

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	27/02/2019 09:29
Date Of Accident	28/12/2018 23:30
Exact Location Of Accident	CLIVE STREET BEFORE UPPER WELD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFW3263X
Insured/Policyholder	
Name Of Registered Owner	INTERNATIONAL EXCHANGE CO (SINGAPORE) PTE LTD
Co Reg No	198104015N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63387749

Vehicle Particulars

Manufacturer	HONDA
Model	ODYSSEY
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	P0295910
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHALID
NRIC No	S9072740J
Date Of Birth	29/10/1990
Occupation	INDOOR
Date Of Driving Pass	25/08/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92966685
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 10B BEDOK SOUTH AVE 2 #03-558
Postcode	461010
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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)	6
Passenger 1	NAME: : ABDUL QADIR GENDER: : MALE
Passenger 2	NAME: : REHANA BANO QADIR GENDER: : FEMALE
Passenger 3	NAME: : FARHANA QADIR GENDER: : FEMALE
Passenger 4	NAME: : ASMA QADIR GENDER: : FEMALE
Passenger 5	NAME: : ARSAL 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

ON THE NIGHT OF 28/12/2018 JUST BEFORE MIDNIGHT, I DROVE (SFW3263X) TO CLIVE STREET. ONE OF THE 2 TAXI THAT WERE PARKED IN THE ENTRANCE OF CLIVE STREET. (SHC6233U) HAD PARKED ILLEGALLY AND WAS BLOCKING THE ENTRANCE AND EXIT OF THE ROAD. THE DRIVER WAS NOT IN THE VEHICLE AT THAT POINT OF TIME. AS I WAS REVERSING INTO THE NARROW ROAD, THE TAXI CAME IN MY WAY WHILE I WAS EXITING THE ROAD. THE TAXI DRIVER WAS BLACKMAILING ME BY FORCING ME TO SETTLE PRIVATELY.

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	SHC6233U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

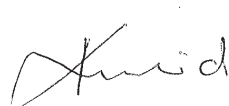
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

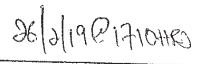
I understand, acknowledge, agree and consent that:

- (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.



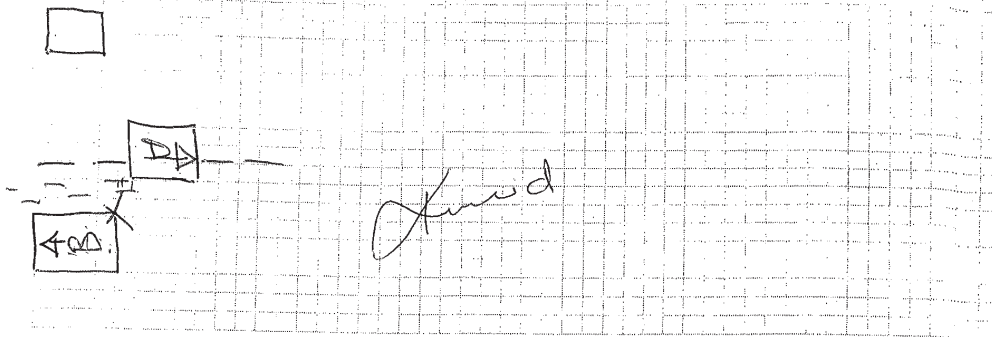
*
Policyholder's Signature
Date & Time:


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


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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the Night of 28 December 2018 just before Midnight I drove SFW3263X to Clive Street. One of the two taxis that were parked in the entrance of ~~taxis~~ Clive Street STH 6233U had parked illegally and was blocking the entrance and exit of the road. The driver was not in the vehicle at that point of time. As I was reversing into the narrow road the taxi came in my way while I was exiting the road. The taxi driver was blackmailing me by ~~forcing~~ forcing me to settle privately.

Kunich

DECLARATION

I/We declare the following particulars are true in every respect.



x

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.:

LETTER OF UNDERTAKING

I/We, INTERNATIONAL EXCHANGE CO
(SINGAPORE) PTE LTD, the owner of vehicle no. SFW 2262X

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



*
.....
Nric no. & signature of policyholder

.....
Company stamp

27/02/2019
.....
Date

Sketch Plan #4 Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9072740J



Name

MUHAMMAD KHALID

Race

PAKISTANI

Date of birth

29-10-1990

Sex

M

Country of birth

SRI LANKA

S9072740J

REPUBLIC OF SINGAPORE DRIVING LICENCE

S9072740J

MUHAMMAD KHALID

Birth Date: 29 Oct 1990
Issue Date: 25 Aug 2009

001777542K



NRIC No. S9072740J



Date of issue

11-11-2005

Address

APT BLK 10B BEDOK SOUTH AVENUE 2
#03-558
SINGAPORE 461010

3794842

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS

PASS DATE 25 Aug 2009

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver; and
other motor vehicles without clutch pedals =< 2500kg

Licence No: S9072740J

NP 428A

Sketch Plan #5 Pg. 1

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: 6338 7288 Fax: 6338 2522
Website: www.axa.com.sg
GST Registration Number: 199903512M



Original

Agent Code: 04460

Policy No. (if any): P0295910

Renewal

SmartDrive Quote Ref:

No. CN895332

MOTOR COVER NOTE

- o The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- o The Road Transport Act 1987 of Malaysia; or
- o The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- o The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- o And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	INTERNATIONAL EXCHANGE CO (SINGAPORE) PTE LTD
MAKE AND DESCRIPTION OF VEHICLE	HONDA ODYSSEY 2.4
VEHICLE REGISTRATION NO.	SFW3263X
YEAR OF MANUFACTURE	2005
ENGINE NO.	K24A62000807
CHASSIS NO.	JHMRB18405C200807
ENGINE CAPACITY/TONNAGE	2354
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	DBS BANK LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 01/07/2018 TO: 30/06/2019
EXCESS (S\$)	500.00
AXA PREMIUM WORKSHOP?	YES

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by WINNER INSURANCE on 27/06/2018 3:47pm
AGENCIES PL

Authorised Signature

Note : This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - o Cover note issued and cancelled before inception.
 - o Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTRC/NOTE/V01/03

winner INSURANCE AGENCIES PTE LTD
Blk 147 Polong Pass Avenue 1 #02-93
Singapore 680147
Tel: +65 6783 8811 Fax: +65 6293 7611
ROD/GST Registration Number: 2000083791E

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

