

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	08/04/2019 11:30
Date Of Accident	06/04/2019 10:50
Exact Location Of Accident	XILIN AVE TO UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	EJ878Y
Insured/Policyholder	
Name Of Registered Owner	SYED MAHMOOD BIN SYED AHMAD
NRIC No	S1127349A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96701690
Alternative Phone No	OFFICE-96701690

Vehicle Particulars

Manufacturer	JEEP
Model	GRAND CHEROKEE-3.6 (A)
Exact Purpose for which vehicle was being used at time of accident	PERSONAL USAGE
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA216471
Cover Note Number	

Driver

Name of Driver	FADLUN BTE HJ AB KADIR
NRIC No	S1315612C
Date Of Birth	08/04/1958
Occupation	INDOOR
Date Of Driving Pass	04/01/1979
Driving Experience	40 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-93656200
Fax Number	
Contact Number	
Email Address	FADLUNKADIR@GMAIL.COM

Address	468L UPPER CHANGI ROAD
Postcode	486964
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	1
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 STATEMENT AND SKETCH PLAN

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	SGH2020D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN BOON KIANG
NRIC/Passport Number	S1637360E
Contact Number	
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;

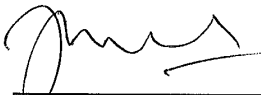
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or

(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.

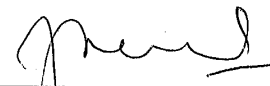
(collectively the "**Purposes**")

(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.



Policyholder's Signature / Date &
Time

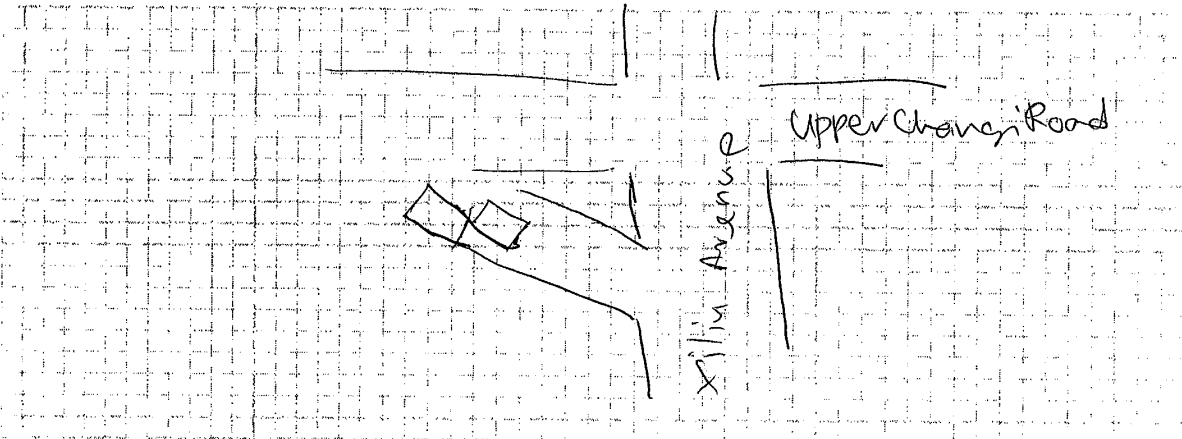


Driver's Signature (If driver is not the policyholder) / Date
& Time



Witnessed by Reporting Centre
Personnel

Sketch Plan




Describe Circumstances of the Accident

When moving off, I did not realise the vehicle in front of me did not move off when looking for incoming vehicle on upper Changi Road.

Declaration

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


Policyholder's Signature

Policyholder's Signature / Date &
Time

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

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



Witnessed by Reporting Centre
Personnel

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Driving License



Driving License



POLICY



redefining insurance

AXA Insurance Pte Ltd
1800 880 8888 (Within Singapore)
(65) 6588 8888 (International)
(65) 6588 4746
customerservice.axa.sg
www.axa.com.sg

Certificate of Insurance

Account number
03207

Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 188; Motor Vehicles (Third-Party Risks and Compensation) Rules, 1993; Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1993 (Malaysia)

Policy details

Policyholder name	SYED MAHMOOD BIN SYED AHMAD	Certificate number	GA206671 / 1
Cover	Comprehensive	Chassis number	10ARF0G8CC357102
Plan name	Real	Engine number	4CC357102
NCD applicable	36%		
Vehicle registration number	E28789		
Period of Insurance	From 05/06/2018 to 05/06/2019 (both dates inclusive)		
Insurance company	OBS BANK LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
(b) Any person who is driving on the Policyholder's order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.
The policy does not cover - use for hire or reward, racing, prize-racing, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with road trials, or when the Motor Car, whether stationary, in use or otherwise, is in or on, or along track, circuit, route, course or any other roads by whatever name called that are typically used for racing, prize-racing or such similar purposes.
* Limitations imposed pursuant to Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 188 and Section 96 of the Road Transport Act, 1987 (Malaysia) are not to be included under these headings.

EXCESS	Basic Own Damage Excess	USD 600.00
	Windscreen Excess	USD 300.00

An Additional Excess is applicable as follows:

1. \$4500 for unlicensed Authorized Driver
2. \$4500 for declared Young and inexperienced driver
3. \$45,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$10,500 if You have chosen AXA Premium Windscreen.

Additional clauses & endorsements to your policy

Nil

We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third-Party Risks and Compensation) Act, Chapter 188 and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorized signatory

Important note

Policyholders are warned that in the case of a motor vehicle they must surrender the Certificate of Insurance and this Policy to the insurance company, if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to surrender the original is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 188).
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199003512M)
8 Merrion Way, #04-01, AXA Tower,
Singapore 086911
Customer Centre, #01-01

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