#### SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

- Please report <u>correctly</u> 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	
Date Of Report	16/11/2019 11:46	
Date Of Accident	15/11/2019 15:40	
Exact Location Of Accident	YISHUN AVE 2	
Country/State of Loss	SINGAPORE	
And the state of t		

DETAI	LS OF	OWN	VEH	CLE
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SGJ1653Z Vehicle Registration Number

Insured/Policyholder

MUHAMMAD NAZRY BIN BAHARI Name Of Registered Owner

S8141708C NRIC No Email Address NOEMAIL

Mobile Phone No (LOCAL) +65-97700221 OTHERS-97700221 Alternative Phone No.

Vehicle Particulars

Manufacturer CHEVROLET Model AVEO5-1.4 HB (M)

Exact Purpose for which vehicle was being used at PRIVATE USE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No. Please state action to be taken THIRD PARTY

PRIVATE CAR Vehicle Category

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number GA428145/1

30/12/2018 - 29/12/2019 Cover Note Number

Driver

Name of Driver MUHAMMAD NAZRY BIN BAHARI

NRIC No S8141708C 21/12/1981 Date Of Birth INDOOR Occupation Date Of Driving Pass 28/10/2003

16 YEARS AND 0 MONTHS Driving Experience

Gender MALE

(LOCAL) +65-97700221 Mobile Number

Fax Number

Contact Number OTHERS-97700221

EMail Address NOEMAIL

303A PUNGGOL CENTRAL Address

#02-782

Postcode 821303

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 COLLISION - CHANGE/CROSS LANE

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

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : SHARUL NIZAM

GENDER: : MALE

**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

2

If Yes, against whom?

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

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

XE1978L

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

#### 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.
- 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: 16/11/19

1020-

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan Pg. 2

Y Vehicle A: SGJ16532 ETCH PLAN  413 hu	Time: 1.40 pw.Location Vehicle B: XE 1978  The Avera Criswards &	Vehicle C:
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	HE ACCIDENT	
Az A vene		
AZ A WAR		
a left twu. B fil	passing by B and ge teved into A. B col	nided with A via the
and was dragged	loor (right side). A by B by its front	
stopped in the m	notale of traffic	
	745-7-11	
or ten ten haar		
This office		THE STATE OF THE S
Claim OD TP at Ah Lim M	lotor Claim OD/TP at other	workshop Reporting Only
	y of my efile accident report to:	
My workshop : Email address :		
k myself :		
Email address :		
Note: Please take note that you you own policy. Kindly check w	ur insurer have 14 days timeframe for ith your own insurer for more inforn	you to submit own damage claim under nation.
CLARATION		
e declare the foregoing particulars	are true in every respect.	W TO TOP
1,000		
	Driver's Signature	Reporting Centre Personnier's Signature
icyholder's Signature	(If driver is not the policyholder)	Name:



Date	e:	16 11 / 9 POLICYHOLDER ACKNOWLEDGEMENT FORM  To: Owner of Vehicle Number: SGJ 6 53Z				
The	fo	llowing has been advised to you via your workshop. AH LIM MOTOR COMPANY through their staff				
1	ILA	/ FILEEN / MUI HONG				
Plea	se	tick the applicable box if you had been advised on any of the following:				
/	5	You had been advised by the workshop that in the case 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.				
(	)	You had been advised by the workshop on the liability and merits of the case accordingly.				
(	)	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.  If fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.  If fire damage and you are claiming against the Third Party, your NCD will not be affected.				
		However, the recovery is not quaranteed, and AXA will not be held responsible.				
(	)	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.				
(	)	There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.				
(	)	The estimated 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.				
0		For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.				
		For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.				
1	1	Others Claim Thurd Buty				
		and acknowledged by:				
Nam	ie a	and signature of policyholder/ authorized driver* and company stamp (where applicable)				
auti pem	hori	ized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, and drivers who are permitted to drive the insured Vehicle.				
Nam	e a	and signature of yorkshop personnel including company stamp				





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**

account number 04247

> GA428145 / 1 KL1SF48716B590266

F14D3399563K

Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1980-Road Transport Act. 1987 (Malaysia) - Motor Vehicles (Third-Party Risks ) Rules. 1959 (Malaysia)

# **Policy details**

Policyholder name

Cover Plan name NCD applicable Vehicle registration number Period of Insurance

MUHAMMAD NAZRY BIN BAHARI

Comprehensive Essential 50%

SGJ1653Z

from 30/12/2018 to 29/12/2019 (both dates inclusive) HONG LEONG FINANCE LIMITED

# Persons or classes of persons entitled to drive\*

(a) The Policyholder

Finance loan company

(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 Vahicle 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,

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 carnage 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 96 of the Road Transport Act. 1987 (Malaysia), are not to be included under these headings,

EXCESS

Basic Own Damage Excess Windscreen Excess

SGD 300.00 SGD 100.00

An Additional Excess is applicable as follows:

- S\$500 for unnamed Authorised Driver
   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 (Maleysia).

### AXA Insurance Pte Ltd

Authorised signature

1000 1. Park 1. S. S. S. S. The gray . 1 (5 - 5+41 4 ··· Foxt Seed of the

# Important note

Policyholders are warned that on the sale of a motor vehicle they must surronder the Cortificate of insurance and the Policy to the insurance company. If the Cortificate 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 (Cop. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period faking which there would be no liability under the policy, renewal cartificate, andersement etc.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower. Singapore 068811 Customer Centre, #81-01

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