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 con aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	28/01/2020 15:32
Date Of Accident	24/01/2020 02:45
Exact Location Of Accident	ALONG BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKF5824U
Insured/Policyholder	
Name Of Registered Owner	NURUL RAHITA BINTE ABDUL RAHIM
NRIC No	S9518714E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87760166
Alternative Phone No	OFFICE-87760166
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC TYPE-R 2.0 M
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	VA1/GA454482
Cover Note Number	21/03/2019-20/03/2020
Driver	
Name of Driver	MUHAMMAD JABBAR BIN MUHAMMAD EDDY
NRIC No	S9728940I
Date Of Birth	01/09/1997

Date Of Birth 01/09/1997 Occupation **INDOOR** Date Of Driving Pass 28/04/2016

Driving Experience 3 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87760166

Fax Number **Contact Number**

EMail Address NOEMAIL Address BLK 309 BUKIT BATOK STREET 31 #02-161

Postcode 650309

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 - 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?

YES

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 1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

aca i roscoution given:

If Yes, against whom?

Circumstances of Accident

REFER TO SKECTH PLAN

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any video captured by Car Camera? YES Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHC1041P

Vehicle Make/Model/Colour

Details Of Properties

TAXI

Vehicle Category

CHOO LAM KOON

NRIC/Passport Number

Contact Number

Name of Driver

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

MUHAMMAD JABBAR BIN MUHAMMAD EDDY Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

03 MEDICAL LEAVE

SKF5824U

YES

NO

SKETCH PLAN

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- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance
- 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
- 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:

- 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)
 - (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
- (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
- 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.
- 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.
- 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 & Time:

Driver's Signature

(If driver is not the policyholder)

& Time

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

GIARMC Sketch@lanForm V3

SKETCH PLAN			
DESCRIBE CIRCUMSTANCES O			
Important:			- Reporting Only
are the second of the second o	cshop that in the event that you wish to CLAIM), There is a FOURTEEN (14)		- Claim OD
DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame rom the day of the occurrence.			- Claim TP
DECLARATION			- Claim OD/TP at other workshop
	culars are true in every respect.		
Krista	A Company to specie.		
olicyholder's signature ate & Time	Driver's Signature (if driver not the policyholder)		Reporting Centre Personnel's Signature Name:
	Date & Time		Nric/Fin No

Nric/Fin No.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20200124/7026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/01/2020 18:33		ade:	Vide Report No.:	Station Diary No.:	
Informant	's Particu	lars			
Name of Ir MUHAMM MUHAMM	AD JABBA AD EDDY		Address: APT BLK 309 BUKIT BATOK SINGAPORE 650309	STREET 31 #02-161	
ID Type / ID No.: NRIC NO / S9728940I		01	Contact No.: Home/Office:	Mobile: 87760166	
Nationality SINGAPOR	: RE CITIZE	EN	Email: tattxxboy71@gmail.com		
Sex: Age: Date of Birth: Male 22 01/09/1997			Type of Informant: Driver		
Race: Boyanese			Language: English	Institution / School Name:	
Occupation SELF-EMP	ı: LOYED		Driving Licence Information: Class:	Date of Expiry:	

General Infor	mation of the Acci	dent		
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/01/2020 02:45	Type of Location: Straight Road
Location:				
BUKIT TIMAH	H ROAD			
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collis Between Mov	ion: ing Vehicles - Heac	l To Side		Anyone conveyed by ambulance: No

Details of V	ehicle Involved	1				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC1041P	Car				Slightly Damaged	1
SKF5824U	Car	HONDA	Civic 2.0M		Seriously Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

2 of 3 Report No. T/20200124/7026

A I			section of the sectio		
Name	MUHAMMAD JABBAR BIN MUH EDDY	AMMAD	ID No	•	S9728940I
Related Vehicle	SKF5824U (Car)		Conta	ict No.	87760166
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ed Medical Leave 03	Degree of		Slight	

Brief Details.

On stated time and date, I was the driver of the vehicle bearing carplate number SKF5824U travelling straight at bukit timah road towards anak bukit at the left lane.

The taxi on my right bearing carplate number SHC1041P suddenly cut into my lane thus resulting a collision on the vehicle from head to side.

Due to the accident, I suffered injuries and consult a doctor and get a 3 days MC.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20200124/7026

CONTINUATION OF REPORT

Sketch Plan			
Informant is not able	to provide	sketch	plai

Signature Of Officer Recording The Report

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 24/01/2020 18:33
Officer In Charge Of Case:	Classification Of Case:
Authentication Stamp	



redefining/insurance

NURUL RAHITA BINTE ABDUL BAHM BLK 1750 YUNG KUANG ROAD **⊭03-43**

SINGAPORE 613175

Policy Schedule
Your SmartDrive Comprehensive Essential

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A 650 cent eter

STREET COMPANY COMME = mercena

New Destroit

11/23/2019

SAMALLIACEPTEUD/04066

ACT RELEGIANT CONTROL x 6425515

Your policy anapahot

Policynoider name Period of lasurance NURUL RAHITA BINTE ABOUL RAHEM PORTY NURSEAU FIN / HAIC Comprohensivo

from 21/03/2019 to 20/03/2020 (both dates inclusive)

VA1 / GA454482 59518714E

Promium breakdown

- 10-45 **63**11. Gross Premium after 0% NCO Total Discounts 7% GST Final Premium

SGD 3 571 68 - SGD 379.51 SGO 223.45 560 3,415,50

Your benefits highlights.

(refer to reserve for that serves and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore of Overseas
- Windscreen Replacement with Excess Off Repair your windscreen at your preferred location and get \$50 cash reward with no excess
- Guaranteed Repairs for twelve (12) Months
- Loss of Damaga
- Legal Lability

Vehicle details

Make & Model of Vehicle Vehicle registration number Body type Seating capacity (excl driver) Off-Peak car

HONDA CIVIC TYPE R 2.0 SKF5824U SALOON No

Year of manufacture Type of Use Engine capacity (c.c.) Engine number Chassis number

2008 Private use 1999 K20A5821120 FD21401080

Insured's Estimated Market Value Limitation to use Finance Loan Company

Market Value at the time of Loss (including accessories and spare parts) As per Certificate of Insurance DENEFIT AUTO ENTERPRISE PTE LTO

Excess applicable (refer to Policy Wording for other applicable Excesses)

Basic Own Damage Excess Windscreen Excess

5GD 3,800.00 SGD 100.00

Drivers details

AXA Insurance Pto Ltd (199903512M) 8 Shanton Way, #24-01, AXA Tower, Singapora 068811 Customer Centre, #81-01

1 of 2

Identification Card & DL of Driver Pg. 1









































