### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

| atoresaid.   |                            |  |  |  |
|--|----------------------------|--|--|--|
|  | ACCIDENT STATEMENT         |  |  |  |
| Date Of Report   | 08/08/2019 18:56           |  |  |  |
| Date Of Accident   | 25/07/2019 17:50           |  |  |  |
| Exact Location Of Accident   | NTU CARPARK F              |  |  |  |
| Country/State of Loss  | SINGAPORE                  |  |  |  |
| DETAILS OF OWN VEHICLE   |                            |  |  |  |
| Vehicle Registration Number  | SJB3779M                   |  |  |  |
| Insured/Policyholder   |                            |  |  |  |
| Name Of Registered Owner   | MAHAD RIDZUAN BIN MOHD ZIN |  |  |  |
| NRIC No  | S7411883F                  |  |  |  |
| Email Address  | JAPSGEN@GMAIL.COM          |  |  |  |
| Mobile Phone No  | (LOCAL) +65-98345172       |  |  |  |
| Alternative Phone No   | OTHERS-98340176            |  |  |  |
| Vehicle Particulars  |                            |  |  |  |
| Manufacturer   | TOYOTA                     |  |  |  |
| Model  | ESTIMA-2.4 AERAS G (A)     |  |  |  |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USAGE              |  |  |  |
| 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 PTE LTD      |  |  |  |
| Type Of Coverage   | COMPREHENSIVE              |  |  |  |
| Fleet Policy   | NO                         |  |  |  |
| Policy Number  | GA433723                   |  |  |  |
| Cover Note Number  |                            |  |  |  |
| Driver   |                            |  |  |  |
|  |                            |  |  |  |

Name of Driver NORHIDAYATEE BINTE MOHAMAD BAKTI

 NRIC No
 \$8039127G

 Date Of Birth
 17/12/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 20/10/2006

Driving Experience 12 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98340176

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 100 TANAH MERAH BESAR ROAD #10-11 SINGAPORE

Postcode 498839

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)

2

involved in the accident

NO

Was any body injured in the Accident?
Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

## **Circumstances of Accident**

## REFER TO ATTACH 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 SJA8426D

Vehicle Make/Model/Colour FORD / NIL/WHITE

Details Of Properties FRONT PORTION

Vehicle Category PRIVATE CAR

Name of Driver WONG WENG FOO

Name of Driver

NRIC/Passport Number

96638034

Address

Postcode

Contact Number

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

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#### SKETCH PLAN

#### **IMPORTANT NOTICE**

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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 signature Date & There: 0/0/10

Driver's Signature (If driver is not the policyholder

Date & Time:  $\S$ 

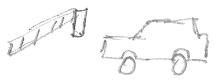
COMPORTACLORO ENGINEERING PTE LTD EXTERNAL BUSHICOS DRI, PUNTAN BRIANCIA

NAME & SIGNATURE

Reporting Centre Personnel's Signature

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SKETCH PLAN







DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

| PERSONNEL CONCOUNTAINED OF THE ACCIDENT             |      |
|---|------|
| On the 15th of July 2019 at about 1750 hm, i        | was  |
| driving back home from my writeplace carpark at N   | Tu   |
| carpar F. At the point of time, the first car o     | rt   |
| the first of garting could not go out. The car slo  | owly |
| nurse and a an the second cor. I also reversed      | l    |
| but werfaally hit the front bumper of the can be    | 1    |
| Me No iguines found. The other party of has a       |      |
| his can to his agent Ford for assessment of the dam | one. |
| He would like to claim insurance from my insurance  | e.   |
|   |      |
|   |      |

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:

COMPORTUGEIGRO ENDINERRING PTE LTO EXTERNAL BUSINESS DIV. PANOAN BRANCH

NAME & SIGNATURE DESIGNATION:

Reporting Centre Personnel's Signature NameWONG CHEE WEI NRIC/FIN No.: 472/8094/.





Certificate number

Chassis number

Engine number

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

## **Certificate of Insurance**

17120

account number

GA433723 / 1

2AZE066454

ACR500046104

-Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 - Road Transport Act. 1987 (Malaysia) -Motor Vehicles (Third-Party Risks ) Rules, 1959 (Malaysia)

#### **Policy details**

Policyholder name Cover Plan name

NCD applicable 50%

Vehicle registration number Period of Insurance

Finance loan company

MAHAD RIDZUAN BIN MOHD ZIN Comprehensive Essential

SJB3779M

from 01/03/2019 to 29/02/2020 (both dates inclusive)

# TECK WEI CREDIT PTE 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, pace-making, 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 motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

**EXCESS** 

Basic Own Damage Excess Windscreen Excess

SGD 400.00 SGD 100.00

An Additional Excess is applicable as follows:

- 1. S\$500 for unnamed Authorised Driver
- 2, S\$500 for declared Young and Inexperienced Driver
- 3, \$\$5,000 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

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

Authorised 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 the 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 falling which there would be no liability under the policy, renewal certificate, endorsement etc.

1 of 3

## Sketch Plan Pg. 4

| D   | ate: | 8/8/19   |
|---|------|--|
|   |      | wner of Vehicle Number: STB3779111   |
| Th<br>th  | e fo | through taff, WONG CHEE WELL.  |
| Ple   | ease | tick the applicable box if you had been advice on the content as seen below:   |
| V   | 1    | You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. |
|   | 1    | You had been advised by the workshop on the liability and merits of the case accordingly.  |
| ل   | X    | You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.   |
| (   | )    | There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.  |
| (   | )    | The Estimation waiting time for the spare parts to arrive is  The estimated arrival time does not include the repair period.   |
| (   | )    | You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.  |
| (   | }    | For vehicles below Three (3) years old, your Insurance company will use only genuine original parts to repair your vehicle.  |
|   |      | For vehicles above Three (3) years old, your insurance company will be carrying out repairs using <i>any combination</i> of genuine original parts and/or original equipment manufacturer (OEM) parts.                                 |
| ( )   | )    | You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.   |
| ( )   | !    | For vehicles below Five (5) years old, you had been advised by the workshop to check with the local distributor on your warranty status.   |
| ( )   |      | Others   |
| Sign  | ed a | and acknowledge by:  |
| Name and signature of policyholder/ authorised driver |      |  |
|   |      | WONG CHEE WERTERIAL BUSINESS DW, PANCAN BRANCH NAME & SIGNATURE:   |
| Vam   |      | nd signature of workshop personal line ludie of African any stamp  |







