

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	29/06/2019 12:45
Date Of Accident	28/06/2019 17:20
Exact Location Of Accident	PIE TO EUNOS FLYOVER
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ9402H
Insured/Policyholder	
Name Of Registered Owner	RADIN MOHAMAD YAZID BIN ABU MAHAR
NRIC No	S7835545Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97900121
Alternative Phone No	OTHERS-97900121

Vehicle Particulars

Manufacturer	KIA
Model	SORENTO
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	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	GA445485
Cover Note Number	

Driver

Name of Driver	RADIN MOHAMAD YAZID BIN ABU MAHAR
NRIC No	S7835545Z
Date Of Birth	02/12/1978
Occupation	INDOOR
Date Of Driving Pass	18/02/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	+65-97900121
Fax Number	
Contact Number	OTHERS-97900121
E-Mail Address	NOEMAIL

Address BLK 278A COMPASSVALE BOW #09-547
 Postcode 541278
 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 CHAIN COLLISION
 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 3
 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: : ARDLEE
 GENDER: : MALE
 Passenger 2 NAME: : HASLIM
 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 ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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 GBG5425P
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode

Sketch Plan

SKETCH PLANIMPORTANT 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 willful 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. The 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 lodging 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/are 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 by 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:
NRIC/PRN No.:

29/6/19.

Sketch Plan #2

SKETCH PLAN

<p>PIE towards Eunus flyover</p>	<p>Vehicle</p> <p>A - SLQ 9402 H</p> <p>B - GBB 5425 P</p> <p>C - SAS 3354 B</p>
	<p>Legend</p> <p> Vehicle</p> <p> Motorcycle</p>

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

In 28/06/19 at about 1720hrs I was travelling my vehicle (SLQ 9402 H) along PIE towards Changi airport near Eunus flyover. I was in the centre lane. The front car SAS 3354 B suddenly stop. I stopped in time but the rear vehicle (GBB 5425 P) could not stop in time and hit onto my rear. Due to the impact my car move forward and hit vehicle C. No body was injured.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a limitation (14) days clause whereby the claim against your policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature
 Date & Time:

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

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

29/6/19.

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of incidents and facts which will stand up to the statement of claims

1 Date of accident: 28/6/19 Time: 17:30 2 Exact location of accident: PIE TO RING ROAD

3 To be signed by BOTH drivers 3.1 Injured eyes if slight: No [X] Yes []

4 Material damage: To vehicles other than vehicle A and B: No [] Yes [X] To objects other than vehicles: No [X] Yes []

5 Witness' names, address and tel nos. Do not understand if vehicle is passenger in vehicle A or vehicle B: [] Vehicle Video Camera Available: No [X] Yes []

Registration No. (VEHICLE A): SLG 942H

6 Insured / policyholder (see insurance cert.): Radio mahama

Name (capital letters): Yazid B Abou Mahar

Address: Mahar

NRIC / Passport no: 57835545

Tel no. (Home / Cell / Office): 93900121

7 Vehicle: Kia Soranto

8 Insurance company: AXA

Does the policy cover damage to vehicle A? No [] Yes [X]

Policy No. GA445485

9 Driver: [X] Driver or Owner

Name (capital letters):

NRIC / Passport no:

Class of license:

Sex: Male [] Female []

10 CIRCUMSTANCES

- Put a cross (X) in each of the following boxes applicable to your vehicle.
- 10.1 Collision
 - 10.2 Collision into structure
 - 10.3 Collision into obstacle
 - 10.4 Collision into parked vehicle
 - 10.5 Collision into pedestrian
 - 10.6 Collision into property
 - 10.7 Collision - Obstacle over lane
 - 10.8 Collision - Obstacle over kerb
 - 10.9 Collision - Road on left
 - 10.10 Collision - Road on right
 - 10.11 Collision - Road to side
 - 10.12 Collision - Wrong Way
 - 10.13 Collision - Wrong Lane
 - 10.14 Collision - Wrong Side
 - 10.15 Collision - Wrong Direction
 - 10.16 Collision - Wrong Way
 - 10.17 Collision - Wrong Lane
 - 10.18 Collision - Wrong Side
 - 10.19 Collision - Wrong Direction
 - 10.20 Collision - Wrong Lane
 - 10.21 Collision - Wrong Side
 - 10.22 Collision - Wrong Direction
 - 10.23 Collision - Wrong Lane
 - 10.24 Collision - Wrong Side
 - 10.25 Collision - Wrong Direction
 - 10.26 Collision - Wrong Lane
 - 10.27 Collision - Wrong Side
 - 10.28 Collision - Wrong Direction
 - 10.29 Collision - Wrong Lane
 - 10.30 Collision - Wrong Side
 - 10.31 Collision - Wrong Direction
 - 10.32 Collision - Wrong Lane
 - 10.33 Collision - Wrong Side
 - 10.34 Collision - Wrong Direction
 - 10.35 Collision - Wrong Lane
 - 10.36 Collision - Wrong Side
 - 10.37 Collision - Wrong Direction
 - 10.38 Collision - Wrong Lane
 - 10.39 Collision - Wrong Side
 - 10.40 Collision - Wrong Direction
 - 10.41 Collision - Wrong Lane
 - 10.42 Collision - Wrong Side
 - 10.43 Collision - Wrong Direction
 - 10.44 Collision - Wrong Lane
 - 10.45 Collision - Wrong Side
 - 10.46 Collision - Wrong Direction
 - 10.47 Collision - Wrong Lane
 - 10.48 Collision - Wrong Side
 - 10.49 Collision - Wrong Direction
 - 10.50 Collision - Wrong Lane
 - 10.51 Collision - Wrong Side
 - 10.52 Collision - Wrong Direction
 - 10.53 Collision - Wrong Lane
 - 10.54 Collision - Wrong Side
 - 10.55 Collision - Wrong Direction
 - 10.56 Collision - Wrong Lane
 - 10.57 Collision - Wrong Side
 - 10.58 Collision - Wrong Direction
 - 10.59 Collision - Wrong Lane
 - 10.60 Collision - Wrong Side
 - 10.61 Collision - Wrong Direction
 - 10.62 Collision - Wrong Lane
 - 10.63 Collision - Wrong Side
 - 10.64 Collision - Wrong Direction
 - 10.65 Collision - Wrong Lane
 - 10.66 Collision - Wrong Side
 - 10.67 Collision - Wrong Direction
 - 10.68 Collision - Wrong Lane
 - 10.69 Collision - Wrong Side
 - 10.70 Collision - Wrong Direction
 - 10.71 Collision - Wrong Lane
 - 10.72 Collision - Wrong Side
 - 10.73 Collision - Wrong Direction
 - 10.74 Collision - Wrong Lane
 - 10.75 Collision - Wrong Side
 - 10.76 Collision - Wrong Direction
 - 10.77 Collision - Wrong Lane
 - 10.78 Collision - Wrong Side
 - 10.79 Collision - Wrong Direction
 - 10.80 Collision - Wrong Lane
 - 10.81 Collision - Wrong Side
 - 10.82 Collision - Wrong Direction
 - 10.83 Collision - Wrong Lane
 - 10.84 Collision - Wrong Side
 - 10.85 Collision - Wrong Direction
 - 10.86 Collision - Wrong Lane
 - 10.87 Collision - Wrong Side
 - 10.88 Collision - Wrong Direction
 - 10.89 Collision - Wrong Lane
 - 10.90 Collision - Wrong Side
 - 10.91 Collision - Wrong Direction
 - 10.92 Collision - Wrong Lane
 - 10.93 Collision - Wrong Side
 - 10.94 Collision - Wrong Direction
 - 10.95 Collision - Wrong Lane
 - 10.96 Collision - Wrong Side
 - 10.97 Collision - Wrong Direction
 - 10.98 Collision - Wrong Lane
 - 10.99 Collision - Wrong Side
 - 10.100 Collision - Wrong Direction

Registration No. (VEHICLE B): GBG 5425 P

6 Insured / policyholder (see insurance cert.):

Name (capital letters):

Address:

NRIC / Passport no:

Tel no. (Home / Cell / Office):

7 Vehicle:

8 Insurance company: [] [] [] []

Does the policy cover damage to vehicle B? No [] Yes []

Policy No. (if available):

9 Driver (See driving licence) (if different from insured B above):

Name (capital letters):

NRIC / Passport no:

Class of license:

Sex: Male [] Female []

State TOTAL number of boxes marked with a cross

11 Indicate the point of initial impact with an arrow (→)

12 Vehicle damage to vehicle A:

13 Any remarks:

14 Sketch of accident when impact occurred

15 Indicate the point of initial impact with an arrow (→)

16 Vehicle damage to vehicle B:

17 Any remarks:

18 Signature of drivers

A [Signature]

B [Signature]

At the point of impact or at the point of damage in property reservation to vehicles A and B, give reference details.

Do not write anything in the statement when driving. Subsequent, each driver must fill out form.

For complete individual statement (Part II) see overleaf.

Individual Statement

67473046 (Fax)

INDIVIDUAL STATEMENT (Part II)		Date: <u>18/12/09</u> Time: <u>18:21:09</u>	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)			
Of which vehicle are you the owner? <input type="checkbox"/> A <input type="checkbox"/> B	1. Occupation (if more than one, state all) <u>C.C.</u>		
	2. Vehicle registration no. <u>C.C.</u>		If commercial vehicle, state permissible carrying capacity
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state full name of driver and name of insurer of driver's own vehicle (where applicable)
	4. Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire <input type="checkbox"/> Others - please specify _____		
	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present _____		
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If no, state action to be taken: <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)		
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth: <u>2/12/78</u>	Occupation: <u>Indoor</u>	Date of licence issue: <u>18/12/09</u>
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	9. Full details of all driving convictions including pending prosecutions in the last 36 months.		Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Date:	Offence:	Penalty:
Insured persons	10. Name(s), address(es) and approximate age(s)	Injuries sustained	Was any person being carried in vehicle?
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Damage to property B - vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage
	<u>Van 1</u>	<u>5271 33540</u>	
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please state which Police station _____		
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, against whom? _____		
Accident details	14. Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others: _____		
	15. Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others: _____		
	16. Speed of vehicles: A. _____ km/hr B. _____ km/hr		
	17. What warnings were given by driver or other party? _____		
	18. Were speed lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	19. What lights were displayed on your vehicle/other vehicle(s)? _____		
	20. If your vehicle is commercial, state weight of load carried at time of accident _____		
21. State how accident happened, width of roads, speed limits, etc. (Refer to attached)			
22. State number of Passengers (including Driver) <u>3</u> <u>Arif (M)</u> <u>Hassim (F)</u>			
Declaration	I/We declare the foregoing particulars are true in every respect.		
	Policyholder's signature: <u>[Signature]</u> Date: _____ Driver's signature (if driver is not the policyholder): _____ Date: _____		