

## 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	10/11/2020 10:22
Date Of Accident	09/11/2020 13:15
Exact Location Of Accident	CLEMENTI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMG7084X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAIMI BIN ISNIN
NRIC No	SXXXX154F
Email Address	RAIMI72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97464336
Alternative Phone No	OTHERS-97464336

### Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	BEETLE 1.2 L TSI 77KW DSG
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/GA521138
Cover Note Number	

### Driver

Name of Driver	SYAHRIZAN BINTE MANSOR
NRIC No	SXXXX820B
Date Of Birth	09/04/1974
Occupation	INDOOR
Date Of Driving Pass	15/07/1994
Driving Experience	26 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97618445
Fax Number	
Contact Number	
EEmail Address	SYAHRIZANM@MSN.COM

Address	BLK 655 SENJA RD #10-278
Postcode	670655
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 - 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?	NO
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 sketch plan

### 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	SMC6600J
Vehicle Make/Model/Colour	MINI COOPER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SAMUEL TAY
NRIC/Passport Number	SXXXX453H
Contact Number	94563855
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



**SKETCH PLAN**


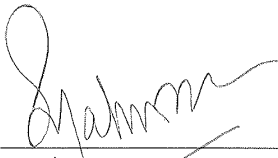

**IMPORTANT NOTICE**

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. 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: <b>10 NOV 2020</b>	 _____ Driver's Signature (If driver is not the policyholder) Date & Time: <b>10 NOV 2020</b>	 _____ Reporting Centre Personnel's Signature Name: NRIC/FIN No.: <b>10 NOV 2020</b>
--	---	---

Common Statement Pg. 1

Date : \_\_\_\_\_

Dear Sir or Madam :

To whom it may concern,

**RE: Authorization to act on behalf**

Vehicle No.: SMG 7084X

I, Raimi Bin Isnin, bearing NRIC Number S7245154F,  
would like to authorize Syahrizan Mansor, bearing NRIC  
Number S7H10020B, to act on my behalf for all documents  
and repair for the above said vehicle.

Thank You.

Yours Sincerely,



.....  
Signature

Finance Copy



redefining / insurance

AXA Insurance Pte Ltd  
 1800 880 4888 (Within Singapore)  
 (65) 6880 4888 (International)  
 (65) 6880 4740  
 customer.care@axa.com.sg  
 www.axa.com.sg

RAIMI BIN ISNIN  
 BLK 655 SENJA ROAD  
 #10-278  
 SINGAPORE 670655

**New business**

date  
 20/12/2019

your servicing distributor  
**TAN INSURANCE BROKERS PTE LTD /**  
**03165**

your servicing distributor contact  
**67426766**

## Policy Schedule

### Your SmartDrive Comprehensive Flexi

**Your policy snapshot**

Policyholder name	RAIMI BIN ISNIN	Policy number	VA1 / GA521138
Cover	Comprehensive	FIN / NRIC	S7245154F
Period of Insurance	from 28/12/2019 to 27/12/2020 (both dates inclusive)		

**Premium breakdown**

Gross Premium after 50% NCD	SGD 1,089.10
7% GST	SGD 76.24
<b>Final Premium</b>	<b>SGD 1,165.34</b>

**Your benefits highlights**

(refer to Policy Wording for full terms and conditions)

**SmartDrive Comprehensive Flexi Benefits**

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Loss or Damage
- Legal Liability
- Workshop of Your Choice
- Medical and dental expenses up to \$1,000 per person for you, your named drivers and your immediate family members
- Reimbursement of 110% of your car's market value in the event of total loss due to flood (without Basic Own Damage Excess)

**Claim Protector Pack Benefits**

- Basic own damage excess waiver
- No Claim Discount Protector

**Add-on Benefits**

- Car Accessories up to \$2,000
- Courtesy car Standard in Singapore up to ten (10) days

**Vehicle details**

Make & Model of Vehicle	VOLKSWAGEN BEETLE 1.2 TSI	Year of manufacture	2018
Vehicle registration number	SMG7084X	Type of Use	Private use
Body type	HATCHB	Engine capacity (c.c.)	1197
Seating capacity (excl driver)	4	Engine number	CYV629283
Off-Peak car	No	Chassis number	WVWZZZ16ZKM700992

Insured's Estimated Market Value	Market Value at the time of Loss (including accessories and spare parts)
Limitation to use	As per Certificate of Insurance
Finance Loan Company	DBS BANK LTD

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

Windscreen Excess	Not Applicable
-------------------	----------------

AXA Insurance Pte Ltd (199903512M)  
 8 Shenton Way, #24-01, AXA Tower,  
 Singapore 068811  
 Customer Centre, #B1-01

1 of 2

VA1 / GA521138

**Drivers details**

Driver type	Driver name	Date of birth	Driving experience
Main Driver	RAIMI BIN ISNIN	06/12/1972	12 year(s)
Additional Driver	SYAHRIZAN BINTE MANSOR	09/04/1974	11 year(s)

**Additional clauses & endorsements to your policy**

Nil

**What you should do**

- Keep this Policy Schedule as record of insurance cover for your vehicle
- This Schedule should be read in conjunction with the Terms and Conditions of the Policy Wording

AXA Insurance Pte Ltd

*This is an auto-generated document and hence no signature is required*



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**

