### 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 <u>truthful and accurate</u> 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.
- 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

altresalt.	
	ACCIDENT STATEMENT
Date Of Report	12/07/2018 13:33
Date Of Accident	10/07/2018 07:10
Exact Location Of Accident	YISHUN RING RD (CP BLOCK 634)
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLW3785K
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD FADILLILAH BIN DAUD
NRIC No	S8013740J
Email Address	MDFADILLILAH.CAG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96302485
Alternative Phone No	OFFICE-96302485
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2072047
Cover Note Number	
Driver	

Name of Driver MOHAMMAD FADILLILAH BIN DAUD

NRIC No S8013740J
Date Of Birth 15/05/1980
Occupation OUTDOOR
Date Of Driving Pass 12/12/2007

Driving Experience 10 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96302485

Fax Number

Contact Number OFFICE-96302485

EMail Address MDFADILLILAH.CAG@GMAIL.COM

Address BLOCK 791 YISHUN AVE 2 #06-1449

Postcode 760791

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?

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 1

NO

NO

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?

### **Circumstances of Accident**

### PLEASE REFER AS ATTACHED

### 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 UNKNOWN

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver SEE CHO NGAK

NRIC/Passport Number S7427823Z

Contact Number

Address BLOCK 612 YISHUN ST 61 #08-193

Postcode 760612

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust 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
- 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 indgement 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)

lunderstand, 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 (a) My insurer, my workshop and the General insurance Association of Singapore ( SIA ) respirate partition of Singapore collectively referred to as the "insurers"), the insurers' lawyers/lew 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
- (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.

Car bump

(collectively the "Purposes")

- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

12/07/2018 12/07/2018 Witnessed by Reporting Centre Driver's Signature (if driver is not the policyholder) / Date Policyholder's Signature / Date & Parsonnel & Time Sketch Plan Reverse 10to or Grey 104 CUV

# **Accident Sketch Plan**

At around 0700h	Accident 1 was driving into
A STATE OF THE PARTY OF THE PAR	the state of the state of
Michan Runo Road	7 P 10( K (0 ) 1 1 C P (1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1-1 empty concor	10+ 1 prece my hacked light indicator
to just him allow	driver that I'm entering the lot than
also closek	my blind by my left & rear mirror before
and also creck	I I I I I I I I I I I I I I I I I I I
A DAVIC MY CAV:	
,	my Land A OF
That is Wi	here I realized in a normal speed 7 05
144611 13	
	Mich on Pina
At around 1900h	is lenter this carpart near Mishan Ring
Road Parpak bi	JOCK 634, to park my car 1 realized awhite
driving in to look	for a corpart 107 dehile Walting I hazard
i light at	
	TO THE OWN DIVIOR DOTTO
104-	The 1 notice sofer there is also empty 107
A4 about 1905	WIS I HAVE THE THE THE THE TENT OF THE TEN
awhile driving int	to the lot 1 checked my left, right blind me
smoth to confirm	
	there was no car.
Vear mirror.	THERE Was the Care.
	at a top form looking
In Sudden -	this car in over just enter from behind
me total their	which my car that his car bump- He
110 - 110 th 10	my, fault for not looking at his car, which
claim that is	Thou and a second
1 mentiuned a	11 11 11 11 11 11 11 11 11 11 11 11 11
received light	T VIVIS OVI IVE DITUITI
exinance HE'K	driving licence, address, that all 95
VIII III	he was in a rush to go some other place.
	ME DAME WISTING
accident happ	en ground 1910hrs
- 11	
Declaration	Λ
	rs are true in every respect.
2,000	rs are true in every respect.
Declaration  We declare the foregoing particular	rs are true in every respect.
2,000	rs are true in every respect.
	to .
	rs are true in every respect.  12/07/2018  Diver's Signature (if driver is not the policyholder) / Date  Witnessed by Reporting Centre

**AXA INSURANCE PTE LTD** 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #81-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



### CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 Road Transport Act. 1987 (Malaysia) Motor Vehicles (Third-Risks and Compensation) Rules. 1960 Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VPA/P2072047 Account No. : 14885

Coverage : Comprehensive (SmartDrive Toyota Prestige)

Sum Insured : Market Value At The Time Of Loss : MOHAMMAD FADILLILAH BIN DAUD Name of Policy Holder

Vehicle Registration No. : SLW3785K

Period of Insurance : From 09/02/2018 To 08/02/2020 (Both Dates Inclusive)

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

(a) The Policyholder The Policyholder may also drive a Motor Car not belonging to or not hired (under a hire purchase agreement or otherwise) to him or his employer or his partner

(b) Any other person who is driving on the Policyholder's order or with his permission Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

#### LIMITATIONS AS TO USE\*

Use only for social, domestic and pleasure purposes and for the Policyholder's business Use only for social, domestic and pleasure purposes and for the Policyholder's busine The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speedtesting, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

(01)

## Basic Own Damage Excess

: SGD 500.00

An Additional Excess is applicable as follows: \$\$2,500.00 for Young or Inexperienced Driver. Young or Inexperienced Driver is defined as any driver whom is aged below 23 years old and/or less than one year of driving experience.

(Please refer to your policy on the terms & conditions). Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGOAGPH on 20/02/2018

#### IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189). The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.











