

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	15/09/2018 15:48
Date Of Accident	15/09/2018 12:50
Exact Location Of Accident	BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR3666Y
Insured/Policyholder	
Name Of Registered Owner	KOMOCO CAR RENTALS PTE LTD
Co Reg No	199500095K
Email Address	YUNOSSAMAD@KOMOCO.COM.SG
Mobile Phone No	(LOCAL) +65-98793040
Alternative Phone No	OFFICE-64758888

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID-1.6 GLS DCT (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	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VFX/P1305555
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IRWAN BIN ABDUL
NRIC No	S9425282B
Date Of Birth	13/07/1994
Occupation	INDOOR
Date Of Driving Pass	26/10/2015
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96463654
Fax Number	
Contact Number	
Email Address	IRWAN.RAHIM@HOTMAIL.SG

Address	BLOCK 117 SIMEI ST 1 #02-556 SINGAPORE
Postcode	520117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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)	2
Passenger 1	NAME: : AZURA GOH GENDER: : FEMALE

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

SEE ATTACH SKETCH PLAN & STATEMENT

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	SHC3897Z
Vehicle Make/Model/Colour	HYUNDAI COMFORT TAXI BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH KIM TENG
NRIC/Passport Number	S1283701A
Contact Number	97825811
Address	BLK 625 BUKIT BATOK CENTRAL #02-614 SINGAPORE
Postcode	650625
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	5

Passenger 1	NAME:	:
	GENDER:	:
Passenger 2	NAME:	:
	GENDER:	:
Passenger 3	NAME:	:
	GENDER:	:
Passenger 4	NAME:	:
	GENDER:	:

Sketch Plan

SKETCH PLAN

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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.
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/are 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.

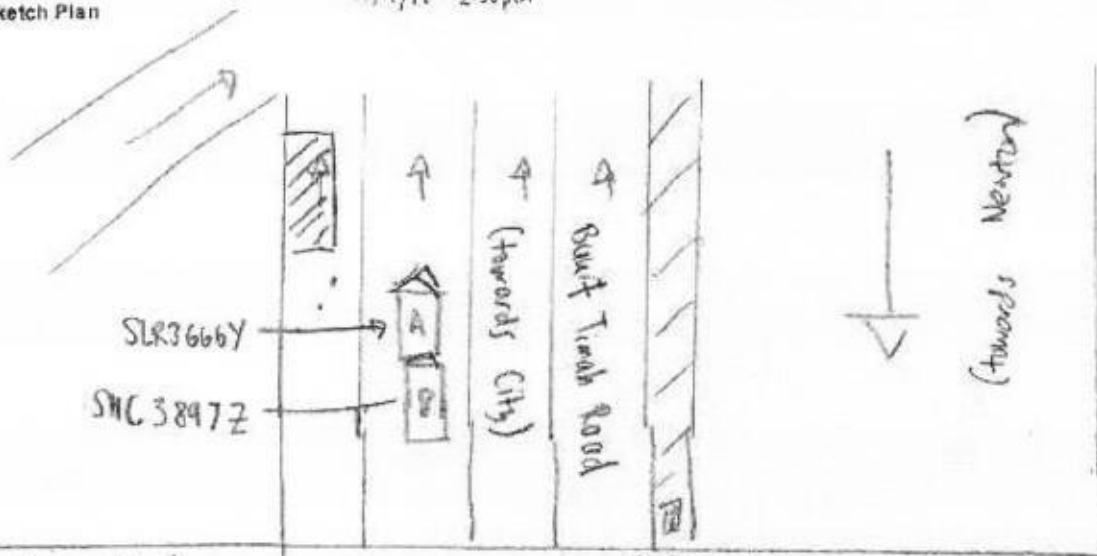
Policyholder's Signature / Date & Time

Sketch Plan

Driver's Signature (If driver is not the policyholder) / Date & Time

15/9/18 2:50pm

Witnessed by Reporting Centre Personnel



Sketch Plan #2

Describe Circumstances of the Accident

Driving on Bukit Timah Road towards City on lane 3.
After the traffic junction at Bukit Timah Road and Cavenagh Road,
~~the~~ the car in front of mine jammed brake.
I subsequently did so as well and we came to a stop to avoid hitting
the car in front.
The taxi, SHC2897Z, subsequently ~~rear-ended~~ rear-ended my vehicle, SLK3666Y
on the third lane.
We then moved to the 4th lane to exchange particulars and take
pictures of the ~~accident~~ accident.
There was a lorry stopped on the 4th lane and cars were ~~fit~~ filtering
into the 3rd lane when the accident occurred.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

[Signature]

15/11/18 2:50pm