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

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	ACCIDENT STATEMENT
Date Of Report	19/03/2020 13:58
Date Of Accident	17/03/2020 23:50
Exact Location Of Accident	BEFORE ENTER MALAYSIA CUSTOM
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJS7403G
Insured/Policyholder	
Name Of Registered Owner	MOHD AZZAT BIN MOHD EZAT
NRIC No	SXXXX661H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98157234
Alternative Phone No	OFFICE-60000000
Vehicle Particulars	
Manufacturer	NISSAN
Model	S13
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
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA5274231/1
Cover Note Number	
Driver	
Name of Driver	MOHD AZZAT BIN MOHD EZAT

Name of Driver MOHD AZZAT BIN MOHD EZAT

NRIC No SXXXX661H
Date Of Birth 16/06/1994
Occupation INDOOR
Date Of Driving Pass 01/03/2016

Driving Experience 4 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98157234

Fax Number

Contact Number OFFICE-60000000

EMail Address NOEMAIL

BLK 104C CANBERRA STREET #09-526 Address

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 **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? YES

Was any injured conveyed to hospital by

ambulance?

NO

YES

2

Was any other material or property damaged?

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?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

NO

NO

Circumstances of Accident

Report please 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

SLK4728H Vehicle Registration Number

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 INJURED PERSON 1

MOHD AZZAT BIN MOHD EZAT Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

BACK & NECK

SJS7403G

YES

NO

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>segrectly</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.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material.
- 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. 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)

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 personal information and disclose and transfer such Personal Information to all insurer(s) who have inputed vehicle(s) involved in this accident (all insurer(s) who have inputed vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be sollectively 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@nshiding think lawyers/law firms), which may be sited outside of Singapore, for one or more of the above furposes.
- (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 Data & Time:

Driver's Signature

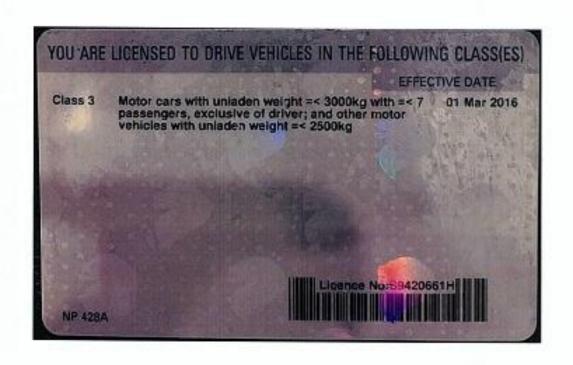
Of driver is not the policyholder; Date & Time: Reporting Centre Personnel's Signature

Same:

MRIC/FIN No.:

57131809 E

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e declare the foregoing particulars are true in every respect.	
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11. b./	
A Time: Of driver is not the material Reporting Centre Personnel's Signature	
(If driver is not the policyholder) Name:	_
TO See & Time: NRIC/FIN No.; ST 1) 18 09 0	_





Insurance Cert





Ple LM

Certificate of Insurance

17775

Vehicles (Thro-Party Rose and Compensation) Act. (Chapter 189) - Motor Vehicles (Thro-Party Rose and Compensation) Rules. 1900 -Rosel Transport Act. 1987 (Male Vehicles (Thro-Party Rose) - Nuclear State (National Rose) -

Policy details

from 23/91/2929 to 22/91/2921 (both dates inclusive) RICARDO CARS PTE LTD

GAS27423 / 1 RS13501602 Engine number CA18129610W

Persons or classes of persons entitled to drive*

ia: The Policyholder

(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 Vehicle 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.

Limitation as to use*

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 carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with any trade or business or use for any purpose in connection with injoint rade, or when the Motor Car, whether stationary, in use or otherwise, is in or on, a taking track, dirout, muta, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered incorrective by Section 8 of the Motor Venicles (Third-Party Risks and Compensation) Act, (Diagram 189) and Section 95 of the Road Transport Act, 1367 (Malaysia) are not to be included under these headings.

An Additional Excess is applicable as follows:

- 1. \$\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and inexpenenced Drivers. This additional excess is reduced to \$\$2,500 if You have chosen AXA Premium Workshoos.

Additional clauses & endorsements to your policy

Vike 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 N of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

Principropores are warrest that on the spec of a motor version they must surrender the Certificate of insurance and the Policy to the maurance company if the Certificate of insurance train from the restrict or destroyed a Standard Decision to the effect must be made. Failure to comply with this obligation is an offence under the Motor Version (Tord-Party Research Companyation Act Cap. 28%).

The Revenuer Marrianty Course requires the premium to be paid in full within a specific period failing which there would be no leadility under the policy, renewal certificate.

AM Insurance Per Ltd (199909512M) & Scientist Was, #24-01, AUA Tower. Sngapore 058811 Quatomer Service, #81-01

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