MOR118152861 / ETHOZ Protect Pte Ltd - Bukit Batok ENTRY DATE & TIME: 26/11/2018 12:43 SUBMITTED BY: Suhelmi Bin Suharman

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Driver

NRIC No

Name of Driver

- 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 <u>truthful and accurate</u> 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) forarchiving 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 availableaforesaid.	
	ACCIDENT STATEMENT
Date Of Report	26/11/2018 12:43
Date Of Accident	25/11/2018 17:55
Exact Location Of Accident	WOODLANDS CHECKPOINT TOWARDS
Country/State of Loss	SINGAPORE SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLH2234U
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SALIM S/O MOHD SANAULLAH
NRIC No	S1384024E
Email Address	SHIDAH@AOL.ASIA
Mobile Phone No	(LOCAL) +65-
Alternative Phone No	91135627 OFFICE-91135627
Vehicle Particulars	011102-31100027
Manufacturer	MITSUBISHI
Model	LANCER EX 1.6 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 CAR
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VA1/GA280091
Cover Note Number	27/10/2018-26/10/2019

RASHIDAH BIBI BINTE ABDULLAH

S1499891H

Date Of Birth

19/03/1961

Occupation

INDOOR

Date Of Driving Pass

28/07/1984

Driving Experience

YEARS AND

MONTHS FEMALE

Mobile Number

Fax Number

Gender

(LOCAL) +65-91135605

Contact Number

EMail Address

NOEMAIL

774 PASIR RIS ST 71

Address

09-392

Postcode

510774

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the InsuredSPOUSE

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

NO

accident?

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

damaged?

I have been approached by unknown

Was any other material or property

person(s) soliciting/offering accident claims

NO

assistance.

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 SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Remarks/ Reasons:

FOOTAGE WITH OWNER-WILL PASS TO OWN WORKSHOP

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLX2831L Vehicle Make/Model/Colour **SUBARU**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver NRIC/Passport Number S8330704H **Contact Number**

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

LIM FEIMIN

81003068

Sketch Plan Pg. 1

SKETCH PLAN

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.
- 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.
- 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.
- The 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.
- 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)
 - (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:
 - 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:

Ing Centre Personnel's Signature

Name:

NRIC/FIN No.:

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SKETCH PLAN	a a .	
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	the day of occurance.	Claim OD /TP at other workshop
DECLARATION		
INTERPOLITION PRODUCTIONS FOR A SECURITION OF THE SECURITION OF TH	articulars are true in every respect.	
	· Paulli	Aur.
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.:

GIARMC SketchiFlanForin_V3

Page 6 of 18

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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 clouse whereby the claim must be made within the stipulated timefrant from the day of occurrence. You had been advised by the workshop on the liability and ments of the case accordingly. You had been advised by the workshop on the claims procedure for the type of claim that you will a making due to this accident. There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is a 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 are parts been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses 8/related charges incurred directly 8/or indirectly to the procurement of the spare parts. The estimated waiting time for the spare parts to arrive is 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. You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicles above Three (3) years old, your insurance Company will be carrying out repairs using a combination of genuine original parts and/or original equipment manufacturar (QEM) parts. You had been advised by the workshop of the Twelve (12) months warranty for <u>Own Damage</u> repair on workmantship related to the accident.	/W1	redofining/insurance
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