

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	03/04/2019 17:38
Date Of Accident	01/04/2019 18:00
Exact Location Of Accident	UPPER SERANGOON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB7671X
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD ZULHILMI BIN MUSA
NRIC No	S9325054J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83281034
Alternative Phone No	OFFICE-83281034

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA427201
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZULHILMI BIN MUSA
NRIC No	S9325054J
Date Of Birth	19/07/1993
Occupation	INDOOR
Date Of Driving Pass	23/10/2015
Driving Experience	3 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83281034
Fax Number	
Contact Number	OFFICE-83281034
Email Address	NOEMAIL

Address	BLK 12 EUNOS CRESCENT #03-2781
Postcode	
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	DRIZZLING
Road Surface	WET

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

VEHICLE B WAS STATIONARY. I COULDN'T STOP IN TIME AND HIT ONTO VEHICLE B 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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLW981E
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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

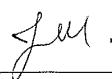
SKETCH PLAN

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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.

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.:



VEHICLE B WAS STATIONARY, I COULDN'T STOP IN
TIME AND HIT ONTO VEHICLE B REAR.

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

LETTER OF UNDERTAKING

I/We, MUHAMMAD ZULHILMI BIKI MUSA, the owner of vehicle no. CB 7671X

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:

Jul.
.....
Nric no. & signature of policyholder

.....
Company stamp

03/04/2019
.....
Date

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9325054J



Name
MUHAMMAD ZULHILMI BIN MUSA

Race
MALAY

Date of birth
19-07-1993



Sex
M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9325054J
Name
MUHAMMAD ZULHILMI BIN MUSA

Birth Date: 19 Jul 1993
Issue Date: 23 Oct 2015



002486406G

SG 50

4251546



NRIC No. S9325054J



Date of issue
19-07-2008

Address
APT. BLK 12 EUNOS CRESCENT
#03-2781
SINGAPORE 400012

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

	EFFECTIVE DATE
Class 3 Motor Cars =< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	23 Oct 2015

NP 428A





redefining / insurance

MUHAMMAD ZULHILMI BIN MUSA
BLK 12 EUNOS CRESCENT
#03-2781
SINGAPORE 400012

AXA Insurance Pte Ltd
☎ 1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
☎ (65) 6880 4740
✉ customer.care@axa.com.sg
🌐 www.axa.com.sg

New business

date
13/12/2018

policy number
CB1 / GA427201

your servicing distributor
KHC HOLDINGS PTE LTD / 03180

your servicing distributor contact
62538288

Policy Schedule

Your SmartDrive Bus Comprehensive

Your policy snapshot

Policyholder name	MUHAMMAD ZULHILMI BIN MUSA	Policy number	CB1/GA427201
Cover	Comprehensive	FIN/NRIC	S9325054J
Period of Insurance	from 22/12/2018 to 21/12/2019 (both dates inclusive)		

Premium breakdown

Gross Premium after 0% NCD	SGD	4,767.00
Total Discounts	SGD	-467.93
7% GST	SGD	300.93
Final Premium	SGD	4,600.00

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Bus Comprehensive Benefits

- 24/7 Towing
- Windscreen Repair with Excess
- Loss or Damage
- Legal Liability
- Repairs to be done at a workshop assigned by AXA Insurance Pte Ltd

Vehicle details

Make & Model of vehicle	TOYOTA HIACE COMMUTER	Year of manufacture	2015
Vehicle registration number	CB7671X	Type of use	TO FERRY SCHOOL CHILDREN AND/OR WORKERS ONLY
Body type	BUS	Engine number	1KD2564389
Seating capacity (excl. driver)	13	Chassis number	KDH2230025970
Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)		
Limitation to use	As per Certificate of Insurance		
Geographical area	Refer to Policy Wordings		
Finance Loan Company	LIAN HONG PTE LTD		

Excess

Section I	SGD2,500.00
Section II	SGD2,000.00
Windscreen	SGD200.00

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

