

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 withholding 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 | 15/02/2020 14:07 |
| Date Of Accident | 14/02/2020 23:15 |
| Exact Location Of Accident | SLE TOWARDS TPE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SDQ3826C |
| Insured/Policyholder | |
| Name Of Registered Owner | YAHYA BIN ZAKARIA |
| NRIC No | SXXXX688I |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-96330556 |
| Alternative Phone No | OTHERS-92341570 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | NISSAN |
| Model | SUNNY-1.6 EX (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 | GA006937 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | MUHAMMAD ZULFADHLI BIN YAHYA |
| NRIC No | SXXXX098I |
| Date Of Birth | 08/10/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 10/12/2014 |
| Driving Experience | 5 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92341570 |
| Fax Number | |
| Contact Number | |
| Email Address | ZGILLESPIE92@GMAIL.COM |

| | |
|---|--------------------------------|
| Address | BLK 415 PASIR RIS DR 6 #02-219 |
| Postcode | 510415 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| 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) involved in the accident | 2 |
| Was any body injured in the Accident? | YES |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | YES |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORD BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | 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 | SMJ2231E |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | STEVEN LU KIM SH |
| NRIC/Passport Number | SXXXX221A |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF INJURED PERSON 1

| | |
|------|------------------------------|
| Name | MUHAMMAD ZULFADHLI BIN YAHYA |
|------|------------------------------|

Approximate Age

Injuries Sustain

BACK & NECK PAIN

Injured person in which vehicle?

SDQ3826C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN


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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's Signature
Date & Time:



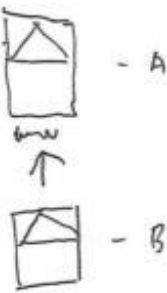
Driver's Signature
(If driver is not the policyholder)
Date & Time:



Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



- A

↑

- B



Vehicle

A - Mine

B - other party

(SMJ 2231E)

Legend

Vehicle Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Driving along SLE towards TPE. After Exit 5, Upper
 Top Thomson, at expressway flyover, front car
 jambreak.

I managed to jambreak in time. The car behind me
 could not stop in time and crashed to the back
 of my car.

(SMJ 2231E)

* seeing a doctor for neck pain / back pain.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe
 from the day of occurrence. Kindly check your policy for more details.

Policyholder's Signature
 Date & Time:

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

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

| | | | | | |
|--|--|---|--|---|--|
| 1 Date of accident 14/12/2015 | | 2 Exact location of accident SLE Towards TPE. | | To be signed by BOTH drivers | |
| 3 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> | | 8 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | |
| 4 Insured / policyholder (see insurance cert.) Name: Yahya Bin Zakaria Address: NRIC / Passport no. 515446851 Tel no. (from Siam till 5pm) 96330556 HP 96330556 Vehicle Make, type Nissan Sunny Insurance company AXA <input checked="" type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO Does the policy cover damage to vehicle A? No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Policy No. GA006937 | | 5 Witness name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) | | Vehicle Video Camera Available No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> | |

Registration No. (VEHICLE A) SDQ3826C

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

13 Chain Collision
14 Collided into Motorcycle
15 Collided into Motorcyclist
16 Collided into Parked Vehicle
17 Collided into Pedestrian
18 Collided into Property
19 Collision - Oblique/Cross Lane
20 Collision - Cross Junction
21 Collision - Head on Collision
22 Collision - Head to Head
23 Collision - Major/Minor Rd
24 Collision - Opening Door of Vehicle
25 Collision - Roundabout
26 Collision - U-Turn
27 Drink/Drinking / Drug Influence
28 Fire, Explosion or Lightning
29 Flood
30 Hit and Run / Vandalism / Damaged whilst Parked
31 Hit by Fallen Tree / Other Objects
32 No Collision
33 Side Swipe
34 Theft

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

Registration No. (VEHICLE B) SNJ 2231E

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

13 Chain Collision
14 Collided into Motorcycle
15 Collided into Motorcyclist
16 Collided into Parked Vehicle
17 Collided into Pedestrian
18 Collided into Property
19 Collision - Oblique/Cross Lane
20 Collision - Cross Junction
21 Collision - Head on Collision
22 Collision - Head to Head
23 Collision - Major/Minor Rd
24 Collision - Opening Door of Vehicle
25 Collision - Roundabout
26 Collision - U-Turn
27 Drink/Drinking / Drug Influence
28 Fire, Explosion or Lightning
29 Flood
30 Hit and Run / Vandalism / Damaged whilst Parked
31 Hit by Fallen Tree / Other Objects
32 No Collision
33 Side Swipe
34 Theft

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

13 Sketch of accident when impact occurred
Please indicate: 1, layout of the road - 2, the direction of vehicles A and B with arrows - 3, their positions at the time of impact - 4, the road signs - 5, names of the streets or roads

REFER TO ATTACHED

14 My remarks

15 Signatures of drivers

16 My remarks

A

B

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

| INDIVIDUAL STATEMENT (Part II) | | Own Workshop Email / Fax (if any) | | | | | | | | | | | | | |
|--|---|---|---|----------|---------|---------|--|--|--|--|--|--|--|--|--|
| To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary) | | | | | | | | | | | | | | | |
| Insured | 1 Occupation (if more than one, state all) | | Email: | | | | | | | | | | | | |
| | 2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity | | | | | | | | | | | | |
| | 3 Is driver the owner? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, State Relationship of Driver with owner <u>Son</u> | | state the vehicle number and name of insurer of driver's own vehicle (where applicable) | | | | | | | | | | | | |
| | 4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify | | | | | | | | | | | | | | |
| | 5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present Tel no. | | | | | | | | | | | | | | |
| | 6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop) | | | | | | | | | | | | | | |
| Driver or person in charge of vehicle at the time of accident (including insured) | 7 Date of birth | Occupation | Date of license pass | | | | | | | | | | | | |
| | 8/10/92 | Indoor | Outdoor | 10/12/14 | | | | | | | | | | | |
| | Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | |
| | Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | | | | | | | | | |
| 8 Give details of any pre-existing impairment of sight or hearing and of any other disability | | | | | | | | | | | | | | | |
| 9 Full details of all driving convictions including pending prosecutions in the last 36 months | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table> | | | | Date | Offence | Penalty | | | | | | | | | |
| Date | Offence | Penalty | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Injured persons | 10 Name(s), address(es) and approximate age(s) | Injuries sustained | If vehicle occupants, state in which vehicle | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Damage to property & vehicles (other than vehicles A and B) | 11 Name(s) and address(es) of owner(s) | Vehicle registration no. or details of property | Nature of damage | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Police action | 12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station | | | | | | | | | | | | | | |
| | 13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Accident details | 14 Weather conditions | Clear <input checked="" type="checkbox"/> | Raining <input type="checkbox"/> | | | | | | | | | | | | |
| | 15 Road surface | Wet <input type="checkbox"/> | Dry <input checked="" type="checkbox"/> | | | | | | | | | | | | |
| | 16 Speed of vehicles | A <input type="text"/> km/hr | B <input type="text"/> km/hr | | | | | | | | | | | | |
| | 17 What warnings were given by driver or other party? | | | | | | | | | | | | | | |
| | 18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | | | | | | | | | | |
| | 19 What lights were displayed on your vehicle/the other vehicle(s)? | | | | | | | | | | | | | | |
| | 20 If your vehicle is commercial, state weight of load carried at time of accident | | | | | | | | | | | | | | |
| | 21 State how accident happened, width of roads, speed limits, etc (Refer to attached) | | | | | | | | | | | | | | |
| Declaration | 22 State number of Passengers (including Driver) <input type="text"/> | | | | | | | | | | | | | | |
| | I/We declare the foregoing particulars are true in every respect | | | | | | | | | | | | | | |
| | Policyholder's signature <u>[Signature]</u> Date <u> </u> Driver's signature (if driver is not the policyholder) <u>[Signature]</u> Date <u> </u> | | | | | | | | | | | | | | |

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

