

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	27/12/2018 11:03
Date Of Accident	26/12/2018 12:10
Exact Location Of Accident	PRINCE EDWARD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV6596A
Insured/Policyholder	
Name Of Registered Owner	MOHAMD SAHAR ISMAIL
NRIC No	S2000398G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82234134
Alternative Phone No	OFFICE-82234134

Vehicle Particulars

Manufacturer	HONDA
Model	ACCORD 2.0
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	GA342966/1
Cover Note Number	

Driver

Name of Driver	MOHAMAD AFLAQUE BIN MOHAMD SAHAR ISMAIL
NRIC No	S9132195E
Date Of Birth	06/09/1991
Occupation	INDOOR
Date Of Driving Pass	22/02/2010
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82234134
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

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

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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)	2
Passenger 1	NAME: : PASSENGER GENDER: : MALE

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 attached report.

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	SLW5952G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	S2660461C
Contact Number	98151078
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

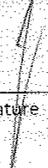
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

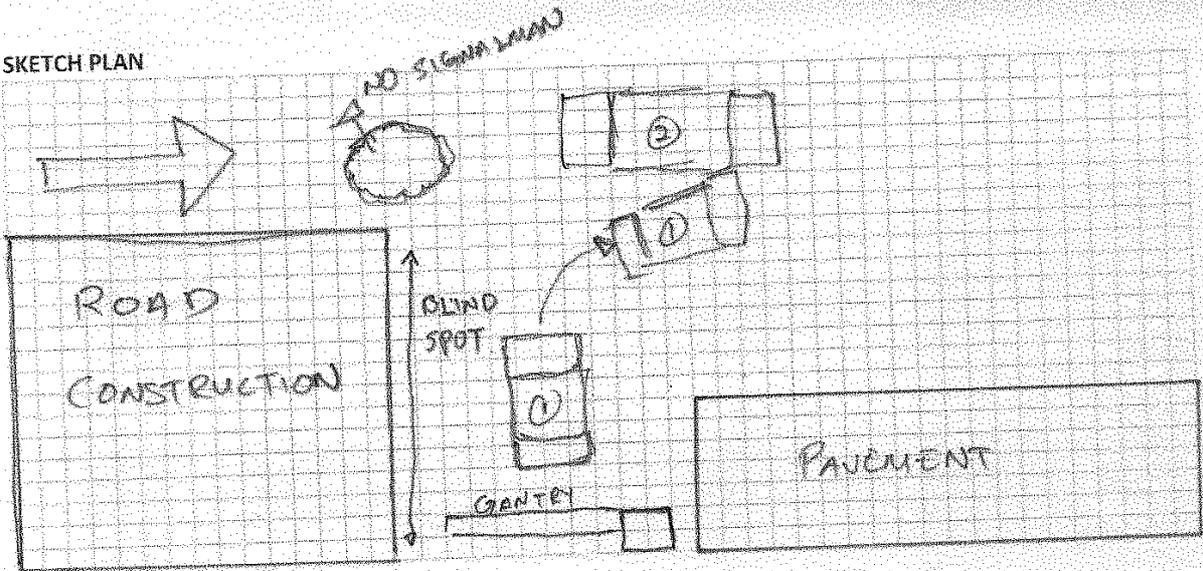


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26 December 2018, Wednesday, at 12.10 pm, I was heading out from the open carpark at Prince Edward Road. I was making a right-turn to the traffic light ahead. I checked my blind-spot twice as beside me there are road works and an excavator which was blocking my view. I hit Dr Anton's BMW as I was moving into the straight road. Though his car has already collided with mine, he still moved a slight distance before coming to stationary, therefore I told him that his wife, who was driving, was going slightly fast and it was a narrow road with road works. He denied my claims but my front bumper was also pulled forward that showed he moved forward before coming to stationary. He claimed that there was a signalman at the start of the road work when I mentioned about road works should have a signalman but later change to say that he didn't notice. I appeal that I have done my pre-cautionary check needed before exiting the carpark but there was no signalman on duty provided by 'SAM LAIN' contractor which increase the chances of that accident and also in my view that Mr Anton's wife was driving at fairly high-speed before colliding with my car.

DECLARATION * also attached driver's email dd 27/12/18. *
 I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

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

Enquiry

From: Aflaque Ismail [md.aflaque@gmail.com]
Sent: Thursday, 27 December 2018 11:32 AM
To: enquiry@sh-motor.com
Subject: SLV6596A
Attachments: IMG_20181226_121738.jpg; IMG_20181226_121732.jpg

Dear Miss,

Attached is the particulars of the husband however the driver was his wife and I do not have her driver's particular as when I ask for hers, she refused to give and her husband gave his instead. I want to make an important note that the driver was his wife and not him so I'm not actually reporting this against this particular person.

Thank you.

Regards,
Aflaque
(S9132195E)

Accident Sketch Plan Pg. 1

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. S9132195E



Name
**MOHAMAD AFLAQUE BIN
 MOHAMAD SAHAR ISMAIL**

Race
MALAY

Date of birth 06-09-1991 Sex M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S9132195E



Name
**MOHAMAD AFLAQUE BIN
 MOHAMAD SAHAR ISMAIL**

Birth Date 06 Sep 1991

Issue Date 22 Feb 2018

001032789A

3933556



NRIC No. S9132195E



Date of issue
 18-09-2006

APT. BLK 242 YISHUN RING ROAD #04-1140
 SINGAPORE 760242

NRIC No. S9132195E Date: 19/04/2018

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class 2B	MOTORCYCLES NOT EXCEEDING 200 CC	22 May 2014
Class 2A	MOTORCYCLES BETWEEN 201 CC AND 400 CC	17 Aug 2015
Class 2	MOTORCYCLES EXCEEDING 400 CC	06 Sep 2016
Class 5A	MOTOR CARS AND MOTOR TRACTORS WITHOUT CLUTCH PEDALS THE WEIGHTS OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS	22 Feb 2018

S9132195E S / No. 9000263269

NP 426A

License No. S9132195E



Accident Sketch Plan Pg. 1



redefining / insurance

Date: 27/12/18

To: Owner of Vehicle Number: SLV 6596A

The following has been advised to you via your workshop, S. H. Mohd through their staff, Ms Wong.

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 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.
- There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- The estimated 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- Others _____

Signed and acknowledge by:

MOHAMMAD SAHAR ISMAIL

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



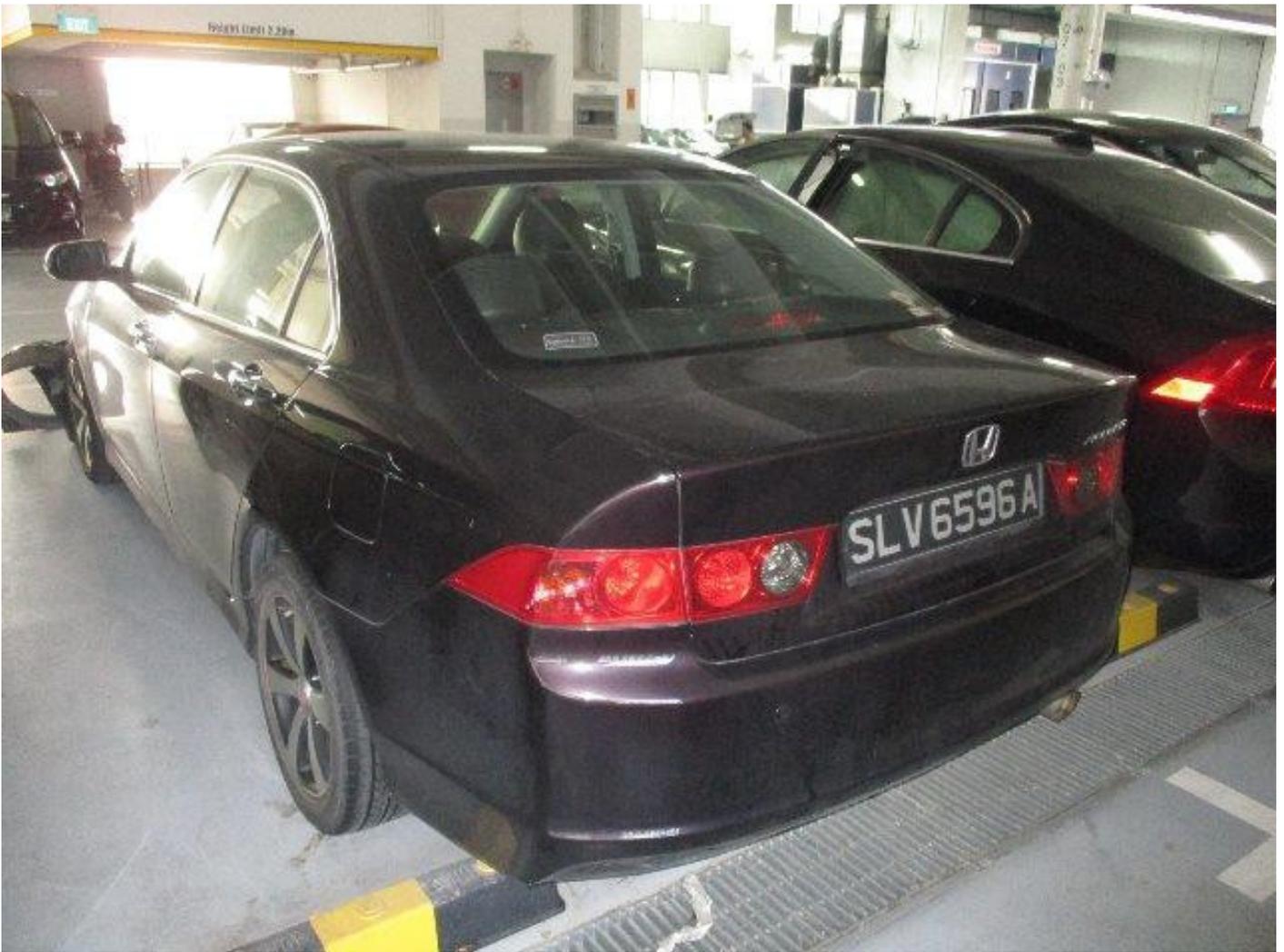
Accident Photo



Accident Photo



Accident Photo



Accident Photo

