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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	29/11/2019 13:54
Date Of Accident	18/09/2019 18:00
Exact Location Of Accident	ALONG MCE TOWARDS TAMPINES RD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBP658U
Insured/Policyholder	
Name Of Registered Owner	NURUL AIN BINTE KAMALI
NRIC No	S8917631Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84846695
Alternative Phone No	OFFICE-84846695
Vehicle Particulars	
Manufacturer	HONDA
Model	CB150R ABS MANUAL
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	VMZ/P2244798
Cover Note Number	
Driver	

Name of Driver ABDUL JABBAR BIN SUBARI

NRIC No S9225322H
Date Of Birth 28/07/1992
Occupation INDOOR
Date Of Driving Pass 12/03/2019

Driving Experience 0 YEAR AND 6 MONTH

Gender MALE

Mobile Number (LOCAL) +65-92209063

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 468A YISHUN ST-43 #03-65 SINGAPORE

Postcode 761468

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

Vehicle Registration Number of Driver's Own

Vehicle

o.mare

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)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

Circumstances of Accident

AS REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

was there any video captured by Car Camera:

Was there any audio recorded?

NO

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

NO

2

NO

NO

1

NO

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

GBH8769Y

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

COMMERCIAL VEHICLE

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as 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 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.
- 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:
 - 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: 1911

Driver's Signature (If driver is not the policyholder)

Date & Time:

12:25 pm

ZZ 6744 7753 C

TEL

Reporting Centre Personnel's Signature

Name: LILIAN CHIA NRIC/FIN No.: \$8001094Z

CLARMC VisitchPlanFigure VII

		71 (-1	1	1		
	(x)	X) X	IX	IX	A	- GBH 8769
		41 7 1	1		в	- FBP6584
		1. 1	M			
	$X \cap A$	11 [2]	W I	Ш		
		Di Di	1			
-		[3]		17		
	XI(X					
CRIBE CIRCUMSTAN	CES OF THE ACC	IDENT				
On 18/09/	119,10	vas on my	, way h	ione p	side	MCE trumo
KPE, Here i	was afra	Aic jam a	head. 1	was w	iding 5	ehind this
vehicle G	-RH 8769	Vac la	ac chan	120	went he	21 41 244
my side wind, back and 1	v 417 sligh	thy on the	night sich	le of the	van.	1 Wolad
back and 1	didut no	hia any o	langge	and 1	vole of	£.
		,	1			
	8.8			(OT	000	5
	articulars are true	in every respect.		HOT I	101	//
	articulars are true	in every respect.		NOT 11 12 6744	1 27	100
CLARATION declare the foregoing p		A A		TE 24 6744	L: 70 mm	
	Oriver's	Signature	der)	Reportin	L: 70 mm	connel's Signature

THEFT OUTSIDE SINGAPORE

FireaTheft - InsuredaManed Dr.

MICSO)

 Notor Vabicles (Third-Party Risks and Compensation) Risks and Compensation; Rules, 1960 • Road Transport Party Risks; Bules, 1999 (Malaymia) CERTIFICATE NO. VMZ/P2244798 Acc (Thapter 189) * Motor Vehicles (Third-Party Account No. : 03375

Third Party Fire & Theft Only

PROT

Name of Policy Holder Insured Market Value At The Time Of

Wehicle Registration No. Period of Insurance

: FBP658U

: NURUL AIN BINTE KAMALI

PERSONS OR CLASSES OF PERSONS METITLED TO DRIVE-ARASHERIL SYAZMANI BINTE ZAKARIA ONEY WEE

is the palagholder the month of the particular to the state of the particular to drive the state of the particular to drive the state of the particular to drive the state of the particular to the state of the particular the state of the particular to the state of the particular to the state of the particular the state of the particular to the particular the state of the particular the state of the particular the state of the particular the particular the state of the particular the part

From 25/01/2019 To 24/01/2020 (Both Dates Inclusive)

LIMITATIONS AS TO USE+

in deemedtion

Use only for social, domestic and pleasure purposes and with the bolicyholder's customes or profession. The bolicy does not cover:

The bolicy does not cover:

a) the for intro and record

b) the for racing, pace-making, reliability trial or specific before the carriage of goods inther than samples? In the for the carriage of goods inther than samples? In all the for any purpose in connection with the Morae Trade of the force of the force of the connection with the Morae Trade of the force of t

 Linitations rendered inoperative Compensation; Act. (Chapter 189) and to be included under those beadings. s hereby certify that the policy is with this destificant providing of the Motor Webicles (This Party Minis end to V of the Motor Webicles (This Make Angle V of the Motor Transport Act, 1899 (Malaysia) Contentant a # 1# L#Bued (Chapter 188)

by Section 8

the state

Boad

Notor Vehicles

(Third-Party Bisks 1987 (Malaysia), are

200

SGD 300.00

E

1740 1740 1841

NR: ABDUL JABBAR BIN SUBARI ONLY WEF 25.05.2019

AXA INSURANCE BLA

NIC.

127

Authorized

Signature

Important
Policy before are warned that no
insurance and the Policy to the
charroom a Statutory Declarat
while leaf in te an offence under
189. 5000 make it a soon weatche they must arrended the One-matte company. If the Certificate of Insurance has be to the effect must be made. Failure to couply Nucce Tenicle (Third-party misks and Coopensation

had been lost of had been lost or held with this ation Act (Cap-

saued by -

SGRAND 4

9

18/02/2019

Preside Sarrancy Clause ing which there would be present atc. Appropriate on Approp 110 policy, 31 1111 pertificate, o covernote and

WARRANTED ALL
ACCIDENT REPAIRS
MUST BE CARRIED
OUT ONLY AT OUR
AUTHORISED
WORKSHOPS

Page



Identification Card



Identification Card(OWNER)



Identification Card(OWNER)

