### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

Contact Number EMail Address

- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/07/2018 15:38
Date Of Accident	26/07/2018 12:15
Exact Location Of Accident	ANG MO KIO AVE 3
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH1513U
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED RIZWAN BIN ABDUL GANI
NRIC No	S8324718E
Email Address	VIVA_LA_SCOOT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90722904
Alternative Phone No	OTHERS-90722904
Vehicle Particulars	
Manufacturer	ТОУОТА
Model	RUSH 1.5X A
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	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	CN001540
Cover Note Number	07/06/2018 - 06/06/2019
Driver	
Name of Driver	MOHAMMED RIZWAN BIN ABDUL GANI
NRIC No	S8324718E
Date Of Birth	15/08/1983
Occupation	INDOOR
Date Of Driving Pass	15/05/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90722904
Fax Number	

OTHERS-90722904

VIVA LA SCOOT@HOTMAIL.COM

Address BLK 476A UPP SERANGOON VIEW #15-500

Postcode 531476

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

Number of Passengers (Including Driver)

**Details of Police Action** 

Was the accident reported to the police?

NO

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

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 SHD4302L

Vehicle Make/Model/Colour

**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)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  Arg MOLIO AVC B	Date of accident: <u>26/</u> 0	7/2018 Time: 12:15 Locatio	on: Arg mo kio AVE3
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along Ang mo kio are 3, I filtered to the extreme right lane to turn to Ang mo kio are 6. As I'm maxing in to the right lane tax is SHD 43021 was driving slowly. As I'm alredy in the extreme right land just behing the tax is drover slow, when suddenly the tax is drover slow, when suddenly the tax is drover slow, when suddenly the tax is drover land flower land that resulted my which to being the tax is rear bumple. No physical signs of damage to the tax is rear bumple. While reversely only damage who claimed he damaged his rear bumple while reversely only damage who claimed he damaged his rear bumple. While reversely all that is damaged.  My vehicle place remarks was damage due to the accident theets all that is damaged.  Claim OD/TP at Ah Lim Motor   Claim OD/TP at other workshop   Reporting Only Remarks: Please forward a copy of my efile accident report to:  My versishop:  Email address:  Remarks: Please forward a copy of my efile accident report to:  My versishop:  Email address:  Remarks: Please forward a copy of my efile accident report to:  My versishop:  Email address:  Remarks: Please forward a copy of my efile accident report to:  My versishop:  Email address:  Reporting Centre Personnel's Signature  Declamation  I/We declare the foregoing particulars are true in every respect.  Policytiolder's Signature  Dete & Time:  Dete & Time:  Dete & Time:  Note:   Note:	My Vehicle A: _SJH 151	3'U Vehicle B: SHD 430	있L Vehicle C:
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT  I was driving along Ang mo kito are 3, I filtered to the extreme right lane to two to Ang mo kito are 6. As I'm extreme right lane to two to Ang mo kito are 6. As I'm moving in to the right lane Tax's SHD 4302L was drived slowly. As I'm alredy in the extreme right lane just behind the Tax's I drove slow, when suddenly the tax's drove behind the Tax's I drove slow, when suddenly the tax's drove slower I cant least fast enough to step on my brakes and that resulted my rehidle to being the tax's new bumper. No physical signs of damage to the tax's new bumper. No physical signs of damage to the tax's new bumper. Delt moves on tax's rear and all cause by the driver's own damage who claimed he damaged his rear bumper while revenience of this carpark, not caused by my rehicle.  My vehicle place number was damage due to the archdent theres all that is damage.  Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Preporting Only Remarks: Please forward a copy of my efile accident report to:  My workshop:  Email address:  & myself:  Email address:  &	SKETCH PLAN		
I was driving along Ang mo kio are 3, I filtered to the extreme right lane to two to Ang mo kio are 6. As I'm moring in to the right lane taxi SHD 4302L was driving slowly. As I'm alredy in the extreme right lane just behind the taxi i drove slow, when suddenly the taxi drow much slower I cant react fast enough to step on my brakes and that resulted my rehicle to bong the taxi's rear bumper. No physical signs of damage to the taxi's rear bumper. Dent marks on taxis rear all are bumper. While reversions at his carpark, not caused by my rehicle.  My vehicle plate number was damage due to the accident. there all that is damage.  Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Preporting Only Remarks: Please forward a copy of my effle accident report to:  My workshop:  Email address:  & myself:  Email address:  & myself:  Email address:  **Wira_la_Scoot** District.**  Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.  DECLARATION  **Inversion of the policyholder of the same:  **Delicyholder's signature Driver's signature (if driver is not the policyholder)  **Date & Time:  **Dolicyholder's signature Oriver's signature Name:  **Name:  **Na		Ang MULIO AVE 3	Angero A
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extreme right lane to two to Any mokio axe 6. As I'm moxing in to the right land Taxi SHD 43021 was driving slowly. As I'm alredy in the botrame right land just behind the Taxi I drove slow, when suddenly the taxi drow much slower I cant react fast enough to step on my brakes and that resulted my rehidle to bong the taxi's rear bumper. No physical signs of damage to the taxi's rear bumper. Dept makes on taxis rear all the damaged his rear bumper while reresting at his carpark, not caused by my vehicle.  My vehicle place number was damage due to the acident. there all that is damage.  Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only Remarks: Please forward a copy of my efile accident report to:  My workshop:  Email address:  & myself:  Email address:  & myself:  Email address:  X myself:  X more information.   DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's signature  Date & Time:  (If driver is not the policyholder)  Date & Time:  Date & Time:  Name:	I was driv	ing along Ang mo KID o	ave 3, I filtered to the
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Policyholder's Signature  Policyholder's Signature  Policyholder's Signature  Policyholder's Signature  Policyholder's Signature  Policyholder's Signature  Date & Time:  Puriver's Own damage who claimed he damaged his rear bumper  Muile Plepylicing at his carpark, not caused by my vehicle.  My vehicle plate number was damage due to the accident. Hauts  all that is damage.  Claim OD/TP at Ah Lim Motor   Claim OD/TP at other workshop   Preporting Only  Remarks: Please forward a copy of my efile accident report to:  My workshop:  Email address:  & myself:  Email address:  Viva   A - Scoot A hotmail Com.  Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature  Oriver's Signature  Oriver's Signature  Oriver's Signature  Oriver's Signature  Name:  Name:  Name:  NRIC/FIN No.:			
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My Vehicle plate number was damage due to the acident. Hauts  all that is damage.  Claim OD/TP at Ah Lim Motor   Claim OD/TP at other workshop   Reporting Only  Remarks: Please forward a copy of my efile accident report to:  My workshop: Email address: & myself: Email address: VIYA _ IQ_SCOOT   Not mail. Com.  Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:   Oriver's Signature   Oriver's Oriver'	arrevs ou	in danage will claimed he a	samagea his rear bumper
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Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only  Remarks: Please forward a copy of my efile accident report to:  My workshop: Email address: & myself: Email address: VIYA _ \( \lambda \) \( \subseteq \) \( \lambda \) \( \text{TMAIL} \) \( \lambda \) \( \lambda \)  Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Driver's Signature Reporting Centre Personnel's Signature Name: NRIC/FIN No.:	ail that is	damage.	
Remarks: Please forward a copy of my efile accident report to:  My workshop: Email address: & myself: Email address: VIVA_IQ_SCOOHDIATMAILCOM.  Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:  Oh 1712016  Date & Time:  NRIC/FIN No.:			
My workshop: Email address: & myself: Email address: VIVA_IQ_SCOOTO NOTMAIL.COM.  Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.  DECLARATION  I/We declare the foregoing particulars are true in every respect.  Policyholder's Signature Date & Time:  Date & Time:  Date & Time:  Date & Time:  NRIC/FIN No.:	Claim OD/TP at Ah	Lim Motor Claim OD/TP at other	workshop Reporting Only
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Policyholder's Signature Date & Time:  NRIC/FIN No.:	DECLARATION		
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Date & Time: (If driver is not the policyholder) Name: $26/7/2018$ Date & Time: NRIC/FIN No.:			401014
26/7/2018 Date & Time: NRIC/FIN No.:		-	-
5 A STATE OF THE S	26/7/2018	Date & Time:	NRIC/FIN No.:

### 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)

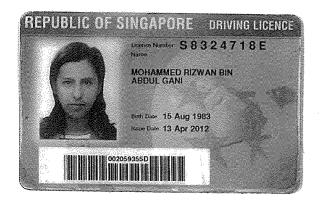
I understand, acknowledge, agree and consent that:

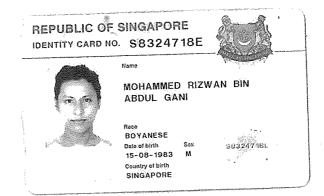
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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

26/07/2018

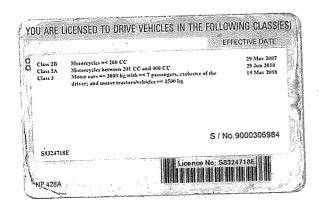
Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





I pax
No injurits
Clear e dry.
No video.

90722904





### **AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axa.com.sg GST Registration Number: 199903512M



\$ 1381.79 Original

Agent Code: 09116

Policy No.(if anv):

**New Business** 

SmartDrive Quote Ref:

### MOTOR COVER NOTE

No. CN001540

- o The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

### SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	Mohammed Rizwan bin Abdul Gani
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA RUSH 1.5 1.5X A
VEHICLE REGISTRATION NO.	SJH1513U
YEAR OF MANUFACTURE	2008
ENGINE NO.	3SZ2114684
CHASSIS NO.	J200E0022631 '
ENGINE CAPACITY/TONNAGE	1500
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE 3	KENSO LEASING PTE LTD
VALUE (S\$)	1381.79
PERIOD OF INSURANCE	FROM: 07/06/2018 TO: 06/06/2019
EXCESS (S\$)	2800
AXA PREMIUM WORKSHOP?	YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA),

德威信貨和人有限公司 ECK WEI CREDIT PTE LTD Co. Reg. No. 200512300K 210 Luf Club Road, The Grandstand Lot A8 Singapore 287995 公3465 0020 Fax: 6465 0017

email: info@teckwei.com.sg

Issued by TECK WEI CREDIT PTE LTD on 06/06/2018 10:54 am

AXA INSURANCE PTE LTD

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

## PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid. For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

j	<b>!</b> /\	redefining / msurance
Da	ate: _	$\frac{3617[3618]}{8JH[37]}$ ner of Vehicle Number:
To	o: Owr	ner of Vehicle Number: SJH 13-13
Th st	ne foll aff, <u>Z</u>	owing has been advised to you via your workshop, Ah Lim Motor Company through their ile / Eileen / Mui Hong.
Pl	ease t	ick the applicable box if you had been advice on the content as seen below:
( <b>V</b> )		You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
(	)	You had been advised by the workshop on the liability and merits of the case accordingly.
(	)	You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
(	)	There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
(	)	There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
(	)	The estimated waiting time for the spare parts to arrive is The estimated arrival time does not include the repair period.
(	)	You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
(	)	For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
		For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.
(	)	You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repairs on workmanship related to the accident.
(	)	For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
V	<b>/</b> )	Others Reporting Only
Sig	gned a	and acknowledge by:
	6	
Na	ame a	nd signature of policyholder/authorised driver
N	ame a	nd signature of warkshop personnel including company stamp







