#### 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 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.

ACCIDENT STATEMENT
31/08/2019 12:01
30/08/2019 06:30
ALONG BENOI ROAD
SINGAPORE
DETAILS OF OWN VEHICLE
YN4093K
TIME MARINE ENGINEERING PTE LTD
200804972N
MAIL@TIMEMARINE.COM
(LOCAL) +65-93506167
OFFICE-93506167
ISUZU
NNR85UH4AC
WORK PURPOSE
NO
THIRD PARTY
GOODS VEHICLE
AXA INSURANCE PTE LTD
THIRD PARTY FIRE AND/OR THEFT
YES
GA429963/1
KARIM MD REZAUL

Passport No/FIN G8423943M Date Of Birth 01/01/1983 Occupation **OUTDOOR** Date Of Driving Pass 22/04/2016

**Driving Experience** 3 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94686655

Fax Number

**Contact Number** 

**EMail Address NOEMAIL**  Address 19 PENJURU WALK #03-62 SPORE 608545

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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 RAINING
Road Surface WET

**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

Number of Passengers (Including Driver)

ambulance?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Passenger 1

NAME: : SUBUJ MD SANAULLAH

GENDER: : MALE

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO NO

**Circumstances of Accident** 

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

Was there any audio recorded?

YES NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number YP9845P

Vehicle Make/Model/Colour ISUZU / NPR85UH5A 3.0 MT

**Details Of Properties** 

Vehicle Category GOODS VEHICLE

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Page 2 of 15

## **DETAILS OF OTHER VEHICLE PROPERTY 2**

Vehicle Registration Number YP2891B

Vehicle Make/Model/Colour MITSUBISHI / CANTER FEB21ER4SDEB (CBU)

**Details Of Properties** 

Vehicle Category GOODS VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

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- 1. This Form must be completed by the Policyholder and/or the Authorised Driver
- Information provided must be as <u>truthful</u> and <u>accurate at possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Incurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 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)

Lunderstand, 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)
  - 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
  - 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 Purposas.
- (d) my Personal Information will also be collected and used to compile daims history for the purpose of fraud detaction, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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 copp (11430) requirements under any regulations, laws or court orders.

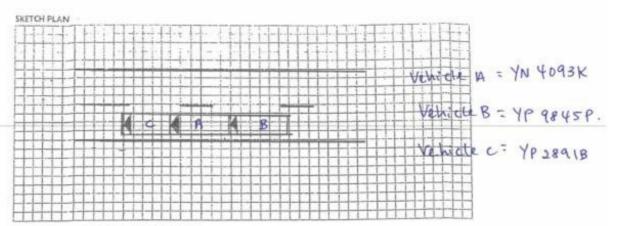
Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time:

mim

Reporting Cookie Personnel's Signature Name: Suhalital Naucifiai No.: S8040377A

Granes, State Wanford, VB

# Along Benoi Rd



DESCRIBE CIR CUMSTANCES OF THE ACCIDENT

vehicle A ( YN 4093K) was driving at the stated venue. As the front vehicle C ( YF 2891B) stopped, I: stopped as well. ( Suddenly Vehicle B ( YF 9845P) hit onto me and I propel foward and hit onto vehicle C  I am working for Time Marine engineering the tid and vincle for work at the time of accordant.	But
(YF 2891B) Stopped, I: Stopped as well. Is suddenly vehicle B (YP 9845P) hit outo me and I propel foward and hit outo vehicle Cr.	But
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temple for work at the time of accident.	

DECLARATION E ENGINE

Policyholder's Signature 1 Date & Time:

STATEMS SkotchPlumForm\_V3

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

Hum

Reporting Costor Personnel's Signature Name: Suffeithi NSSC#24 No.: SB040377A

0

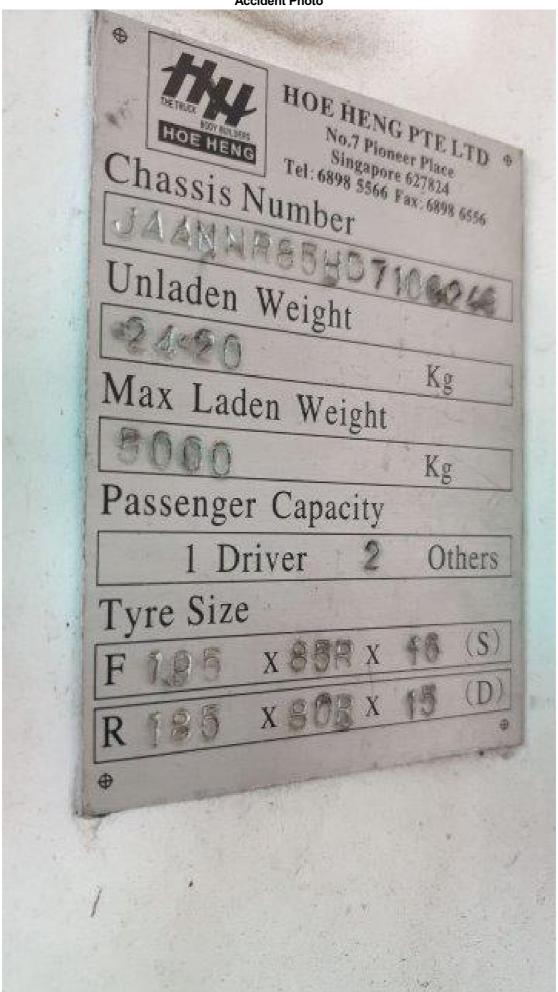
Page 5 of 15



















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

19/07/2019

policy number CV3 / GA429963

## **Certificate of Insurance**

Commercial Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules. 1960-Aced Transport Act. (Shapter 189) - Commercial Vehicles (Third-Party Risks ) Rules. 1959 (Malaysia)

Certificate number

Chassis number

NCD

#### **Policy details**

Pelicyheider name Cever Engine number

Vehicle Registration number Period of Insurance

Sum Insured Finance Loan Company TIME MARINE ENGINEERING PTE LTD

Third Party, Fire & Theft 4JJ1356486

YN4093K from 21/12/2018 to 21/01/2020 (both distres inclusive)

Market Value at The Time of Loss
MERCEDES-BENZ FINANCIAL SERVICES SINGAPORE LTD

GA429963 / 1

JAANNR85HD7100249

## Persons or classes of persons entitled to drive

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 of 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.

#### Limitations as to use\*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers ( other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trail or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle,

#### Excess

An additional excess is applicable as follows:

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

a) is 18 years old to 21 years old and/or

b) is 71 years old and above and/or

c) with driving experience of less than 1 year on the relevant classes of driving license

AXA Insurance Pte Ltd (199903512M)

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

**Driving License** 



**Driving License** 

