

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	11/09/2018 14:24
Date Of Accident	10/09/2018 00:30
Exact Location Of Accident	ALONG TECK WHYE CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB9452R
Insured/Policyholder	
Name Of Registered Owner	AMRAN BIN MOHD YASAN
NRIC No	S1792213J
Email Address	AMRAN@ASSYAKIRIN.MOSQUE.ORG.SG
Mobile Phone No	(LOCAL) +65-91184934
Alternative Phone No	OTHERS-91184934

Vehicle Particulars

Manufacturer	SUZUKI
Model	SWIFT 1.2XG 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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA315034/1
Cover Note Number	

Driver

Name of Driver	AMRAN BIN MOHD YASAN
NRIC No	S1792213J
Date Of Birth	07/03/1967
Occupation	INDOOR
Date Of Driving Pass	10/05/2006
Driving Experience	12 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91184934
Fax Number	
Contact Number	OTHERS-91184934
EEmail Address	AMRAN@ASSYAKIRIN.MOSQUE.ORG.SG

Address	BLK 166A TECK WHYE CRESCENT #02-357
Postcode	681166
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 - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : ROHANA BINTE SAHAR GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO. T/20180911/2070.

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	SHC7672D
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)

DETAILS OF INJURED PERSON 1	
Name	AMRAN BIN MOHD YASAN
Approximate Age	
Injuries Sustain	8 DAYS MC
Injured person in which vehicle?	SJB9452R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	ROHANA BINTE SAHAR
Approximate Age	3
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	SJB9452R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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:

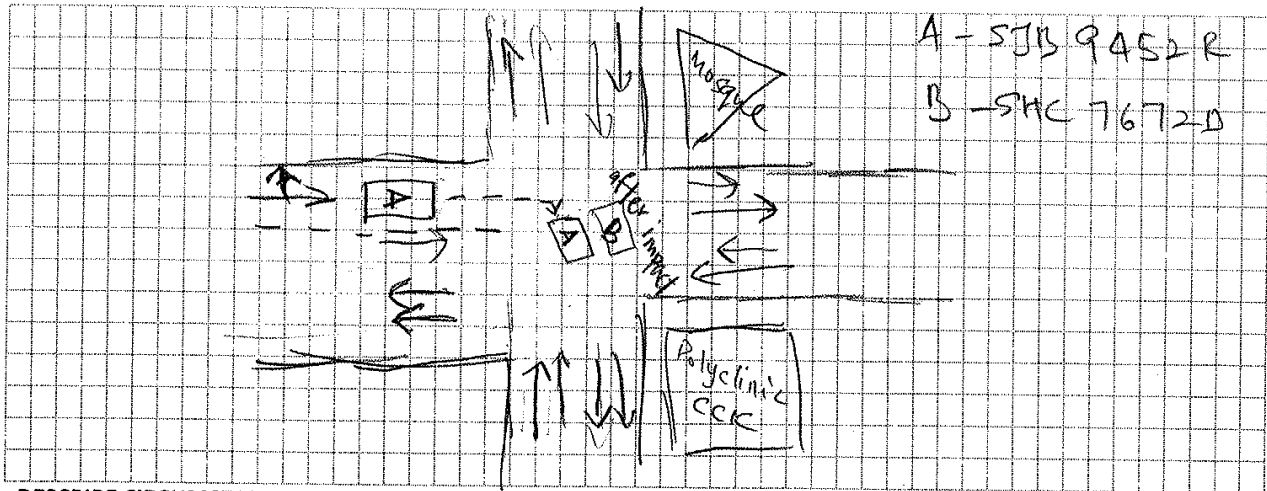
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report.

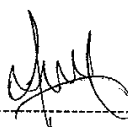
Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.


	- Reporting Only
✓	- Claim OD
	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.

 11/9/18
 Policyholder's signature
 Date & Time

 Driver's Signature
 (if driver not the policyholder)
 Date & Time


 Reporting Centre Personnel's Signature
 Name:
 Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20180911/2070

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180911/2070

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/09/2018 12:58		Vide Report No.: J/20180910/0012		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: AMRAN BIN MOHD YASAN			Address: APT BLK 166A TECK WHYE CRESCENT #02-357 SINGAPORE 681166		
ID Type / ID No.: NRIC NO / S1792213J			Contact No.: Home/Office: Mobile: 91184934		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 07/03/1967	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/09/2018 00:30	Type of Location:
Location: Along Road 1 TECK WHYE CRESCENT				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SHC7672D	Car					0
SJB9452R	Car	SUZUKI	SWIFT 1.2XG A	Red	Seriously Damaged	1

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
SJB9452R	AXA INSURANCE SINGAPORE PTE LTD	GA315034	18/01/2018	27/01/2019



**SINGAPORE
POLICE FORCE**



T/20180911/2070

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180911/2070

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	AMRAN BIN MOHD YASAN	ID No.	S1792213J
Related Vehicle	SJB9452R (Car)	Contact No.	91184934
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/09/2018	Date Discharge	10/09/2018
No. of Days granted Medical Leave	08	Degree of Injury	Slight
Passenger			
Name	Rohana Binte Sahar	ID No.	S6813139A
Related Vehicle	SJB9452R (Car)	Contact No.	NIL
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/09/2018	Date Discharge	10/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 10/09/2018 at around 0030rs, I was travelling in my vehicle, SJB9452R, along Teck Whye Crescent and got involved in a road traffic accident with one Taxi, SHC7672D at the traffic light junction. I wish to state that everything happened too fast and I was subsequently conveyed to Ng Teng Fong General Hospital via Ambulance and granted 8 days of medical leave. My wife, who was also my passenger was also conveyed to the same hospital and granted 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20180911/2070

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No. T/20180911/2070

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt.1 NOOR SYAZADINA BINTE ABDUL
SALAM

Signature Of Interpreter:

Not applicable

Signature :

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Signature Of Informant:

Date/Time:

11/09/2018 12:58

Classification Of Case:

Authentication Stamp

NP168

Sketch Plan Pg. 6



redefining / insurance

Date: 11/09/2018

To: Owner of Vehicle Number: SJB 9452R

The following has been advised to you via your workshop, ETHO2 PROTECT ME LTD through their staff, Jackson Teo.

Please tick the applicable box if you had been advice on the content as seen below:

- ☒ 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 **any combination** 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 Own Damage 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.
- ☐ Others _____

Signed and acknowledge by:

Auran Bin Mohd. Yasan
Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S1792213J**

Name: **AMRAN BIN MOHD YASAN**

Birth Date: **07 Mar 1967**

Issue Date: **10 May 2006**

001417820H



REPUBLIC OF SINGAPORE



IDENTITY CARD NO. **S1792213J**

Name: **AMRAN BIN MOHD YASAN**

Race: **MALAY**

Date of birth: **07-03-1967** Sex: **M**

Country of birth: **SINGAPORE**



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

	PASS DATE
Class 3A Motor cars without clutch pedals (Auto) =< 3000kg with =< 7 passengers, exclusive of the driver; and other motor vehicles without clutch pedals =< 2500kg	10 May 2006

NP 428A

Licence No: **S1792213J**



3868814

NRIC No. **S1792213J**

Date of Issue: **21-04-2006**

APT BLK 166A TECK WHYE CRESCENT #02-357
SINGAPORE 681166

S1792213J 16/09/2013





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

account number
 16441

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-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	AMRAN BIN MOHD YASAN	Certificate number	GA315034 / 1
Cover	Comprehensive	Chassis number	ZC71S419625
Plan name	Essential	Engine number	K12B1019608
NCD applicable	0%		
Vehicle registration number	SJB9452R		
Period of Insurance	from 18/01/2018 to 27/01/2019 (both dates inclusive)		
Finance loan company	EFIZZIG CREDIT PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) 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
 Windscreen Excess

S\$0 500.00
 S\$0 100.00

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

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Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

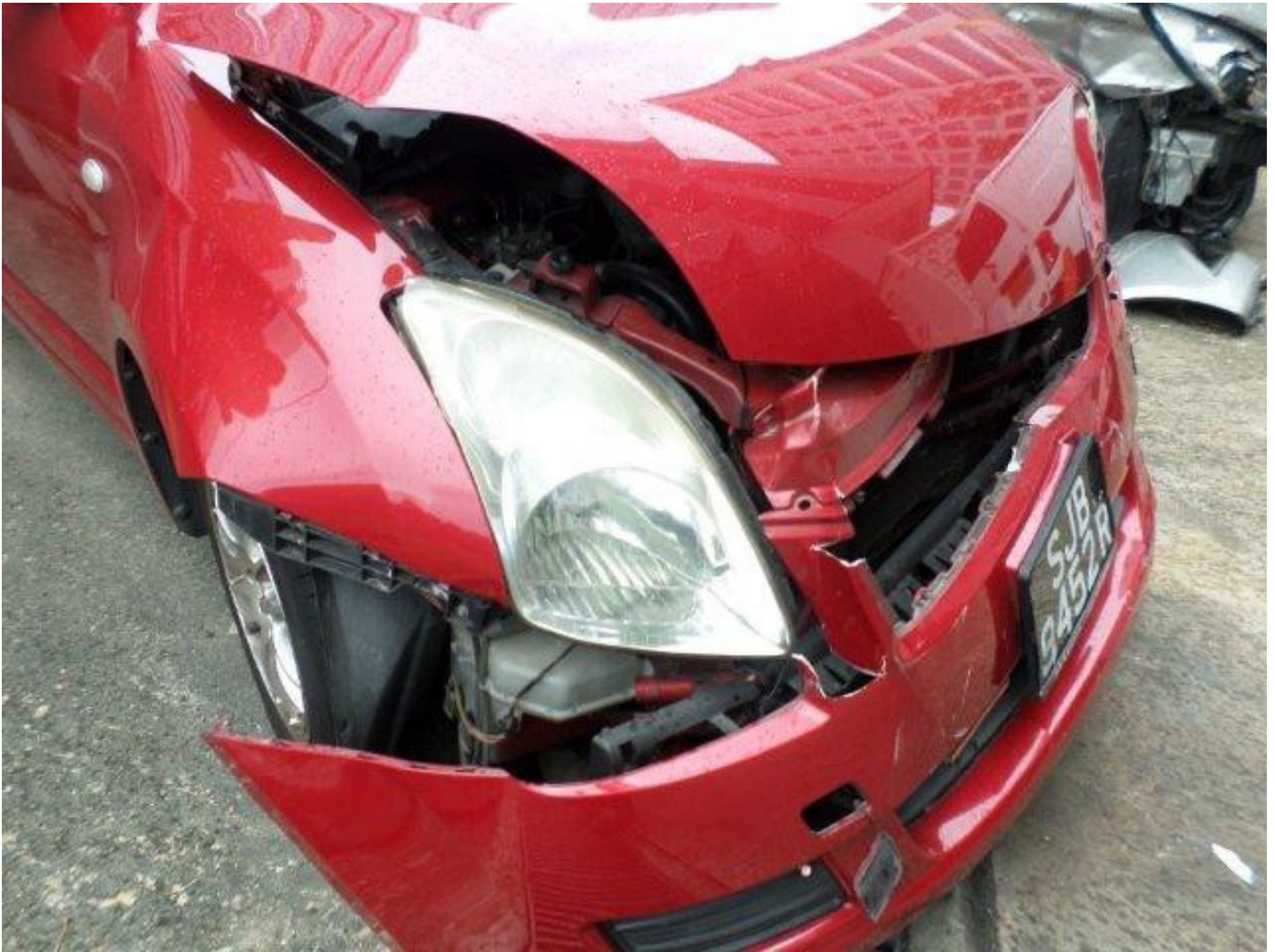


Accident Photo



A photograph showing the front of a red car with significant damage. The hood is crumpled and bent upwards. The front bumper is partially detached, and the headlights are visible. The license plate is black with white text reading "SJB 9452R". Below the license plate, there is a small black rectangular sticker with white text that reads "DR KIRITA TEL: 034466043". The car is parked on a paved surface next to a concrete curb.

Accident Photo



Accident Photo



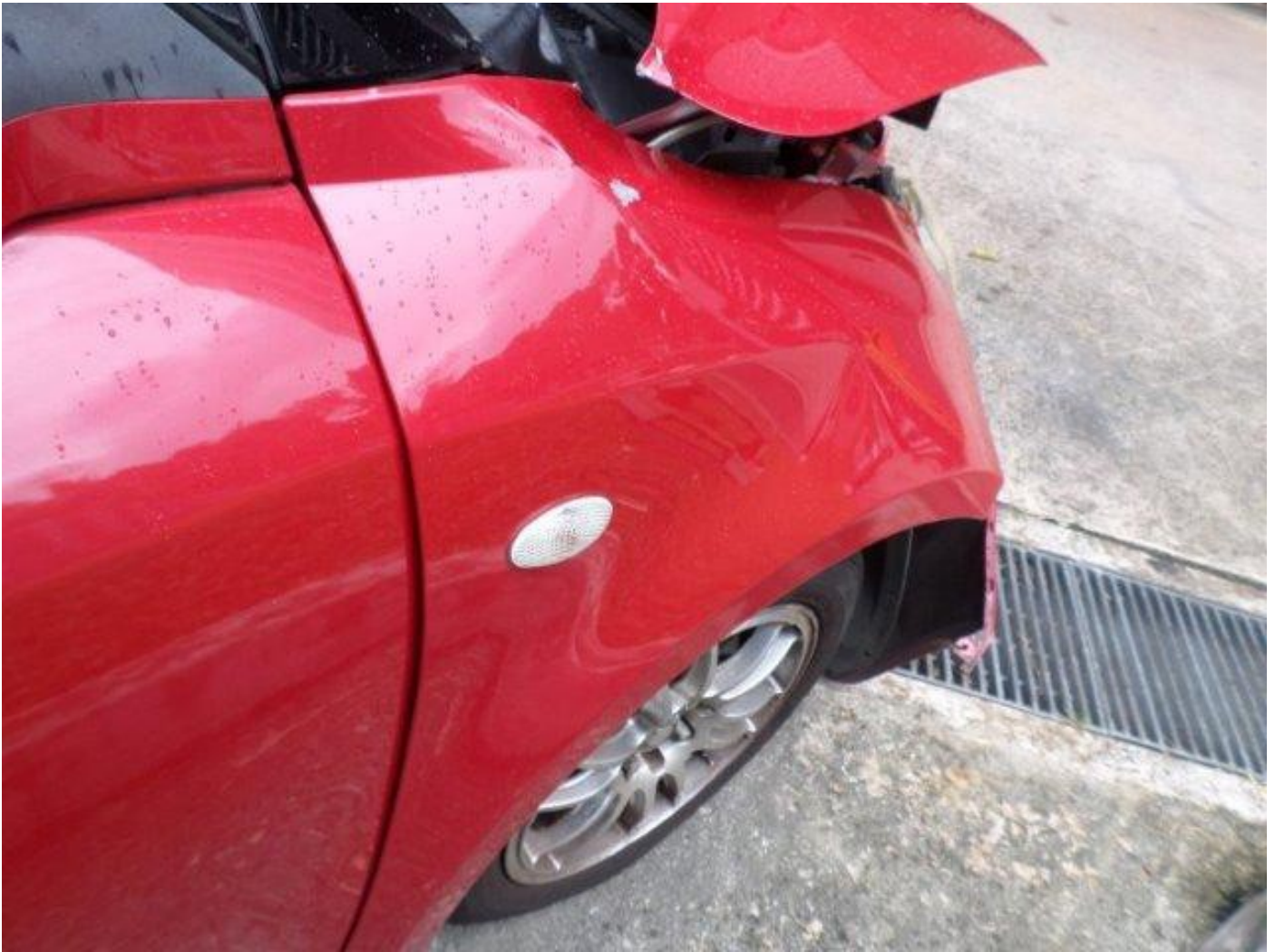
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