFF

NRIC No S9402955D Date Of Birth 22/01/1994 Occupation INDOOR Date Of Driving Pass 06/11/2017

Driving Experience 0 YEAR AND 7 MONTH

Gender MALE

Mobile Number +65-87481779

Fax Number

Contact Number

EMail Address NOEMAIL Address BLK 7 KING GEORGE'S AVE #09-106

Postcode 20100

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

Type Of Accident COLLISION - MAJOR/MINOR RD

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

1

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)

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

I WAS DRIVING MY VEHICLE (SCK2437S) ALONG FRENCH ROAD CARPARK OUT. I WANTED TO TURN RIGHT. SUDDENLY, A VEHICLE (SJV2931R) CAME. I CAN'T STOP IN TIME AND COLLIDED ONTO VEHICLE B.

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 SJV2931R

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

Vehicle Category PRIVATE CAR

Name of Driver MR SEET

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:

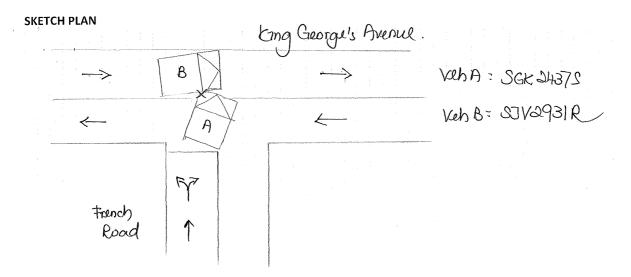
Policyholder's Signature

Date & Time:

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

Page 3 of 17

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DECLARATION

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

Amiroly

Policyholder's Signature Date & Time: Driver's Signature

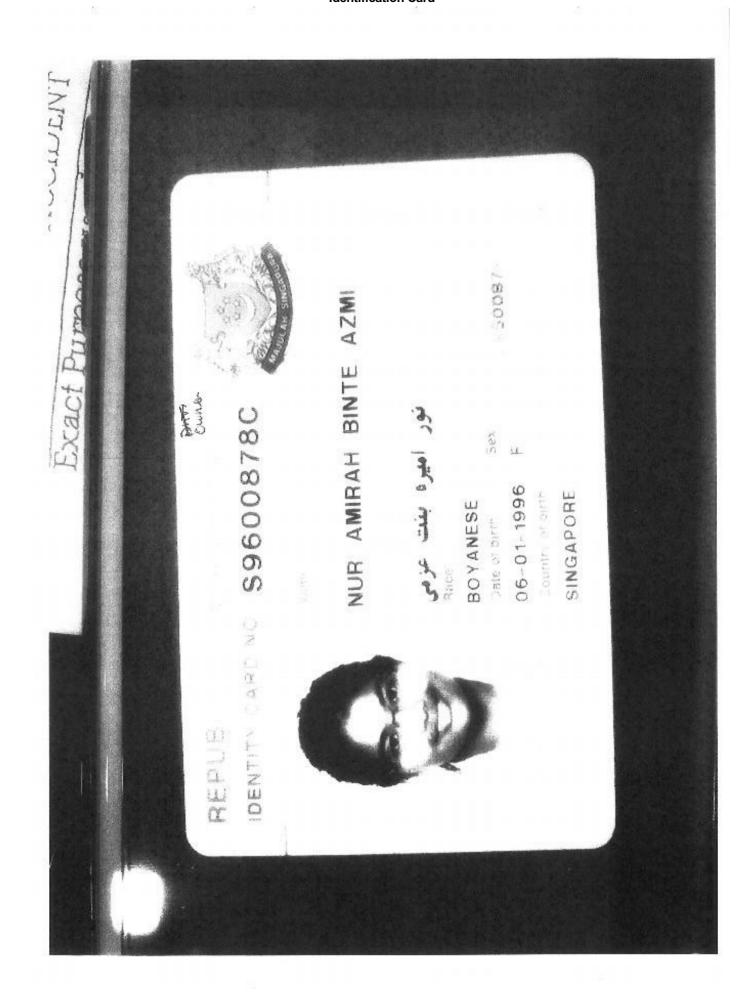
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

LETTER OF UNDERTAKING

| /We, MUR AMIRAH BINTE AZANI, the owner of vehicle | no. XCF 346 N |
|--|------------------------|
| My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, Insurance Singapore Pte Ltd, Insurance Singapore Pte Ltd, Insurance Singapore Pte Ltd with all relevant facts (fourteen) days of occurrence or discovery of damage. | mei shan submit submit |
| My/Our Third Party claim is handle by my/our preferred workshop, | |
| Signed and Acknowledge by: | |
| Amina O' Nric no. and signature of policyholder Company Stamp | 07/06 (00 C) Date |





Driving License





Driver 14/19/8748 1779





INSURANCE





AKA Sougarettes Pto Little 1200 389 4899 (Within Singapore) (86) 6880 4888 (International) (65) 6880 4149

(A) austoreanapre@axo.com.ug THE WOOM, NOW, COM, AR

Certificate of Insurance

02860

-Major white dee (Trans Porty Roberton Compensation) vo. 100 aprel 1864 - Major Ventron (Thirdword Hollers vo. Compensation) - Lies, 1864 - Revolt Seam and Art. 1887 (Major Ventron) - Allers Vol. (Trans Park Robert, 1876 In Alberta)

Policy details

184 CEO/25-U - 0, 5,04 1U/

Cological or busing
Cologic
Plan same,
Plan same,
Plan specification
Plan specification
Plan service
Purposi or Signification
Plan service
Plan serv

ASSE AMBRAN BINGS AZIST Third Ports, Fire & Theft Think Party, Fire & shelt ng. SCX24378

team 25/81/2818 to 25/01/2018 (total restant including) ESPACEMOTOR INADIAC

Comitantiquellor Princels Sizebby Princels Sizebby A02588557 1 DEMINE THE SHOOMS OF THE ALL INC. Mal

Persons or classes of persons exitting to drive?

ray the unage of the vehicle by the Policy Holder (man with it not covered and of the process) (ht Ary Named Priver se absted in this Policy:

1, MUTAMMAD AFANOLORIA ANDR

n) Any paradrockia in draing an ele Polityborder's olidar as with their permission

A water that the parent crising a periodest in concretance with the from singlet indentees or regulation to the black deficition has soon as partners and a net disput field by second in the from the second so partners and a net disput field by second in the control of the second so the second so

Literated as a Via Vices*
Use only for sorter, consumits and aluminose purmase and for the Pelitraheader's in ciness.

The pulley ones not made a sent or have research, as any uncomed my reliability rise, a provinced by the contago of guardant by the sent appearance resource of the pullege or to religious contago or the pullege or to religious contago or the pullege or the pull o realing should enough, musta, course or stry other rocase by wherever retries called that use typically used for realing, packet assets or court identify personant - Lapted on arriding asspective by testion exerting seter Unique (Three Sam River and Companies Conjust, Constant Sality of Confession for 15 to 10. INST Workship in a record to be besided on the reserve assembly

An Adelerana arasas is applicable as follows: 1, \$\$600 for organish Authorized Diffee

z, paperul for dentscent Young and toaspacies par cover

S. SQLEAC for underland Young and managed-arror bosons. Inflant Olivonal spaces in respect to \$52,000 of partiers allowed ASA Carollina. Violatheez.

Additional clauses & endersements to your policy

Lights harsby carrier over the policy to which Sus Centricate relocate is broad in accordance with the arcoider of the Moon Volicity (Toled Peter Disks and Communication, Act, Changer (\$50 epit Part Prof the Read State (\$50 fro. \$987 (\$45) system.

AXA insurance Pte Ltd

Authorized mensions

Important note

Programmer was common to the common total of a more resident payment container the Carcheser of a forward and the following the regional container and the container and the following the regional container and the container and

Short Place and Compensation Act Class. 1969.

The Francism Manurity Classes regarded the gradetim to be paid in anii more in executio period fasting which it was vicinity as no licelity under the policy, renewal confined. and one-week alth.

AXA insurance Pto Ltri (199903642V) & Sheeton Way, A24-DC, ARA Yours Singapore 068/8/11 Customar Centra, #91-03

2003















Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the <u>same</u> Authorised Reporting Centre with whom you submitted the Original Report.

with whom you submitted the Original Report. **ADDENDUM** (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No: MSME (80743(9 Vehicle Registration No: SCC 24375) Name(as shown in NRIC): MBML RACH(0 & MABDLL NRIC/FIN/Passport No: S9403955D (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate SIK 7 ROLG CHECKER I AVE #09-106 Singapore \$ 100) Address Contact (Tel) **Email Address** Date of Accident ACONG EMG GEORGE AVE Place of Accident Insurance Company: _ (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: AMEND ATTACHED SOFTER PLAN.

GWsRixiC avidendumboron, V

Date:

Policyholder / Driver's Signature

Reporting Centre Personnel's Signature

Name:

NRIC/FINNo.: Date: