

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 liability.
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	23/10/2018 13:40
Date Of Accident	20/10/2018 16:15
Exact Location Of Accident	ORCHARD TURN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGV633A
Insured/Policyholder	
Name Of Registered Owner	MA LI
NRIC No	S7275133G
Email Address	KUDAMAS@YAHOO.COM
Mobile Phone No	(LOCAL) +65-81829736
Alternative Phone No	OFFICE-81829736

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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 CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1929796
Cover Note Number	

Driver

Name of Driver	JIMSON GOZALI WIRAWAN
Passport No/FIN	A8145357
Date Of Birth	30/03/1948
Occupation	INDOOR
Date Of Driving Pass	08/07/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81829736
Fax Number	
Contact Number	
EEmail Address	KUDAMAS@YAHOO.COM

Address	246 SIMEI ST 5 #03-66
Postcode	520246
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FATHER IN LAW
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?	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

PLEASE REFER AS ATTACHED

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	SLQ647C
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAMAD SHAFIQ BIN MOHAMD RAZALI
NRIC/Passport Number	S9010200A
Contact Number	98670711
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident 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.

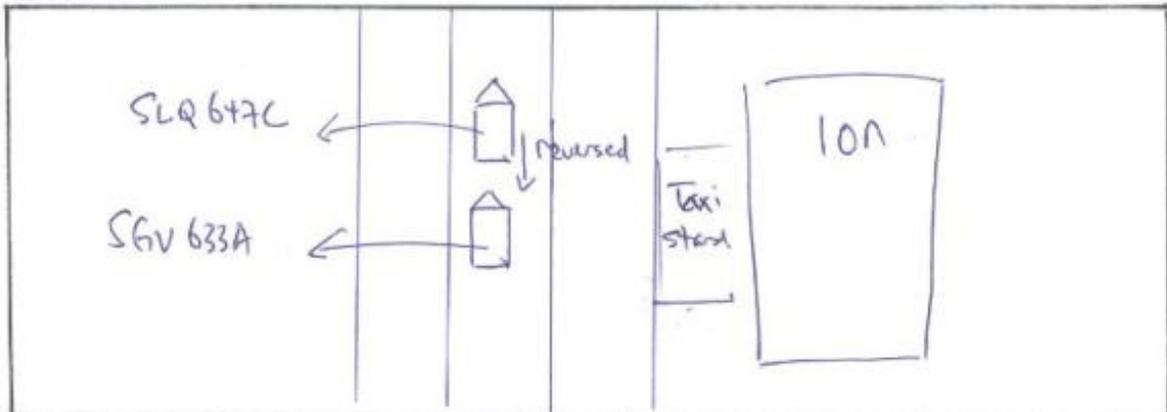
(collectively the "Purposes")

(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.

<p><i>Anjali</i> 23/10/08 1115</p> <p>Policyholder's Signature / Date & Time</p>	<p>23/10/08 1115</p> <p>Driver's Signature (if driver is not the policyholder) / Date & Time</p>	<p><i>U</i></p> <p>Witnessed by Reporting Centre Personnel</p>
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Sketch Plan



Orchard Turn

AXA GENERAL INSURANCE PTE LTD
 100, Cross Street, #24-01
 Singapore 068811
 Service Centre #B1-01
 Tel: 63387288 Fax: (65)63382522
 Website: www.axa.com.sg
 Registration Number: 199903512M
 Customer Service: customer.service@axa.com.sg



Private Cars COMP
 POLICY SCHEDULE
 NEW BUSINESS
 Original

POLICY INFORMATION	Policy No. : VPA/P1929796	
Source	: (01) 14885 BMS-AXA TOYOTA NB	
Insured	: MA LI	
Address	: BLK 246 SIMEI STREET 5 #03-66 SINGAPORE 520246	
Business/Profession	: OTHER OCCUPATION Carrying on or engaged in the business or profession last declared and no other for the purpose of this insurance.	
Period of Insurance	: From 26/04/2017 To 25/04/2019 (Both Dates Inclusive) Any subsequent period for which the Insured shall pay and the Company shall agree to accept a renewal premium.	
PREMIUM		
Premium After 50.00% NCD	: SGD 1,024.76	
GST 7.00%	: SGD 71.73	
Annual Premium	: SGD 1,096.49	
Total Payable	: SGD 2,192.99	
RISK DETAILS THE MOTOR VEHICLE		
Type Of Cover	: Comprehensive	
Regn No.	: SGV633A	
Type Of Use	: Private Car	
Make/Model	: TOYOTA WISH 1.8	
Year of Manufacture	: 2017 Seating Capacity (excl. Driver) : 07	
Body Type	: MULTI - PURPOSE VEHICLE Engine C.C. : 1794	
Engine No.	: 2ZR1939100 Chassis No. : JTDGG20W80J006679	
Insured's Estimated Market Value	: Market Value At The Time Of Loss (including Accessories and Spare Parts)	
Limitations as to Use	: As specified in Certificate of Insurance	
Hire Purchase	: UNITED OVERSEAS BANK LIMITED	
<u>Extra Coverage(Premium Breakdown)</u>	<u>Limits (SGD)</u>	<u>Premium (SGD)</u>
NCD Protector		
Basic Own Damage Excess	: SGD 500.00	
<u>Named Drivers</u>		
1 MA LI		
MEMORANDA, CLAUSES, WARRANTIES & ENDORSEMENTS		
Subject to the Memoranda, Clauses, Warranties & Endorsements attached hereto:		
Sales Agent ID : BSTU005 -----		

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	KEPOLISIAN NEGARA REPUBLIK INDONESIA SURAT IZIN MENGENUDI (Driving License)	A RIAU
Nama : JIMSON GOZALI WIRAWAN Alamat : JL. TANJUNG DATUK 85 B RT/RW 002/006 PEKANBARU		PRIA 
	Tempat & : SUKABUMI Tgl. Lahir : 30-03-1948 Tinggi : 165 cm Pekerjaan : SWASTA No. SIM : 480309145541 Berlaku s/d : 30-03-2020 PEKANBARU, 08-07-2019 KAPOLKESTA	
	DR. ARIES SYARIFE HIDAYAT, MM KOMDES POL. WRP. 67030419	

Authorisation Letter

AUTHORIZATION LETTER

Date : 23/10/18

To : AXA Insurance

Cc : Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE : Authorization to Act on Behalf for Insurance Claims Documentation

I, (full name) Ma Li NRIC No. S72251339. hereby authorized my (relationship) Father in law (full name) Jimson Gopal; Wirawan NRIC No. A 8145357 to exercise and execute to sign all / any necessary transaction documentation pertaining to my registration vehicle number SGV 633A as I am currently having tight official business schedules / away from Singapore on duty oversea travel.

Please do not hesitate to contact me should you require any further clarification on the above.

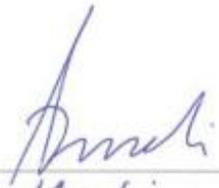
Thank You

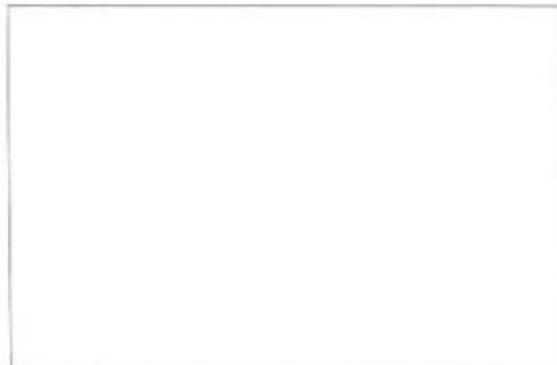
Yours truly,

Signature :

Name :

Contact No:


Ma Li
81829736



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

