

MSME18085758 / SME Motor Pte Ltd - Kaki Bukit  
ENTRY DATE & TIME: 03/07/2018 15:59  
SUBMITTED BY: Chia Pei Ying

## 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	03/07/2018 15:59
Date Of Accident	03/07/2018 06:50
Exact Location Of Accident	CTE TWDS PIE NEAR ANG MO KIO AVE 1
Country/State of Loss	SINGAPORE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU1292Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASMIRA BINTE MOHAMED YUSOFF
NRIC No	S8037403H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83215667
Alternative Phone No	OFFICE-83215667

## Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA347957
Cover Note Number	

## Driver

Name of Driver	ASMIRA BINTE MOHAMED YUSOFF
NRIC No	S8037403H
Date Of Birth	29/11/1980
Occupation	INDOOR
Date Of Driving Pass	11/05/2009
Driving Experience	9 YEARS AND 1 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83215667
Fax Number	
Contact Number	OFFICE-83215667
Email Address	NOEMAIL

Address BLK 348B YISHUN AVE 11 #12-563  
 Postcode 762348  
 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 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) 5  
 Passenger 1 NAME: : ADRA YUESSRNA  
 GENDER: : FEMALE  
 Passenger 2 NAME: : MOHAMED ASRINIQ  
 GENDER: : MALE  
 Passenger 3 NAME: : RAFIAH  
 GENDER: : FEMALE  
 Passenger 4 NAME: : ARMEEN MEJINA  
 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

I WAS TRAVELLING ALONG LANE 1 OF CTE TOWARDS PIE NEAR ANG MO KIO AVE 1 ON 03/07/2018 AT 0650HRS. I WAS STATIONARY AT THAT TIME. AS FOLLOWED THE CAR IN FRONT OF ME. SUDDENLY, I HEARD A BANG SOUND AND FELT AN IMPACT FROM MY BEHIND. VEHICLE B COLLIDED ONTO REAR PORTION OF MY VEHICLE.

#### 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 SGQ6502G  
 Vehicle Make/Model/Colour  
 Details Of Properties VEHICLE B

Vehicle Category	PRIVATE CAR
Name of Driver	CHARMAINE SIA SI MIN
NRIC/Passport Number	S9121296Z
Contact Number	82880221
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

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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.

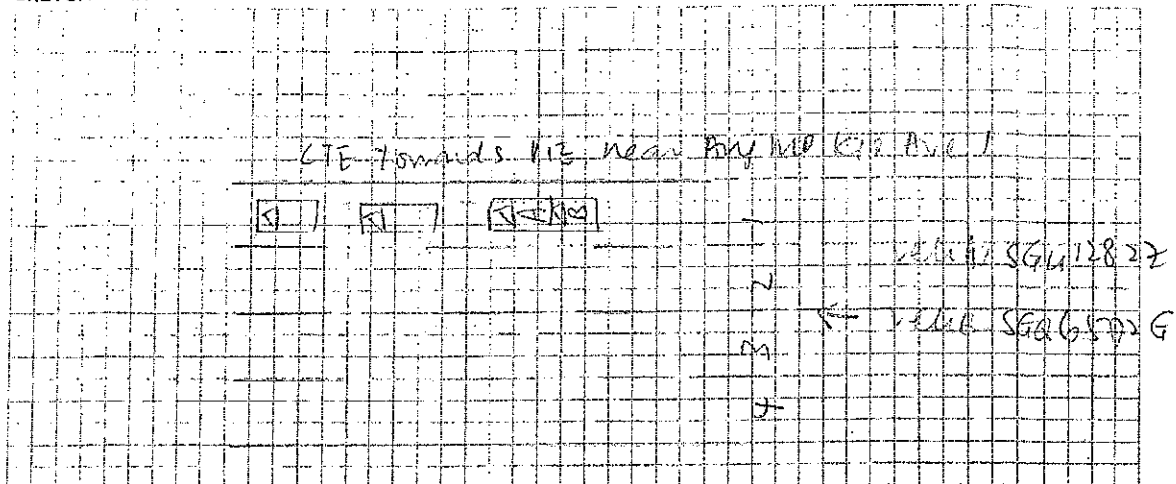
Policyholder's Signature  
Date & Time:

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 was travelling along lane 1 of CTE towards  
 PIE near Ang Mo Kio Ave 1 on 03-07-2018 @  
 0650hrs. I was stationary at that time  
 as followed the car in front of me. Suddenly,  
 I heard a bang sound and felt an impact  
 from my behind. Vehicle B was contacted  
 onto rear portion of my vehicle.

## 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.:

## Sketch Plan #3 Pg. 1


LETTER OF UNDERTAKING

I/We, Asmita Anur Mohamed Yusoff, the owner of vehicle no. SG412822

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, Hua very spray painting workshop

Signed and Acknowledge by:

  
Nric no. and signature of policyholder

\_\_\_\_\_  
Company Stamp

22/7/18  
Date