

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	17/01/2019 16:14
Date Of Accident	17/01/2019 09:30
Exact Location Of Accident	WOODLANDS AVENUE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT9231T
Insured/Policyholder	
Name Of Registered Owner	NOR AQIRA BTE ISMAIL
NRIC No	S9234498C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98510661
Alternative Phone No	OTHERS-90014941

Vehicle Particulars

Manufacturer	BMW
Model	HATCHBACK
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	GA391941
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIRUL ADHA BIN MOHAMED NASIR
NRIC No	S8723062G
Date Of Birth	02/08/1987
Occupation	INDOOR
Date Of Driving Pass	21/12/2006
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90014941
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 467 ADMIRALTY DRIVE #10-211
Postcode	750467
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 - HEAD TO REAR
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)	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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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	GX6744M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.:

Accident Sketch Plan

Page 1 of 1



17/1/2019

Common Statement

frankie@carway.com.sg

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 17/1/19 10:30		2 Exact location of accident Woodlands Ave 12		To be signed by BOTH drivers	
3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	
6 Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		7 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		8 Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **SLT923IT**

9 Insured / policyholder (see insurance cert.)
Name **NOR AQILA BITE ISMAIL**
(capital letters)
Address **BLK 467 Admiralty Drive #10-21 SCS0467**
NRIC / Passport no. **S9234498C**
Tel no. (from 9am till 5pm)
HP **98510661**

10 Vehicle
Make, type **Hatchback**

11 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **GA391941**

12 Driver ☐ Same as Owner
Name **MUHAMMAD KHAIROL**
(capital letters)
NRIC / Passport no. **S87230629**
Class of licence **3**
HP **90014941**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

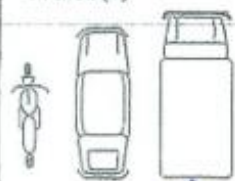
- | | |
|----|--|
| A | 1 Chain Collision |
| 2 | 3 Collided into Bicyclist |
| 3 | 4 Collided into Motorcyclist |
| 4 | 5 Collided into Parked Vehicle |
| 5 | 6 Collided into Pedestrian |
| 6 | 7 Collided into Property |
| 7 | 8 Collision - Change/Cross Lane |
| 8 | 9 Collision - Cross Junction |
| 9 | 10 Collision - Head on Collision |
| 10 | 11 Collision - Head to Head |
| 11 | 12 Collision - Major/Minor Rd |
| 12 | 13 Collision - Opening Door of Vehicle |
| 13 | 14 Collision - Roundabout |
| 14 | 15 Collision - U-Turn |
| 15 | 16 Grist Driving / Drug Influence |
| 16 | 17 Fire, Explosion or Lightning |
| 17 | 18 Flood |
| 18 | 19 Hit and Run / Vandalism / Damaged whilst Parked |
| 19 | 20 Hit by Fallen Tree / Other Objects |
| 20 | 21 No Collision |
| 21 | 22 Side Swipe |
| 22 | 23 Theft |

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B) **Gx4744M**

9 Insured / policyholder (see insurance cert.)
Name
(capital letters)
Address
NRIC / Passport no.
Tel no. (from 9am till 5pm)
HP
10 Vehicle
Make, type
11 Insurance company
☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)
12 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRIC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

13 Indicate the point of initial impact with an arrow (→)



14 Visible damage to vehicle A

15 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please provide a reference to one of the sketches on page 2

16 Signatures of drivers

A

B

17 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)						
Insured	1 Occupation (if more than one, state all)			Email:		
	2 Vehicle registration no.		C.C.	If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		If no, State Relationship of Driver with owner	state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify					
	5 Is the vehicle still in use? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no.					
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	If no, state action to be taken <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)					
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth		Occupation	Date of license pass		Was vehicle driven with the insured's permission?
	02-8-1987		Civil Servant	21-12-2006		Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		Was driver an employee of the insured's company?			
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability					
	9 Full details of all driving convictions including pending prosecutions in the last 36 months					
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
					Yes <input type="checkbox"/> No <input type="checkbox"/>	
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
	If yes, please state which Police station					
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	If yes, against whom?					
	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>					
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>					
	16 Speed of vehicles A 40 km/hr B km/hr					
	17 What warnings were given by driver or other party?					
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	19 What lights were displayed on your vehicle/the other vehicle(s)?					
	20 If your vehicle is commercial, state weight of load carried at time of accident					
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)					
22 State number of Passengers (Including Driver) 1						
Declaration	I/We declare the foregoing particulars are true in every respect					
	Policyholder's signature				Date	
	Driver's signature (if driver is not the policyholder)				Date 17/01/19	

Accident Statement

On 17th Jan 2019 around 0930Hrs, I was driving my vehicle (SLT9231T) along the filter lane from Woodlands Ave 12. Suddenly a vehicle (GX6744M) hit onto the rear of my vehicle. I'm making a claim against third party.



Name: Muhammad Khairul Adha Bin Mohamed Nasir
I/C: S8723062G

Letter of authorise

Date: 17-01-2019

AXA Insurance Singapore Pte Ltd
8 Shenton Way
#27-01,
AXA Tower,
Singapore 068811



Re: Authorization – Report Accident: _____



I, NOR AQIRA BINTE ISMAIL, NRIC: S9234498C, the owner of the said vehicle
hereby authorise the driver: MUHAMMAD KHAIRUL ADHA NRIC: S87230626 to
make accident report. BIN MOHAMED NASIR

Thank You



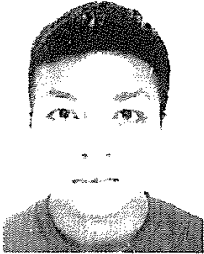
Name: NOR AQIRA BINTE ISMAIL
NRIC: S9234498C
HP:
Address: BLK 467 ADMIRALTY DRIVE #10-211
SINGAPORE 750467

REPUBLIC OF SINGAPORE		
IDENTITY CARD NO. S9234498C		
	Name	NOR AQIRA BINTE ISMAIL
	Race	BOYANESE
	Date of birth	29-09-1992
	Sex	F
	Country of birth	SINGAPORE

4617745	
	
	NRIC No. S9234498C
	Date of issue 30-07-2010
APT BLK 467 ADMIRALTY DRIVE /10-211	
SINGAPORE 750467	
NRIC No: S9234498C	Date: 13/12/2015

REPUBLIC OF SINGAPORE

DRIVING LICENCE




Licence Number: **S8723062G**

Name: **MUHAMMAD KHAIRUL ADHA
BIN MOHAMED NASIR**

Birth Date: **02 Aug 1987**

Issue Date: **28 Jun 2013**



002196996C

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

EFFECTIVE DATE




Class 2B	Motorcycles =< 200 CC	29 Nov 2018
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg	21 Dec 2066
Class 4	Heavy motor cars and motor tractors > 2500 kg	07 Jun 2013



S / No.9000286608

S8723062G

NP 428A

Licence No. S8723062G

REPUBLIC OF SINGAPORE			
IDENTITY CARD NO. S8723062G			
	Name	MUHAMMAD KHAIRUL ADHA BIN MOHAMED NASIR	
	Race	MALAY	
	Date of birth	Sex	S8723062G
	02-08-1987	M	
	Country/Place of birth	SINGAPORE	

		5887567
		
	NRIC No. S8723062G	
	Date of issue	
	09-03-2018	
Address		
APT BLK 467 ADMIRALTY DRIVE #10-211 SINGAPORE 750467		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

