

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	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)
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	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	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

Address	BLK 637 WOODLANDS RING ROAD #03-73 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

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	2
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)	1

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

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	SHD7135H
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

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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: 07/08/18
11:50am

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

Sketch Plan #2

SKETCH PLAN

SKETCH PLAN

Woodland Ave 7'

Vehicle No.

A - SDH 6887 D

B - SHD 71354

Woodland St 7'

Legend

Vehicle

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Was driving slow at Woodlands Avenue 7, stopped at zebra crossing, then the taxi in front of me started to move since there's no pedestrian crossing. Then the taxi stopped again immediately. I wasn't able to brake in time & knocked the back of the taxi.

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.

Policyholder's Signature _____

Date & Time:

GIARMC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 07/08/18
11:55am

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident: 06/08/18 Time: 16:45		2 Exact location of accident: Woodland St 71 Towards Woodland Ave 7		To be signed by BOTH drivers	
3 Injuries even if slight		4 Material damage		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	
No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		Vehicle Video Camera Available: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) SDH6PPTD

6 Insured / policyholder (see insurance cert.)

Name ZARINA BIN TI (capital letters) HASSAN

Address B116 637 Woodlands Ring Rd, #103-77 770037

NRIC / Passport no. S1614317J

Tel no. (from 9am till 5pm) 9838 4468

HP 9838 4468

7 Vehicle

Make, type Toyota Corolla

8 Insurance company AXA

Does the policy cover damage to vehicle A? No ☐ Yes ☒

Policy No.

9 Driver

Name AZMAN Bin Hussin (capital letters)

NRIC / Passport no. F2720P62L

Class of licence 3

HP 454506

Gender Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | |
|----|---|
| 01 | Chain Collision |
| 02 | Collided into Bicyclist |
| 03 | Collided into Motorcyclist |
| 04 | Collided into Parked Vehicle |
| 05 | Collided into Pedestrian |
| 06 | Collided into Property |
| 07 | Collision - Change/Cross Lane |
| 08 | Collision - Cross Junction |
| 09 | Collision - Head on Collision |
| 10 | Collision - Head to Rear |
| 11 | Collision - Major/Minor Rd |
| 12 | Collision - Opening Door of Vehicle |
| 13 | Collision - Roundabout |
| 14 | Collision - U-Turn |
| 15 | Drunk Driving / Drug Influence |
| 16 | Fire, Explosion or Lightning |
| 17 | Flood |
| 18 | Hit and Run / Vandalism / Damaged whilst Parked |
| 19 | Hit by Fallen Tree / Other Objects |
| 20 | No Collision |
| 21 | Side Swipe |
| 22 | Theft |

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) SHD71354

6 Insured / policyholder (see insurance cert.)

Name (capital letters)

Address

NRIC / Passport no.

Tel no. (from 9am till 5pm)

HP

7 Vehicle

Make, type Hyundai

8 Insurance company

Does the policy cover damage to vehicle B? No ☐ Yes ☐

Policy No. (if available)

9 Driver (See driving licence) (if different from insured B above)

Name (capital letters)

NRIC / Passport no.

Class of licence

HP

Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

From left side

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Plc Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Email / Fax (if any): <u>Cuiping@carway.com.sg</u>													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)															
Insured	1 Occupation (if more than one, state all): <u>Legal Secretary</u> Email: <u>zarinah.hassan@alw.com</u>														
Of which vehicle are you the owner?	2 Vehicle registration no. <u>SDH 6887D</u> CC <u>2-4</u>		If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state Relationship of Driver with owner <u>Spouse</u>		state the vehicle number and name of insurer of driver's own vehicle (where applicable): <u>As above</u>												
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify														
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
<input type="checkbox"/> A	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
<input type="checkbox"/> B	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth <u>0106 62</u>	Occupation <u>Driver</u>	Date of license pass <u>29092011</u>												
	Indoor <input type="checkbox"/> Outdoor <input type="checkbox"/>		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
			Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability														
9 Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
			Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>												
			Was injured conveyed to hospital by ambulance? Yes <input type="checkbox"/> No <input type="checkbox"/>												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
			Insurer's name and address (if known)												
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, please state which Police station _____														
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	If yes, against whom? _____														
	14 Weather conditions	<input checked="" type="checkbox"/> Clear	<input type="checkbox"/> Raining												
	15 Road surface	<input type="checkbox"/> Wet	<input checked="" type="checkbox"/> Dry												
	16 Speed of vehicles	A <u>10</u> km/hr	B <u> </u> km/hr												
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____														
	20 If your vehicle is commercial, state weight of load carried at time of accident _____														
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)														
22 State number of Passengers (Including Driver) <u>1</u>															
Declaration	I/We declare the foregoing particulars are true in every respect.														
	Policyholder's signature _____		Date _____												
	Driver's signature (if driver is not the policyholder) _____		Date <u>07/08/18</u>												



redefining / insurance

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
 15139

-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 1959 (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 Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act 1987 (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 S\$5 000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$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

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


AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

1 of 3

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1614317J




Name
ZARINA BINTI HASSAN




Race
MALAY
Date of Birth 01-12-1963 Sex F
Country of Birth SINGAPORE

S1614317J

2617333



NRIC No. S1614317J



Blood Group AB+ Date of issue 21-04-1995

APT BLK 637 WOODLANDS RING ROAD #03-73
SINGAPORE 730637
NRIC No: S1614317J Date: 11-02-2005 No: 6114918

DRIVER NRIC & LICENSE Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Photo Number: **F2720862L**

Name: **AZMAN BIN HUSSIN**

Birth Date: **01 Jun 1962**

Issue Date: **30 Nov 2013**

Valid Till: **29 Nov 2018**

Barcode: **002251156G**

REPUBLIC OF SINGAPORE

FIN **F2720862L**

Photo

Name: **AZMAN BIN HUSSIN**

Date of Birth: **01-06-1962**

Sex: **M**

Nationality: **MALAYSIAN**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 3 **Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg**

EFFECTIVE DATE: **29 Sep 2001**

NP 428A

Licence No: **F2720862L**

FA2093605

VISIT PASS

Immigration Regulations

FIN **F2720862L** **PLUS**

Photo

Fingerprint

Date of Issue: **24-05-2018**

Date of Expiry: **24-05-2023**

Barcode

YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU

AUTHORIZATION LETTER


Date: 7/8/2018

AXA Insurance Singapore Pte Ltd
8 Shenton Way
#27-01,
AXA Tower,
Singapore 068811

Re: Authorization – Report Accident: 6/8/2018

I, Zarina Binti Hassan, NRIC: S1614317J, the owner of the said vehicle
hereby authorise the driver: Azman Bin Hussin, NRIC: F2720862 L to
make accident report.

Thank You


Name: Zarina Binti Hassan
NRIC: S1614317J
HP: 96534245
Address:

Block 637, Woodlands Ring Road,
#03-73, Singapore 730637

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

