

## 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	23/11/2018 08:24
Date Of Accident	22/11/2018 15:00
Exact Location Of Accident	DOVER ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ399U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	REITER YOAD
NRIC No	S7755441F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98556643
Alternative Phone No	OTHERS-98556643

### Vehicle Particulars

Manufacturer	AUDI
Model	Q5 3.2 FSI QU S LINE (PANORAMIC ROOF)
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	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA286314/1
Cover Note Number	

### Driver

Name of Driver	GRAUBARD-REITER KARIN
NRIC No	S8087804D
Date Of Birth	29/11/1980
Occupation	INDOOR
Date Of Driving Pass	27/05/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98556643
Fax Number	
Contact Number	
Email Address	KARIN.GRAUBARD@GMAIL.COM

Address	6 CAIRNHILL ROAD
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	LIGHT RAINS
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
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)	3
Passenger 1	NAME: : MILAN REITER GENDER: : FEMALE
Passenger 2	NAME: : SOPHIA UATCHKOVA 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

PLEASE REFER TO 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	SJU4819A
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JIE ZHENG
NRIC/Passport Number	
Contact Number	90165832
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

SKETCH PLAN

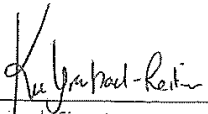
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

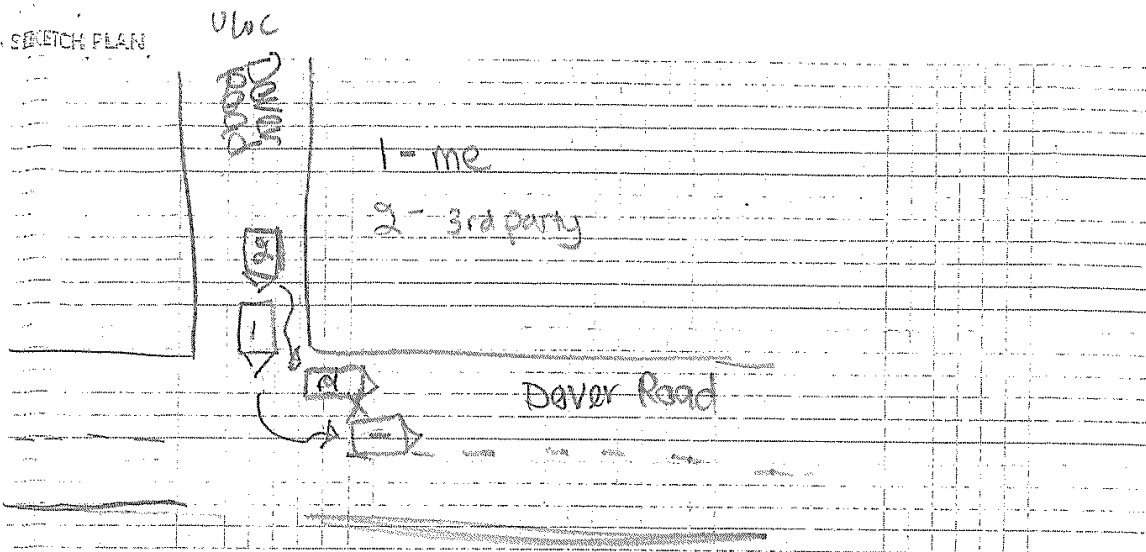
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 23/11/18  
8am

  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was turning out of UWC Dover into dover rd - left.

The car behind me smuck into the left (it's not a proper lane) and come into the left lane very quickly after me. I could not see her and turned into the left lane (Blind spot) & scratched her car.

I stopped to check if anyone was hurt. We exchanged details.

I took pictures.

Best

Karin

## DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

I Yoad Reiter CS 77-88441K

hereby authorize my wife Karin Grubel

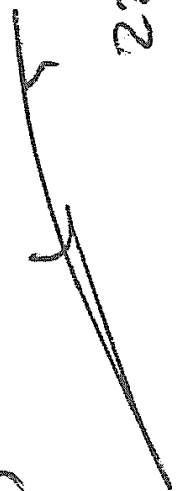
Reiter IC# 582878040 to get an

accident report on my registered car

Audi Q5 SJZ399V

best,

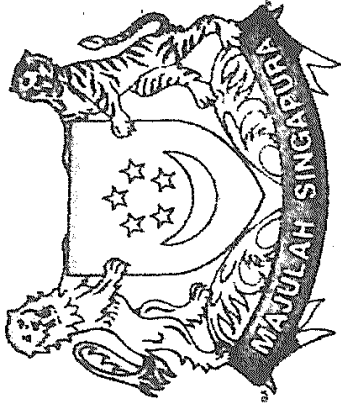
Yoad



22/11/18

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S7755441F



Name

REITER YOAD



Race

CAUCASIAN

Date of birth

15-01-1977

Sex

M

Country/Place of birth

ISRAEL



REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S8087804D



Name  
GRAUBARD-REITER KARIN

Race  
CAUCASIAN  
Date of birth  
29-11-1980  
Country/Place of birth  
SOUTH AFRICA  
Sex  
F

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8087804D

Name

GRAUBARD-REITER KARIN

Birth Date: 29 Nov 1980

Issue Date: 06 Jan 2017



Driver



NRIC No. S8087804D



Nationality  
AUSTRALIAN  
Date of issue  
02-09-2016

Address  
6 CAIRNHILL CIRCLE  
#06-09  
SINGAPORE 229813

9416165

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

Class 3 Motor cars with unladen weight  $\leq$  3000kg with  $\leq$  7 passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq$  2500kg  
EFFECTIVE DATE  
27 May 2013

NP 428A



Licence No: S8087804D



23-11-18;12:27 ;AXA INSURANCE SG

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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  
 04139

## 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

<b>Policyholder name</b>	REITER YOAD	<b>Certificate number</b>	GA286314 / 1
<b>Cover</b>	Comprehensive	<b>Chassis number</b>	WAUZZZ8RXAA046416
<b>Plan name</b>	Peace	<b>Engine number</b>	CAL053128
<b>NCD applicable</b>	40%		
<b>Vehicle registration number</b>	SJZ399U		
<b>Period of Insurance</b>	from 03/11/2017 to 14/12/2018 (both dates inclusive)		
<b>Finance loan company</b>	SPEEDO CAPITAL 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

SGD 500.00  
 SGD 100.00

An Additional Excess is applicable as follows

1. \$5500 for unnamed *Authorised Driver*
2. \$5500 for declared *Young and Inexperienced Driver*
3. \$55,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to \$52,500 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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Sketch Plan Pg. 7

Date: 23/11/18

To: Owner of Vehicle Number: 3JZ399U

The following has been advised to you via your workshop, CDGE through their staff, Bawa.

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 event 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.
- ☐ The Estimation 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 below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.
- ☐ Others \_\_\_\_\_

Signed and acknowledge by:

[Signature]  
Name and signature of policyholder/ authorized driver

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

Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



