

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	28/05/2019 12:32
Date Of Accident	24/05/2019 07:50
Exact Location Of Accident	YISHUN AVE 9
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLJ1357U
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD HAKIM BIN ABDUL HALIM
NRIC No	S8518753H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91449841
Alternative Phone No	OTHERS-91449841

Vehicle Particulars

Manufacturer	AUDI
Model	Q5 3.2 FSI QU S LINE (PANORAMIC ROOF)
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	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	GA380128/1
Cover Note Number	

Driver

Name of Driver	SALLEH BIN ALI
NRIC No	S7043340J
Date Of Birth	15/11/1970
Occupation	INDOOR
Date Of Driving Pass	11/07/1995
Driving Experience	23 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81265172
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	228 YISHUN STREET 21 #02-486 SPORE 760228
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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)	2
Passenger 1	NAME: : NUR FARAH NADIA BINTE SALLEH GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

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	SHB4483H
Vehicle Make/Model/Colour	HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD HAKIM BIN ABDUL HALIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLJ1357U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR FARAH NADIA BINTE SALLEH

Approximate Age

Injuries Sustain

Injured person in which vehicle? SLJ1357U

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

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.

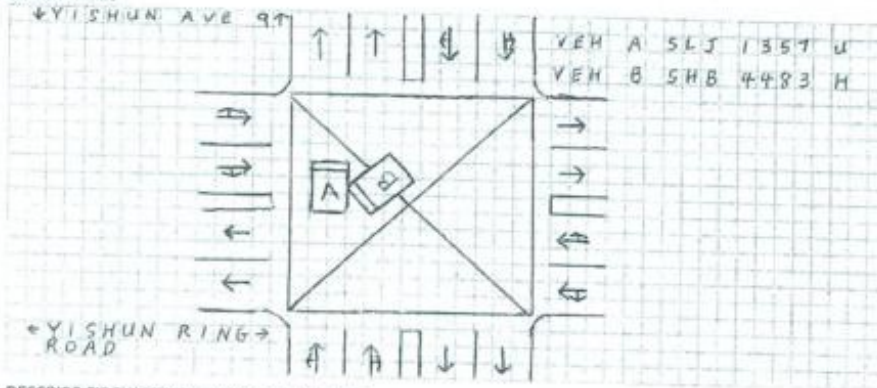
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: S. L. N. I.
NRIC/FIN No.: 880400778

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: *Subram*
NRIC/FIN No.: *SP0403770*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

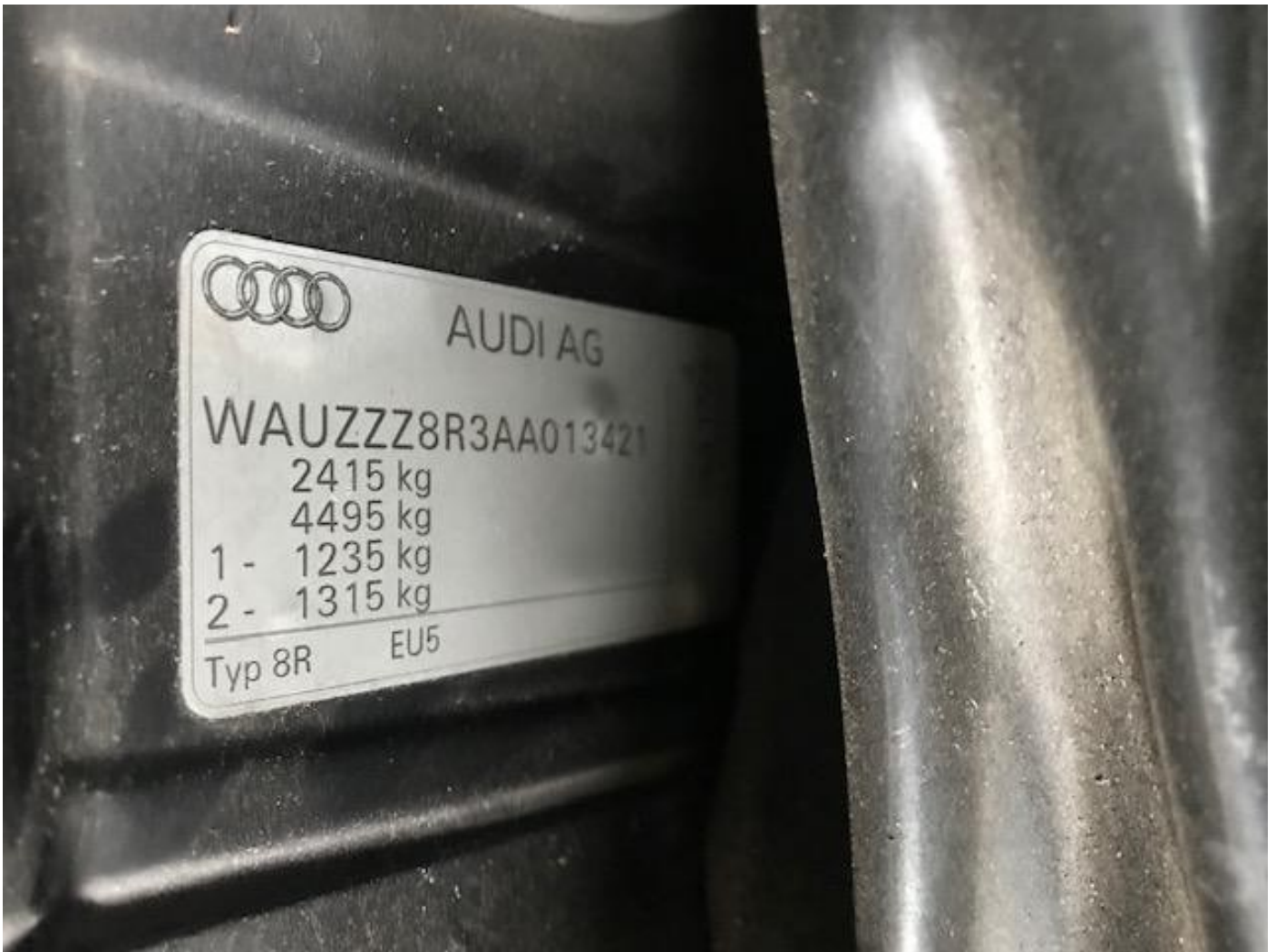


Accident Photo



Accident Photo





Driving License



Insurance policy



redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6880 4740
customers@axa.com.sg
www.axa.com.sg

Account number
14278

Certificate of Insurance

Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1967 - Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third Party Risks) Rules, 1958 (Singapore)

Policy details

Policyholder name	MUHAMMAD HANIM BIN ABDUL HALIM	Certificate number	GA386128 / 1
Cover	Comprehensive	Chassis number	WUJZZZ8R3AA013121
Plan name	Peace	Engine number	CAL042856
NGO applicable	40%		
Vehicle registration number	SZJ1157U		
Period of Insurance	from 30/07/2018 to 08/08/2019 (both dates inclusive)		
Finance lease company	N/A		

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, pace-making, rally, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor traffic or when the Motor Car, whether stationary, is in or on, or a racing track, circuit, oval, course or any other roads to whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations included in accordance with Section 9 of the Motor Vehicles (Third Party Risks and Compensation) Act, Chapter 189 and Section 10 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS: Windscreen Excess

Not Applicable

An Additional Excess is applicable as follows:

- \$2,500 for unlicensed Authorized Driver
- \$2,500 for declared Young and Inexperienced Driver
- \$25,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to \$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

N/A

I/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 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorized signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to this effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189).

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 (190905512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #B1-01

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Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2165

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No: T/20190525/2165

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/05/2019 21:46	Video Report No.:	Station Diary No.: 296
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Informant's Particulars

Name of Informant: SALLEH BIN ALI			Address: APT BLK 228 YISHUN STREET 21 #02-486 SINGAPORE 760228	
ID Type / ID No.: NRIC NO / S7043340J			Contact No.: Home/Office: Mobile: 81265172	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 48	Date of Birth: 15/11/1970	Type of Informant: Driver	
Race: Malay			Language:	Institution / School Name:
Occupation: DELIVERY COURIER			Driving Licence Information: Class: 2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/05/2019 07:50	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 YISHUN RING ROAD YISHUN AVENUE 9 Junction of Yishun Ring Road and Yishun Avenue 9	Weather: Clear	Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHB4483H	Car				Slightly Damaged	0
SLJ1357U	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2165

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190525/2165

CONTINUATION OF REPORT

Driver				
Name	SALLEH BIN ALI		ID No.	S7043340J
Related Vehicle	SLJ1357U (Car)		Contact No.	81285172
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	24/05/2019		Date Discharge	24/05/2019
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Name				
NUR FARAH NADIA BINTE SALLEH		ID No.	T0010853C	
Related Vehicle	SLJ1357U (Car)		Contact No.	81316893
Hospital/Clinic	NORTHEAST (BUKIT BATOK) 24 HR FAMILY CLINIC		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	24/05/2019		Date Discharge	24/05/2019
No. of Days granted Medical Leave	03		Degree of Injury	Slight

Brief Details.

On 24/05/2019 at about 0750hrs, I was driving my vehicle, SLJ1357U along Yishun Avenue 9 towards the junction of Yishun Ring Road. As I was approaching the junction, I noticed the traffic light was in my favor and as such, I proceed to drive straight. I was driving on the left lane at that point of time.

When I reach the middle of the junction, suddenly a taxi (SHB4483H) from the opposite road (Yishun Avenue 9) turned right to into my path. I wasn't able to swerve away and the taxi collided onto the right side of my vehicle. I stepped out of the vehicle to assess the damage caused by the accident. I suddenly felt numb on the right side of my body, as such, I immediately called for the SCDF. My daughter was also in the car at the point of time. She only complained of being in a state of shock. She was in a hurry for her exam and left the location shortly after.

The ambulance arrived shortly after as well as the police. I was subsequently conveyed to the Khoo Teck Puat Hospital to received medical attention. I was given 5 days medical leave. My daughter complained of numbness as well after her exam and we proceed to Northeast Medical Group where she was given 3 days medical leave.

My vehicle was towed to the Traffic Police Headquarters. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190525/2165

Police Station Of Origin:
Yishun North N.P.C.
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190525/2165

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: L / Staff Sgt MUHAMMAD NOOR HAIRI BIN ABDUL SALAM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/05/2019 21:46
Officer In Charge Of Case: TP / GIT / Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN Contact No.: 65476185	Classification Of Case:
Authentication Stamp NP168	