### 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.

<ol><li>By the lodgement of this report to the insurers, you hereby cor aforesaid.</li></ol>	nsent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	09/09/2020 16:30
Date Of Accident	09/09/2020 14:10
Exact Location Of Accident	BELILIOS RD TURNING LEFT INTO SERANGOPN RD (KITCHE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SMT7358M
Insured/Policyholder	
Name Of Registered Owner	NAZEER HUSSAIN S/O MOHAMED HANIFFA
NRIC No	SXXXX262I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90686942
Alternative Phone No	OFFICE-90686942
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	AVANTE
Exact Purpose for which vehicle was being used a time of accident	t
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY

PRIVATE CAR

**Insurance Company** 

Vehicle Category

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage **COMPREHENSIVE** 

Fleet Policy NO

Policy Number CN091872

Cover Note Number

**Driver** 

NAZEER HUSSAIN S/O MOHAMED HANIFFA Name of Driver

NRIC No SXXXX262I Date Of Birth 13/10/1967 Occupation **INDOOR Date Of Driving Pass** 05/05/1994

**Driving Experience** 26 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90686942

Fax Number

OFFICE-90686942 Contact Number

**EMail Address NOEMAIL** 

BLK 744 JURONG WEST ST 73 #08-39 Address

Postcode 640744

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

2

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

NO

1 Number of Passengers (Including Driver)

#### **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

# **Circumstances of Accident**

I WAS TRAVELLING ALONG BELILIOS RD TURNING LEFT INTO SERANGOON ROAD (KITCHENER RD) ON SINGLE LANE. RED TRAFFIC LIGHT ON, I SLOWED DOWN TO GIVE WAY TO PEDESTRIAN CROSSING, BEHIND VEHICLE B COULD NOT STOP IN TIME THEN COLLIDED ONTO MY VEHICLE REAR PORTION.

## 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 SHD4369U

Vehicle Make/Model/Colour

VEHICLE B

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

**Details Of Properties** 

**Contact Number** 

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### 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 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.
- 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:

- (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)

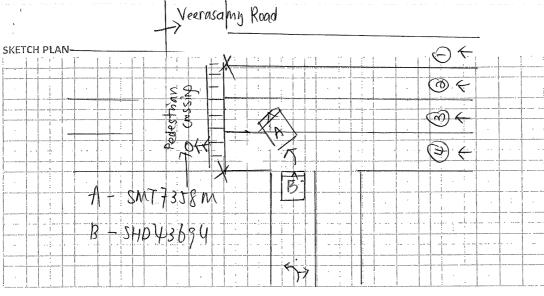
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GMARCHAN FOR FOR VO



# DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<del></del>	I was travelling Bellios Road turning left into serangoor
	Road (Kitchener Road) on simple lane. "RED" traffic light
	on, 2 slowed down to give way Pedestrian crossing. Behin
	vehicle B could not stop in time then collided onto my
	Vehicle rear portion.
·	

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:

NRIC/FIN No.:

ona nortal ha o Base inc. 93

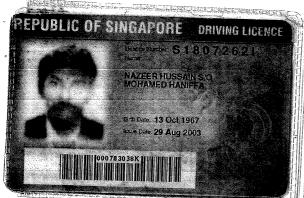
# Sketch Plan #3 Pg. 1

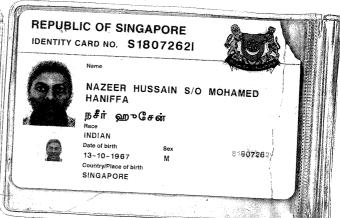
# LETTER OF UNDERTAKING

j

I/We, Nazeer Hussain 5/0 Mohamed Hanif	Pa, the owner of vehicle n	O. 3M 1+328M
	-	
My/Our Insurance is under M/s AXA Insurclaim under my/our Policy or against the Tsuch a claim to M/s AXA Insurance Pte Ltowithin 14(fourteen) days of occurrence of	hird Party and if the forme I with all relevant facts an	er shall submit d documents
My/Our Third Party claim is handle by my.  CAS Garaje PTE	/our preferred workshop,	
Signed and Acknowledge by:		
S18071621 Sharing Nric no. & signature of policyholder	Company stamp	09109170 Date

# Driving License Pg. 1



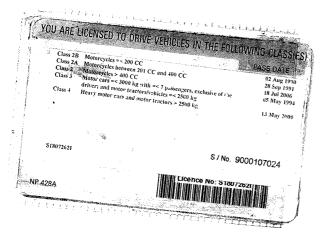


Usage for Insurance Motor Accident Reporting and Claims Purposes Only

Vehicle no: \_

SM7 7358M

09(09(20





#### **AXA INSURANCE PTE LTD**

8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #01-21 Tel:1800 8804888 Website:www.axa.com.sg GST Registration Number: 199903512M customer.ca:re@axa.com.sg



Agent > Copy

Agent Code: 08260

Policy No.(if any):

**New Business** 

SmartDrive Quote Ref:

#### MOTOR COVER NOTE

No. CN091872

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

#### SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	NAZEER HUSSAIN S/O MOHAMED HANIFFA
MAKE AND DESCRIPTION OF VEHICLE	HYUNDAI AVANTE 1.6 4DR AUTO 'S'
VEHICLE REGISTRATION NO.	ТВА
YEAR OF MANUFACTURE	2020
ENGINE NO.	G4FGLU096730
CHASSIS NO.	KMHD841CMLU085615
ENGINE CAPACITY/TONNAGE	1591
COVER TYPE	COMPREHENSIVE
HIRE PURCHASE	MAYBANK SINGAPORE LTD
VALUE (S\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>14/07/2020</b> TO: <b>13/07/2021</b>
EXCESS (S\$)	AS PER POLICY
AXA PREMIUM WORKSHOP?	NO

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by Rosnani BTE MOHAMAD NOOR on 14/07/2020 3:31 pm

Authorised Signature

**Note:** This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum of S\$53.50 (inclusive of GST), if the policy is cancelled after the inception date.
- An administrative fee of S\$26.75 (inclusive of GST) will be charged :
  - Cover note issued and cancelled before inception.
  - Retaining the old registration number for a new vehicle insuring with AXA.

## PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid. For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception.

MTR/C/NOTE/V01/03

**Accident Photo** 



# **Accident Photo**



# **Accident Photo**









