#### 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.

7. 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	07/08/2018 12:03
Date Of Accident	06/08/2018 06:05
Exact Location Of Accident	WOODLANDS STREET 71 TOWARDS WOODLANDS AVE 7
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SDH6887D
Insured/Policyholder	
Name Of Registered Owner	ZARINA BINTI HASSAN
NRIC No	S1614317J
Email Address	ZARINA.HASSAN@LW.COM
Mobile Phone No	(LOCAL) +65-98384468
Alternative Phone No	OTHERS-98384468
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ESTIMA-2.4 (A)

Model 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 **COMPREHENSIVE** 

Fleet Policy NO

Policy Number GA231668/1

Cover Note Number

**Driver** 

Name of Driver AZMAN BIN HUSSIN

NRIC No F2720862L Date Of Birth 01/06/1962 Occupation **INDOOR Date Of Driving Pass** 29/09/2001

**Driving Experience** 16 YEARS AND 10 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98384468

Fax Number

Contact Number

**EMail Address NOEMAIL** 

BLK 637 WOODLANDS RING ROAD #03-73 Address

**SINGAPORE** 

Postcode 730637

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** 

**COLLISION - HEAD TO REAR** Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO Number of vehicles involved in the accident 2

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver) 1

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES NO Was there any video captured by Car Camera? Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

SHD7135H Vehicle Registration Number

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)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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>.
- 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.
- 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.
- 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:
  - 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.:

GIARMC SketchPlanForm\_V3

7

# SKETCH PLAN Legend Vehicle Bike DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details. Reporting Centre Personnel's Signature Driver's Signature Policyholder's Signature (If driver is not the policyholder) Name: Date & Time: 07/08/18 NRIC/FIN No.: Date & Time: GIARMC SketchPlanForm\_V3

## **Common Statement**

ACCIDENT STATEME This is NOT an admission of bitme / liability, but, and facts which will speed up the settlement of of [1] Date of accident Time [2] Exact	a summary of identities		ntre: Prog	To be signed by BOTH drivers				
10000 11 11	sodlend S		Novalland	3 Injuries even if slight No Yes #				
Material damage To vehicles other than vehicles A and B   To o	blects other than vehic	5 Witness' name		no. (to be underlined if he/she " Valida Video				
No Yes * No	Yes			No Yes				
Registration No. (VEHICLE A) SDH 6887 D  IS Insured / policyholder (see insurence cert.) Name ZARINA BIN7 I		12 CIRCUMSTANCES a cross (X) in each of the rooxes applicable to your vel	elevant	(VEHICLE B) SHD +135 4.				
(capital letters) LASSAN	D2	Collided into Bloyclist	30	(capītal letters)				
ASGRESS BILL 637 Wovalland	0 00	Collided into Metorcyclist	303	Address				
Roy Rd +107-72 70	0037-	Collided Into Parked Vehicle	40	0				
NEUC / Pessport no. S16143177	- 06	Collided Into Pedestrian Collided Into Property	5D 6D	NIDSC / December of				
Tel no. (from 9am till 5pm)	107	Collision - Change/Cross Lane	70	Tel no. (from 9am titl 5pm)				
9838 4468 -	D8	Collision - Cross America	80	The state of the s				
7 Vehicle	D)	Collision – Head on Collision	90	7 Vehicle /				
Make, type TuyJe [STIMA	D11	Collision - Nead to Sear C	100	water type Itymal				
gi Ingurance company	G32	Californ - Opening Door of Vehicle	120	g) Insurance company				
AKA - OC OTPFT OTPC	-	Collision - Roundabowt	130	□C □TPFT □TPO				
No Yes Vos	D24	Colfision - U-Ture	140	Does the policy cover damage to vehicle 8?				
	0:6	Crink Driving / Drug Influence Fite, Deployees or Uplealing	15D 16D	No L Yes L				
Policy No.	- D22	Flood	1743	Policy No. (e' aveitable)				
Same as Owner	r (318 Ht)	end Plus / Vandullars / Damaged vehillst Par	ted :8D	D Driver (See driving licence)				
Name AZMAN Bin Husson	D19	HR by Fallen Tree / Other Objects	190	(if different from insured B above) Name				
(capital letters)	- 1037	No Collision		100 (capital letters)				
NRIC/Passport no. F)720P62L	D23 Side Skipe			HRIC / Pessport no.				
Class of licence 3				Class of licence				
Gendar Male Female		State TOTAL number of ooxes marked with a cros		Gender Male Female				
I Gindicate the point Pleas of initial impact with 3, the an arrow (-b)	13 Sketch	of accident when impact occ of the road - 2,the direction of ve of impact - 4, the road stone - 5, r	ment 13	arrows - of initial impact with				
MAL								
8 DIRE	FFR	TO ATTA	$\Lambda \cap H$					
	1		70111	#				
11Visible damage to vehicle A				11 Visible damage to vehicle B				
From Left								
TON 18								
minus.								
	vely production civoter	anda to one of the statches on the	20-41					
14My remarks	1.5	Signatures of drivers	15	24 My remarks				
	1	Porto antigo con sono del controlo del contr						
	1	1						
	A		В					
			(00%)					
<ul> <li>In the event of injuries or in the event of sorrage to prote vehicles A and B, give information overleaf</li> </ul>		net alter anything in the staliament after sequently, each driver should take one o		For insured's Individual Statement (Part II) see overleaf →				

# **Individual Statement**

# Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUA To be completed and	submitted within 24	hours to your	insurer or Idac or a		workshop (Use a	orkshop Email, separate she	es, or pap	EL MEICHE I	Portogon y	_	-	
nsured	1 Occupation (if mo 2 Vehicle registration		cc J2	Sec		Email: ercial vehicle ble carrying	, state	e-has	son	lw·c	31	
f which vehicle are	3 Is driver the owner		No If no, Start	Relationsh or with own		state the vehicle	e number a	nd name of ide (where	applicable)	Arch	m	
ou the owner?	Others - pleas 5 Is the vehicle stiff	e specify_ in use? (Yes)	No 1 Insurance policy for rep	no, state	where it is at presi		aluse [	Hire & n	ewardTel no.		re	
	If no, state action				CONTRACTOR	Third Party	(Own \	Worksho	op)			
	7 Date of birth 0106 67	Occupation	ner .				Was vehicle driven with the insured's permission?			Was driver an employee of the insured's company?		
Driver or person in charge of vehicle at		Indoor	Outdoor			(es)	No		Yes	(No		
he time of accident including insured)	8 Give details of an	y pre-existing im	pairment of sight or he	saring and	of any other disabi	lity						
	9 Full details of all	driving conviction	s including pending pa	osecution	in the last 36 mor	iths						
	Date			Offence					Penalty		_	
											_	
	10 Name(s), addres approximate agr		Injuries sustained If vehicle occupants, state in which vehicle				Were seat belts being worn?			Was injured conveyed to hospital by ambulance?		
Injured persons						Yes	1	lo .	Yes	No	I	
			-	-		Yes	-	10	Yes	No No	÷	
			-	-		Yes	+	80 :	Yes	No	t	
Damage to property is vehicles (other than vehicles A and B)	11 Name(s) and ac owner(s)	idress(es) of	Vehicle registration no. or details of property Nature of damage					Insurer's name and address (if known)				
											=	
	12 Was the accider If yes, please st	nt reported to the ate which Police			No							
Police action	13 Was notice of it If yes, against v	Constant of the Constant of th	ion given? Yes	]	No							
	14 Weather conditi	ons Ges		Raini	9	0	thers				_	
	15 Road surface Wet Dry Others						Others					
	16 Speed of vehicl	16 Speed of vehicles A L() km/hr B km/hr										
Accident deta1s	19 Were street ligh	its illuminated?	Yes Yes	No.	]			on-y				
	20 If your vehicle	is commercial, str sent happened, w	our vehicle/the other v ite weight of load carr lidth of roads, speed li notuding Driver)	ied at time								
Declaration	I William Street Street		us are true it every re	spect								
	Policyholder's si Driver's signatur		ot the policyholder)		11	/-	Date	0	7/08	/18		





AXA Insurance Pte Ltd

1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)

(65) 6880 4740

□ customer.care@axa.com.sg

www.axa.com.sg

# **Certificate of Insurance**

account number

-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-Party Risks ) Rules 1969 - Road Transport Act 1987 (Malaysia)

# Policy details

 Policyholder name
 ZARINA BINTE HASSAN
 Certificate number
 GA231688 / 1

 Cover
 Comprehensive
 Chassis number
 ACR500004372

 Plan name
 Essential
 Engine number
 2AZC054746

NCD applicable 30% Vehicle registration number SDH6887D

Period of Insurance from 23/06/2017 to 23/10/2018 (both dates inclusive)

Finance loan company MOTOR UNIVERSE CREDIT PTE LTD

#### Persons or classes of persons entitled to drive\*

(a) The usage of the vehicle by the Policy Holder (Insured) is not covered under this policy

(b) Any Named Driver as stated in the Policy

1. AZMAN BIN HUSSIN

(c) Any person who is driving on the Policyholder's order or with their 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

#### Limitation as to use\*

Use only for social domestic and pleasure purposes and for the Policyholder's business

The policy does not cover - use for hire or reward racing pace-making reliability trial speed testing 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.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Fisks and Compensation) Act. (Chapter 189) and Section 95 of the Road Transport Act. 1997 (Malaysia) are not to be included under these headings

 EXCESS
 Basic Own Damage Excess
 SGD 500 00

 Windscreen Excess
 SGD 100 00

An Additional Excess is applicable as follows

- 1 S\$500 for unnamed Authorised Driver
- 2 S\$500 for declared Young and Inexperienced Driver
- 3 \$\$5.000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$\$2.500 if You have chosen AXA Premium. Workshops

#### Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

M Authorisad panatura

Authorised signature

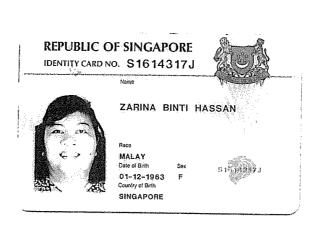
#### Important note

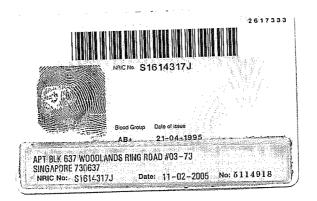
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation 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 endorsement etc.

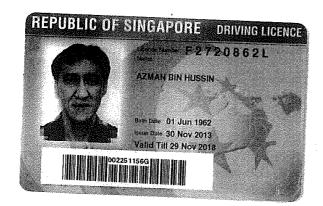
**1** of 3

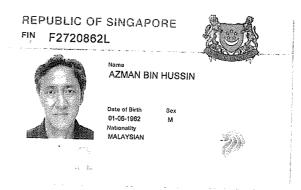
## **OWNER NRIC Pg. 1**

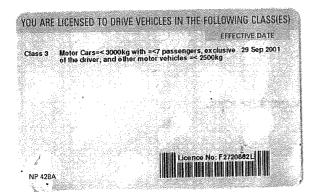




#### **DRIVER NRIC & LICENSE Pg. 1**









#### **AUTHORIZATION LETTER**

Date: 78/2018
AXA Insurance Singapore Pte Ltd 8 Shenton Way #27-01, AXA Tower, Singapore 068811
Re: Authorization – Report Accident: 682
I, Zaning Binti Hassan NRIC: S16143175 the owner of the said vehicle hereby authorise the driver: Azman Bin Hussin, NRIC: F2720862 L to make accident report.
Thank You
Name: Zariha Binti Hassan NRIC: S1614317J HP: 96534245 Address: Black 639, Woodlands Ring Read, #03-73, Singapore 730637











