

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	28/01/2019 16:42
Date Of Accident	25/01/2019 21:50
Exact Location Of Accident	JB CAUSEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN5773C
Insured/Policyholder	
Name Of Registered Owner	HARIYANTO BIN BSIRON
NRIC No	S6934511E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90015743
Alternative Phone No	OTHERS-90015743

Vehicle Particulars

Manufacturer	TOYOTA
Model	RUSH-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA437886
Cover Note Number	21/01/2019 - 19/02/2019

Driver

Name of Driver	YUSNI BIN BASIRON
NRIC No	S7124095I
Date Of Birth	21/07/1971
Occupation	INDOOR
Date Of Driving Pass	25/05/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90015743
Fax Number	
Contact Number	OTHERS-90015743
EEmail Address	NOEMAIL

Address	BLK 480 SEMBAWANG DRIVE #02-465
Postcode	750480
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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)	3
Passenger 1	NAME: : NORASHIKIN BTE YAHAYA GENDER: : FEMALE
Passenger 2	NAME: : NUR YUSRINA BTE YUSNI 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

REFER TO THE SKETCH PLAN BY DRIVER

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	SMD2381L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

26-01-19;16:47 ;Ah Lim Motor Company AMLK

;+65 6483 6170

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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;

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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 Pg. 2

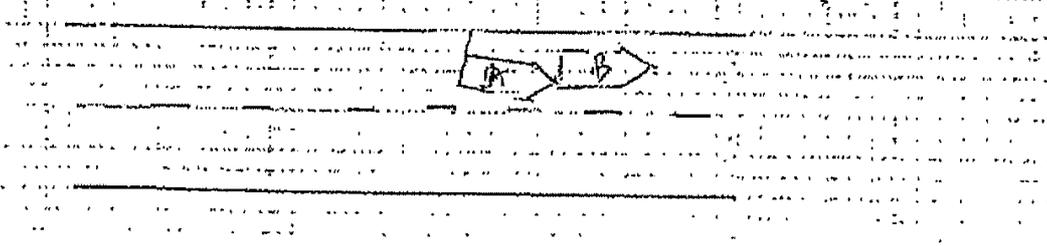
28-01-19:16:47 ; Ah Lim Motor Company AMK

; 165 6453 6170

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SKETCH PLAN

Date of Accident: 25 JAN 19 Time: 2150 hrs Location: JB causeway
 My Vehicle A: SMP2381L Vehicle B: SJN5793C Vehicle C/Others: _____



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle (SJN5793C) accidentally hit on the rear bumper of the front car SMP2381L during the massive jam at JB causeway, causing minor scratch dent on the rear bumper.

() Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to:
 My workshop :
 email address :
 & myself :
 email address :
 Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

We declare the foregoing particulars are true in every respect.

 Policyholder's Signature
 Date & Time:

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


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

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28-01-19:16:52



redefining / insurance

AXA Insurance Pte Ltd
 1 800 880 4088 (Within Singapore)
 (65) 6880 4088 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

HARIYANTO BIN BASIRON
 BLK 172 BISHAN ST 13
 #02-97
 SINGAPORE 570172

New business

date
 21/01/2019

your servicing distributor
 GUOQING TERRY HUANG / 04852

your servicing distributor contact
 91278514



Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	HARIYANTO BIN BASIRON	Policy number	VA1 / GA437886
Cover	Comprehensive	FIN / NRIC	S6934511E
Period of Insurance	from 21/01/2019 to 19/02/2020 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% HCD	SGD 712.88
Total Discounts	- SGD 42.15
7% GST	SGD 46.95
Final Premium	SGD 717.68

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Replacement with Excess OR Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Add-on Benefits

- Basic Own Damage Excess Doubled

Vehicle details

Make & Model of Vehicle	TOYOTA RUSH 1.5	Year of manufacture	2008
Vehicle registration number	SJH5773C	Type of Use	Private use
Body type	SUV	Engine capacity (c.c.)	1495
Seating capacity (excl driver)	4	Engine number	3S22114763
Off-Peak car	No	Chassis number	J200E0021802

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	Nil

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess	SGD 300.00
Voluntary Excess	SGD 300.00
Total Own Damage Excess	SGD 600.00
Windscreen Excess	SGD 200.00

Sketch Plan Pg. 4



redefining / insurance

Date: 28/1/19

To: Owner of Vehicle Number: SJMS7930

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff Zila / Eileen / Mui Hong.

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 Reporting

Signed and acknowledge by:

MSMI [Signature]
Name and signature of policyholder/authorised driver

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

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S71240951**
 Name: **YUSNI BIN BASIRON**
 Birth Date: **21 Jul 1971**
 Issue Date: **25 May 2005**

001343877H




REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S71240951**

Name: **YUSNI BIN BASIRON**

Race: **JAVANESE**
 Date of Birth: **21-07-1971** Sex: **M**
 Country of Birth: **SINGAPORE**

S71240951





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 NO. video.
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YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	PASS DATE
Class 3	Motor cars =< 3000 kg with =< 7 passengers, exclusive of the driver; and motor tractors / vehicles =< 2500 kg	25 May 2005

NP 428A

Licence No: S71240951



1478091



NRIC No: **S71240951**



Blood Group: **AB+** Date of issue: **01-12-1993**

APT BLK 480 SEMBAWANG DRIVE #02-465
 SINGAPORE 750480
 NRIC No: S71240951 Date: 18-05-2000 No: 3775112

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

