### 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 <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) 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

| aforesaid.   | sent to the archiving of this report at the centre and to copies of the report being made available |  |  |  |
|--|---|--|--|--|
|  | ACCIDENT STATEMENT  |  |  |  |
| Date Of Report   | 03/12/2018 14:01  |  |  |  |
| Date Of Accident   | 23/11/2018 12:30  |  |  |  |
| Exact Location Of Accident   | JURONG TOWN HALL TOWARDS JURONG EAST AVE 1  |  |  |  |
| Country/State of Loss  | SINGAPORE   |  |  |  |
| DETAILS OF OWN VEHICLE   |   |  |  |  |
| Vehicle Registration Number  | SGK7720T  |  |  |  |
| Insured/Policyholder   |   |  |  |  |
| Name Of Registered Owner   | SHAHARUDDIN BIN MUSTAPA   |  |  |  |
| NRIC No  | S8113314Z   |  |  |  |
| Email Address  | NOEMAIL   |  |  |  |
| Mobile Phone No  | (LOCAL) +65-98532896  |  |  |  |
| Alternative Phone No   | OFFICE-98532896   |  |  |  |
| Vehicle Particulars  |   |  |  |  |
| Manufacturer   | TOYOTA  |  |  |  |
| Model  | VIOS-1.5 E (A)  |  |  |  |
| Exact Purpose for which vehicle was being used at time of accident           | t<br>   |  |  |  |
| 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  |   |  |  |  |

| Insurance Co | ompany |
|--------------|--------|
|--------------|--------|

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number GA319237/1

Cover Note Number

Driver

Name of Driver SHAHARUDDIN BIN MUSTAPA

NRIC No S8113314Z

Date Of Birth 03/04/1981

Occupation INDOOR

Date Of Driving Pass 29/11/2013

Driving Experience 4 YEARS AND 11 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98532896

Fax Number

Contact Number OFFICE-98532896

EMail Address NOEMAIL

Address BLK 181A BOON LAY DRIVE

#07-606

Postcode 641181

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 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?

Was any injured conveyed to hospital by

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : AIDIL

GENDER: : MALE

### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

On 23/11/2018 at 1230hrs, I was travelling along the filter lane of Jurong Town Hall towards Jurong East Avenue 1. As Vehicle B (SLV6802E) started moving off, I proceeded to check my blind spot and moved off. I then felt an impact and I then realised I collided onto Vehicle B's rear.

### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

### **Accident Sketch Plan**

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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) 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 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

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

Date & Time:

Reporting Centre Personse

CLAIMS

s Signature

NRIC/FIN No.:

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

GUORG SANDFlanForm, VI

# **Accident Sketch Plan**

| SKETCH PLAN                     |                                     | Date of Accident: 23/11/2018                      |
|---------------------------------|-------------------------------------|---|
|                                 |                                     |   |
|                                 |                                     |   |
|                                 | > \                                 |   |
|                                 | (8)                                 | A: \$GK7720T.                                     |
|                                 | 1 V                                 | B: S146802E                                       |
|                                 | ANI                                 |   |
|                                 | ( A )                               |   |
|                                 | 14 0                                |   |
|                                 | Filler Lane of                      | Jurong Town Hall                                  |
|                                 | towards Juvovic                     | 1 East Ave 1                                      |
| ESCRIBE CIRCUMSTANCES           | OF THE ACCIDENT                     |   |
| On 23/11/2018 at 1230           | Ohrs, I was travelling along th     | e filter lane of Jurong Town Hall towards         |
| Jurong East Avenue 1            | . As Vehicle B (SLV6802E) s         | tarted moving off, I proceeded to check my        |
| blind spot and moved            | off. I then felt an impact and I    | then realised I collided onto Vehicle B's rea     |
|                                 |                                     |   |
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|                                 |                                     |   |
|                                 |                                     |   |
|                                 |                                     | Own Damage Claim                                  |
|                                 |                                     | ☐ Third Party Claim                               |
|                                 |                                     | OD/TP Claim at another workshop :  Reporting Only |
| ECLARATION                      |                                     |   |
| We declare the foregoing partic | culars are true in every respect.   |   |
| 4                               |                                     | EUT 0 8002  |
| olicyholder's Signature         | Driver's Signature                  | Reporting Centre Personners Signature             |
| ate & Time:                     | (If driver is not the policyholder) | Name:   |
|                                 | Date & Time:                        | NRIC/FIN No.:                                     |

### Certificate of Insurance





AXA Incurance Pte Ltd 2 1800 880 4888 (Within Singapore) (65) 6880 4888 (International) (05) 6880 4740 ☑ eustemer.care@asa.com.sg www.axa.com.sg

account number 05579

# **Certificate of Insurance**

Motor Vertides (Thire-Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Railes, 1980 - Road Transport Act, 1987 (Malaysia) -Motor Von dics (Third-Party Risks ) Rules, 1959 (Malaysia)

### Policy details

SHAHARUDDIN MUSTAFA Pelicyhelder name Comprehensive Cover Plan name Essential NCD applicable 30%

Vehicle registration number Period of Insurance Finance loan company

5GK7720T

from 24/02/2018 to 23/02/2019 (both cates inclusive) TOKYO CENTURY LEASING (S) PTE LTD

Cartificate number GA319237 / 1 Chassis number MR053HY4204200782 Engine mumber 1NZX467093

# Persons or classes of persons entitled to drive\*

(a) The Palicyhakte

(b) Any parson who is driving on the Policyholder's order or with their politics on

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 discualified 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, rading, 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 tradet or when the Motor Car, whether stationary, in use or otherwise, is in or on. a racing track, circuit, route, course or any other roods by whatever name called that are typically used for racing, upon making or such similar purposes.

 imitations rendand inoperative by Section 8 of the More: 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

Basic Own Damage Excess EXCESS

9GD 400.00 Voluntary Excess SGD 400.00 SGD 800.00 **Total Own Damage Excess** Windscreen Excess SGD 200.00

An Additional Excess is applicable as follows:

- . \$\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and toexperienced 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

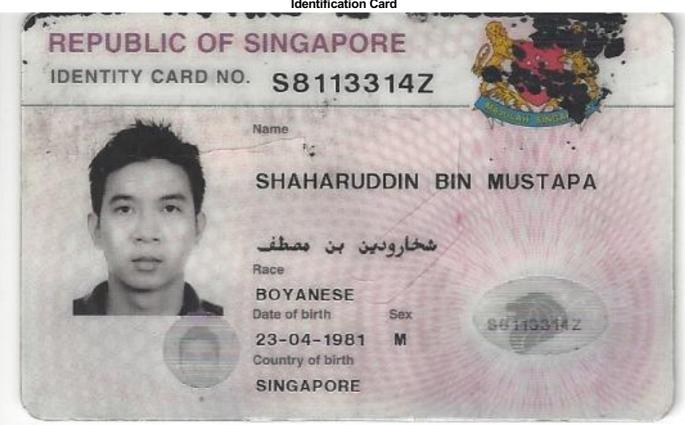
### Important note

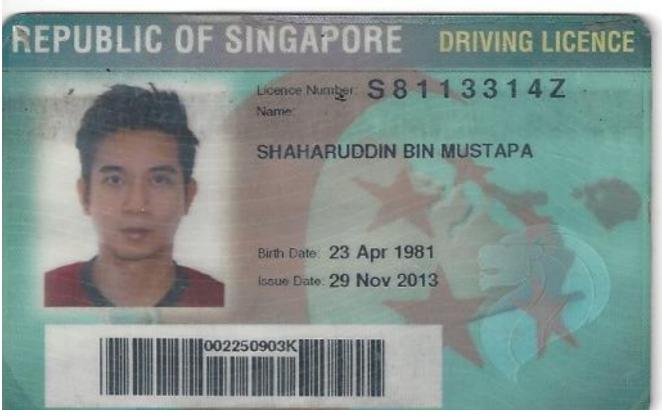
Policylichics are easied that on the sale of a industry-like they must sentende the Continues of heavener and the Folloy to the inscrence company if the Continues of Insurance has been lost or destroyed a Statutory Declaration to the effect most be made. Failurs to comply with this obligation is an offense under the Motor Webide (Third-Party Risks and Compensation Act (Cap. 189).

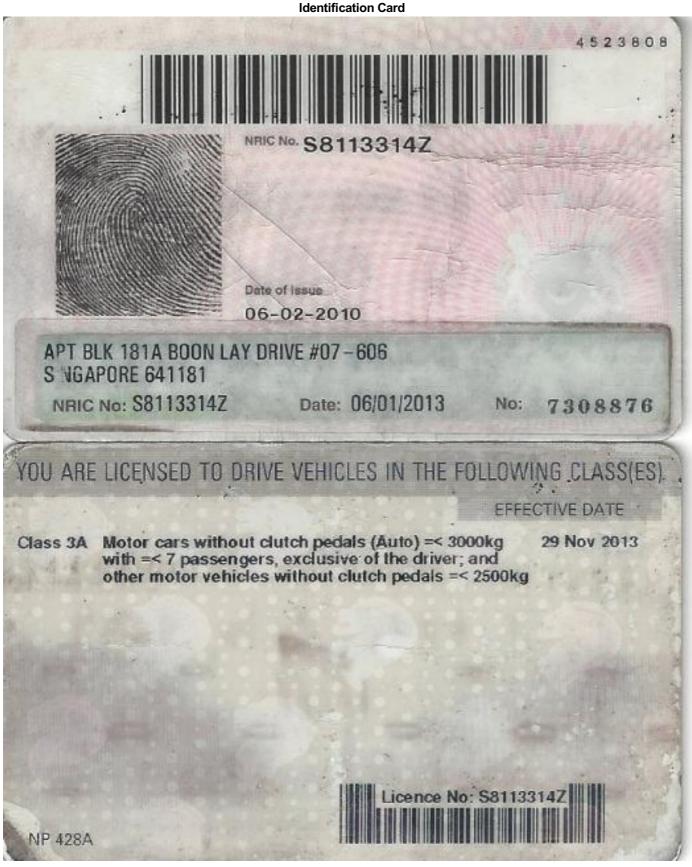
The French Westerty Clause requires the premium to be paid in full eithin a specific period falling which there would be no. liability under the policy, renewal certificate. encorsement nic.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Simfanore 068811 Customer Centre, #81-01

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# **Accident Photo**



# **Accident Photo**





# **Accident Photo**



