#### 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 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	22/11/2018 16:28
Date Of Accident	21/11/2018 17:55
Exact Location Of Accident	B4 JUNCTION OF SENGKANG RD & ANCHORVALE ST
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKB2249X
Insured/Policyholder	
Name Of Registered Owner	ABDUL HALIM BIN ABDUL KADIR
NRIC No	S8706785H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98237179
Alternative Phone No	OFFICE-60000000
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO FORTE-1.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY 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 GA341263/1

Cover Note Number

**Driver** 

Name of Driver ABDUL HALIM BIN ABDUL KADIR

NRIC No S8706785H Date Of Birth 23/03/1987 Occupation **INDOOR Date Of Driving Pass** 14/03/2007

**Driving Experience** 11 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98237179

Fax Number

OFFICE-60000000 Contact Number

**EMail Address NOEMAIL** 

BLK 440B FERNVALE LINK #11-163 Address

Postcode

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 **CHAIN COLLISION** 

Weather Conditions **RAINING** Road Surface WET

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 YES

NO

2

NO

NO

Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : RAHAYU OSMAN

GENDER: : FEMALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

**Circumstances of Accident** 

Report please refer to sketch plan

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

SDP3738D

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number

SGL5011P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

PRIVATE CAR

#### Sketch Plan

#### SKETCH PLAN

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- 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:
  - (!) 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 Singaporo, 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.

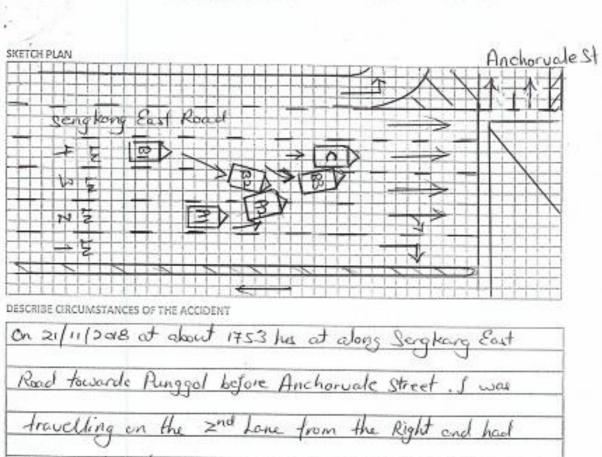
Policyholder's Signature Date & Time:

Oriver's Signature (If driver is not the policyholder) Date & Time:

Reporting Centre Personnel's Signature
Name: Rown C

Name: NRIC/FIN No.:

571318092



02 a Vehicle Lane abrupth my vehicle causing impact Vehicle (B) 3 rehides involved in Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim

under your own comprehensive policy. Please check your policy for more information.

I/We declare the foregoing perticulars are true in every respect.

Policyholder's Signature Date & Time:

Oriver's Signature (if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Konnide

NRIC/RN No.:

J71313096

SPERSON SHOP OF THE SPENSE

## **Driving License**

OWNER & diver





#### **Insurance Cert**





Certificate number

Chassis number

Engine number

AXA Insurance Pte Ltd.

2 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 12000

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 (Thre Party Risks.) Rules, 1959 (Malaysia)

### Policy details

Policyholder name Cover

ABDUL HALIM BIN ABDUL KADIR

Comprehensive Plan name Peace NCD applicable

10% SKB2249X

Vehicle registration number

Period of Insurance

from 07/04/2018 to 09/05/2019 (both dates inclusive) Finance loan company UNITED OVERSEAS BANK LIMITED

GA341263 / 1

KNAFW411LA5175291 G4FC9H341465

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

(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

5GD 600.00

4

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

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 Statutary Declaration to the effect must be made. Failure to comply with this obligation is an offerce under the Motor Vehicle (Thro-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 est.

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

1 of 3



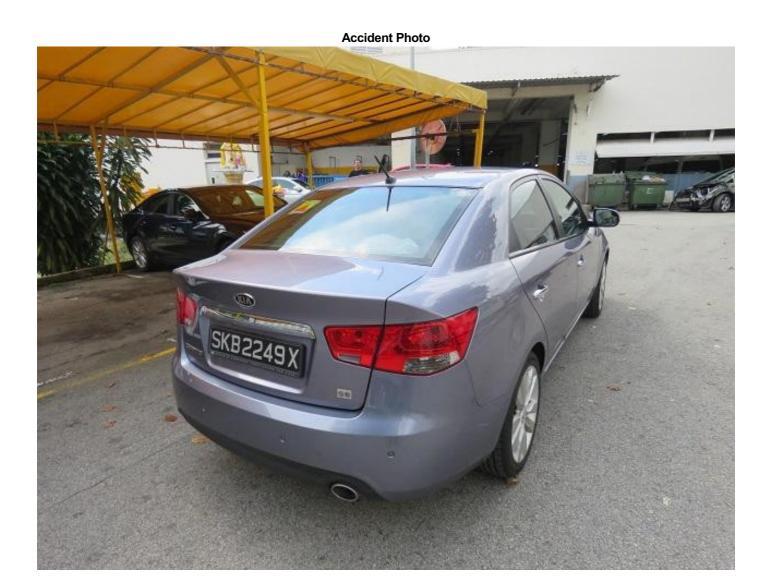


# **Accident Photo**









# **Accident Photo**



# **Accident Photo**

