

Accident Photo



Accident Photo



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 ability
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 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	14/05/2015 17:19
Date Of Accident	03/05/2015 02:15
Exact Location Of Accident	STEVEN RD & BUKIT TIMAH RD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGX4434X
Insured/Policyholder	
Name Of Registered Owner	SUFIYAN BIN YUSOFF
NRIC No	S8135672F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82236346
Alternative Phone No	Office-82236346

Vehicle Particulars

Manufacturer	HYUNDAI
Model	VERNA-1.4 (A)
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	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1535142
Cover Note Number	

Driver

Name of Driver	SUFIYAN BIN YUSOFF
NRIC No	S8135672F
Date Of Birth	14/11/1981
Occupation	Indoor
Date Of Driving Pass	25/06/2007
Driving Experience	7 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-82236346
Fax Number	
Contact Number	Office-82236346
EEmail Address	NOEMAIL

Address	BLK 418 TAMPINES STREET 41 #02-64
Postcode	520418
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	Side Swipe- Same Direction
Weather Conditions	Raining
Road Surface	Wet

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	3

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.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD9965R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	PASSENGER
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SGX4434X
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	

Address

Postcode

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 :

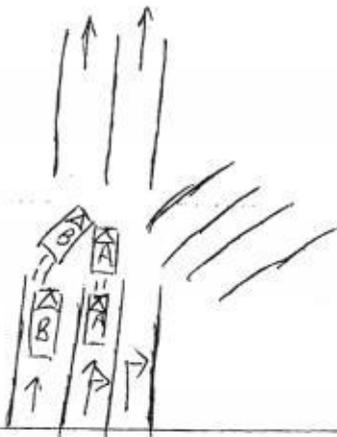
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



sebastian@smemotor.com.sg

From: "Sufiyan Yusoff" <sufiyan.yusoff@gmail.com>
Date: Thursday, 14 May 2015 4:34 PM
To: <sebastian@smemotor.com.sg>
Subject: Fwd: Accident Reporting REF P1535142MC/CL

Sent from my iPhone

Begin forwarded message:

From: Raudha Osman <sitiraudha.osman@gmail.com>
Date: 12 May 2015 2:59:32 am SGT
To: "cst@axa.com.sg" <cst@axa.com.sg>
Cc: "sufiyan.yusoff@gmail.com" <sufiyan.yusoff@gmail.com>
Subject: Accident Reporting REF P1535142MC/CL

Dear Office In Charge

I have received the reporting for the above matter.

First and foremost, I would like to

apologise for not reporting the above incident any earlier. It was due to the fact that I was away on my way to Malaysia when the accident happened, and as there was no injury, I thought that it would not be necessary to lodge a report. Furthermore, based on the conversation I had with the taxi driver, we had a mutual understanding that we would not make a claim against the other party's insurance.

Secondly, on the night of 03.05.2015, a taxi knocked against the left side of my car along Steven Road. It was raining very heavily and visibility was extremely poor. I was going straight at a slow speed due to the poor weather conditions when the taxi knocked against and caused damages on the left side of my car. I believe I was on the centre lane and had the right of way, as I was going straight when the taxi came from nowhere and hit me. As a result, my left signal light was almost detached from my vehicle and there was a dent near the left door. My parents, myself and the taxi driver then got out of our respective vehicles and spoke briefly in the middle of the road. Because it was raining so heavily, we spoke briefly and mutually agreed not to claim against each other, be it with regards to damages incurred on the vehicle or the personal injuries that affected my parents. My father had experienced some physical discomfort and my mother was traumatised by the incident.

I have herewith attached pictures for your perusal.

Also, I am furnishing my details (driver) as per required.

Name: Sufiyan Yusoff
Nric: S8135672F
Mobile: 8223 6346

Do feel free to contact me should you require me to furnish further information.

Sketch Plan #2 Pg.1

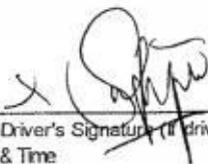
Describe Circumstances of the Accident

REFER TO ATTACHED

Declaration

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

Witnessed by Reporting Centre Personnel

Insurance Co.	AXA		
Vehicle NO.	301X4434X	Date Of Accident	03, 09 2015
<input checked="" type="checkbox"/>	Reporting Only	<input type="checkbox"/>	Own Damage Claim
<input type="checkbox"/>	Third Party Claim		

LETTER OF UNDERTAKING

I/We, SUFIVAN BIN YUSOFF, the owner of vehicle no. 39X 1434X

My/Our Insurance is under M/s AXA Insurance Singapore 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 Singapore 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:


Nric no. and signature of policyholder

Company Stamp

14/05/2015
Date