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.

By the lodgement of this report to the insurers, you hereby consaforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available		
	ACCIDENT STATEMENT		
Date Of Report	24/02/2020 16:49		
Date Of Accident	21/02/2020 18:55		
Exact Location Of Accident	JCT OF PASIR RIS DR 1 AND PASIR RIS ST 51		
Country/State of Loss	SINGAPORE		
D	DETAILS OF OWN VEHICLE		
Vehicle Registration Number	SJL6926H		
Insured/Policyholder			
Name Of Registered Owner	SHARIFIDDIN BIN MUSTHAPA		
NRIC No	S7821846J		
Email Address	NOEMAIL		
Mobile Phone No	(LOCAL) +65-96203399		
Alternative Phone No	OTHERS-96203399		
Vehicle Particulars			
Manufacturer	HONDA		
Model	CIVIC TYPE-R 2.0 M		
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE		
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		
Incurance Company			

Insurance Company

AXA INSURANCE PTE LTD Name of Insurance Company

Type Of Coverage **COMPREHENSIVE**

Fleet Policy NO

Policy Number GA410404/1

Cover Note Number

Driver

Name of Driver SHARIFIDDIN BIN MUSTHAPA

NRIC No S7821846J Date Of Birth 29/07/1978 Occupation **INDOOR Date Of Driving Pass** 04/09/2001

Driving Experience 18 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96203399

Fax Number

OTHERS-96203399 Contact Number

EMail Address NOEMAIL Address 884 TAMPINES STREET 83 #03-65 SPORE 520884

Postcode

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 **CHAIN COLLISION**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

3

involved in the accident

NO

Was any body injured in the Accident? 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) 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 SKETCH PLAN

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 SCH82K

VOLKSWAGEN / NEW GOLF 1.4 AT 5K13G5 Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SMN4053T

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)

HONDA / SHUTTLE 1.5G CVT

PRIVATE CAR

Sketch Plan

SKETCH PLAN

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- 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 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)

l 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:
 - 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: Substitute NRIC/FIN No.:

Sketch Plan #2



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DECLARATION

I/We declare the foregoing particulars are true in every respect.

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

Date & Time:

Reporting Centre Personnel's Signature

Name: 5-Com









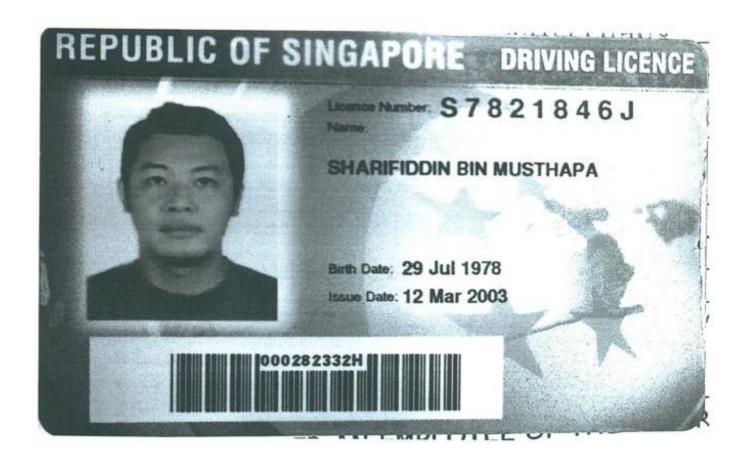












YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES

PASS DATE

Class 2B Motorcycles =< 200 CC

Class 2A Motorcycles between 201 CC and 400 CC Class 2

Motorcycles > 400 CC

Motor cars =< 3000 kg with =< 7 passengers, exclusive of the Class 3 driver; and motor tractors/vehicles =< 2500 kg

31 May 2001

12 Mar 2003 23 Feb 2010

0+ Sep 2001

S7821846J

S/No. 9000116282







AIA Insurance Pte Ltd 2 1800 880 4888 (Within Singapore) (65) 6380 4385 (faternational) (65) 6880 4740

enstomer.carp@axa.com.sg www.asa.com.sg

account number 04482

Certificate of Insurance

Management during the following of the control of the following the control of th

Policy details

Policyholder name Cores NCD applicable Vehicle registration number Period of Insurance

SHARIFIDDIN BIN MUSTHAPA Comprehensive PRACE \$11,652 KH

Certificate mader

GA410404 / 1 \$10,000 0000 \$250 000000

 09/12/2015 to 08/12/2020 do the state of an array of the state of the l'inance loan company

Persons or classes of persons entitled to drive*

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Additional clauses & endorsements to your policy

("We hereby centry that the policy to which this Certificate relates is issued in accordance with the provision of the Above we also obtain that, but a god Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Mollypia)

AXA Insurance Pte Ltd

Authorised aigniture

Important note

Important moto

Pulsys-plans are warned that on the sale of a motor vehicle they must surrected the Certificate of insurance and the Pulsys to the excusion of memory and the Certificate of insurance and the Certificate of Harty First and Congression Acts Cap 1899.
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The First and Congression Acts Cap 1899.

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

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