

## 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	25/06/2018 14:16
Date Of Accident	23/06/2018 15:00
Exact Location Of Accident	ALONG TPE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGR4219H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	IMRAN BIN HARITH FADZILLAH
NRIC No	S7743260D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90252467
Alternative Phone No	OTHERS-90252467

### Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 SP HB
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA313695/1
Cover Note Number	

### Driver

Name of Driver	IRMAN BIN HARITH FADZILLAH
NRIC No	S7904971I
Date Of Birth	10/02/1979
Occupation	INDOOR
Date Of Driving Pass	05/09/2001
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90252467
Fax Number	
Contact Number	OTHERS-90252467
EMail Address	NOEMAIL

Address BLK 406C FERNVALE ROAD #10-55 S'PORE 793406

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured SIBLING

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 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? YES

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) 4

Passenger 1 NAME: : SITI NUR QAMARIAH BTE SADOLLAH  
GENDER: : FEMALE

Passenger 2 NAME: : NUR DHANIYA IRMAN  
GENDER: : FEMALE

Passenger 3 NAME: : MUHD DANIAL QAMARUL BIN RINORLY  
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

REFER TO SKETCH PLAN

#### 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 SHC8949A

Vehicle Make/Model/Colour HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR

Details Of Properties

Vehicle Category TAXI

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:



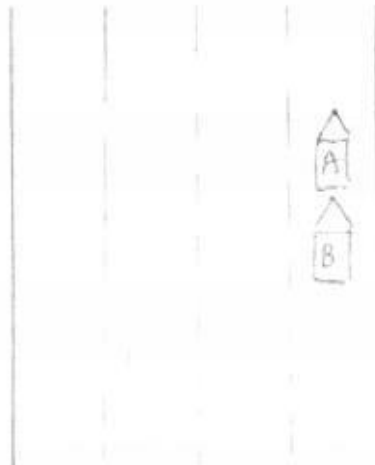
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name: 4416  
NPIC/FIN No.: 5240372

## Sketch Plan #2

### SKETCH PLAN



A - SGR 4219H

B - SHL 8949A

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 23/6/18 at 3pm, I was driving my vehicle A along TPE towards Chang. In front of the vehicle stop I felt a bit suddenly vehicle B hit on my rear portion.

### 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: J. L. M.  
NRIC/FIN No: 1204032119

Date of Accident : 23/6/18 Accident Time: 3pm (24-HR-Format)  
Accident Place : Along TPE towards Changi  
Vehicle No. (Car Plate No.) : SGR4219H Make/Model: Malua  
Insurance Company : AXIA Policy No: GA 313645/1  
Owner or Company Name /IC No. : Imran Bin Harith Fadzillah (57743260D)  
Owner or Company Contact No. : \_\_\_\_\_ Owner's Hp \_\_\_\_\_ Company Tel \_\_\_\_\_  
DRIVER'S Name / IC No. : Imran Bin Harith Fadzillah (7904911)  
DRIVER'S Date Of Birth : 10/2/1979 DRIVER'S License Pass Date \_\_\_\_\_  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: \_\_\_\_\_  
DRIVER'S Address : Blk 406C Fernvale Road #10-55 5793406  
DRIVER'S Contact No./ Alt No. : 1) 9025 2467 2) 8/9/2001  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address : \_\_\_\_\_  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 4 person  
Was there any video Captured by car camera: YES (NO)  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

Vehicle No: <u>SHC 8949A (1st car)</u>	Vehicle No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

Siti Nur Zamariah Bte Sadollah (F)  
Nur Dhanayah Imran (F)  
Mund Sanial Qamarul Bin Khorly (M)

## SKETCH PLAN

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  - (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.
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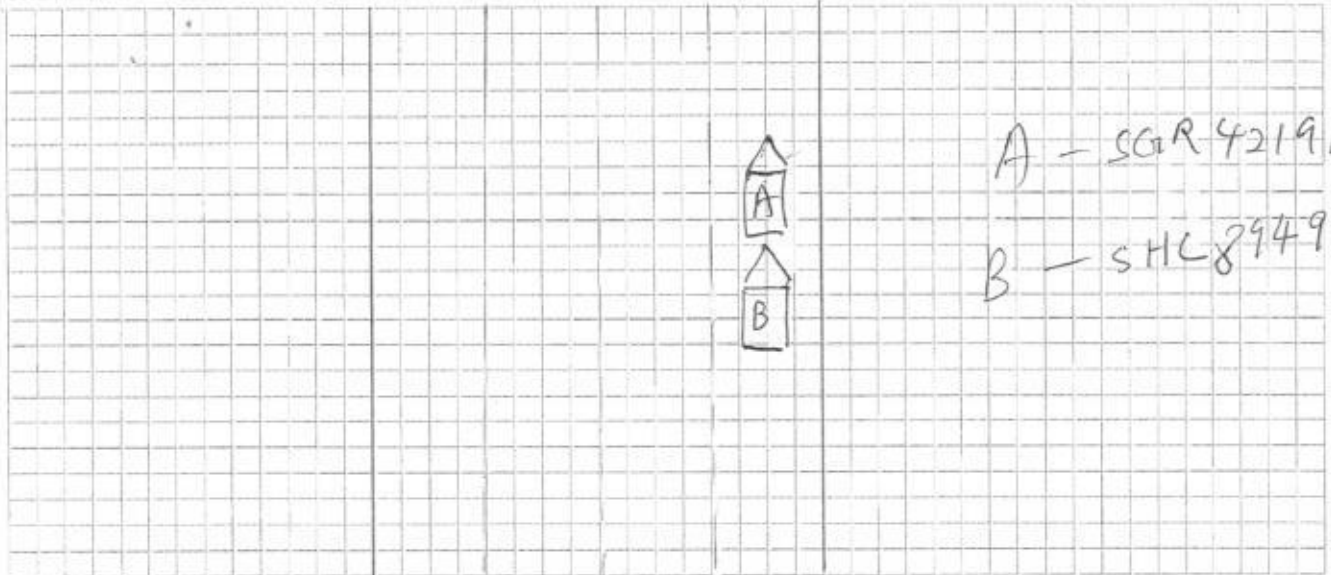
Policyholder's Signature  
Date & Time:



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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 23/6/18 at 3pm, I was driving my vehicle A  
 along TPE, towards changi. In front of the vehicle  
 stop. I fellow suit, suddenly vehicle B hit on my  
 rear portion.

## 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.: