

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 Submission 11/12/2020 12:14 (SGT)
Date of Accident 05/12/2020 12:20 (SGT)
Exact Location of Accident Singapore
Additional Location Information PIE (CHANGI) BEFORE THOMSON
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ834T

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD AIDIL BIN ALI
NRIC No SXXXX015H
Email Address mdaidil0408@hotmail.com
Mobile Phone No (Phone) +65-81015147
Alternative Phone No +65-81015147

VEHICLE PARTICULARS

Manufacturer Honda
Model Civic
Variant -
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 - Claiming third party
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA555448/1
Cover Note Number -

DRIVER

Name of Driver MUHAMMAD AIDIL BIN ALI
NRIC No SXXXX015H
Date Of Birth 04/08/1985
Occupation Indoor

Date Of Driving Pass	26/04/2007
Driving experience	13 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81015147
Alt. Phone Number	+65-81015147
Email Address	mdaidil0408@hotmail.com
Address	783A WOODLANDS RISE #09-45 SPORE 731783
Address complement	-
Postcode	-
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Chain Collision
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN
LATE REPORTING DUE TO AWAITING APPROVAL FROM AXA TO REPORT TO GEARS

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	SLL1807C
Vehicle Manufacturer	Nissan
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-

Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SJT864A
Vehicle Manufacturer	Toyota
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD AIDIL BIN ALI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SKZ834T
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN




IMPORTANT NOTICE

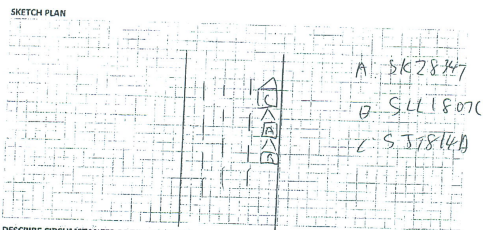
1. Please report correctly the details of the accident to speed up the claims process.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

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 (b) 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/PIN No.: _____
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along PIE (highway), the vehicle in lane slow down & stop I also, suddenly I felt a bump impact from the rear, the impact was so big that it caused my vehicle to move & hit over the vehicle in lane. I got down & realised 3 cars involved.

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: J. L. M.
MHC/PCN No.:









Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20201205/7085

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Report No. T/20201205/7085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/12/2020 18:31 Vide Report No.: Station Diary No.:

Informant's Particulars

Name of Informant: MUHAMMAD AIDIL BIN ALI		Address: 783A WOODLANDS RISE #09-45 SINGAPORE 731783	
ID Type / ID No.: NRIC NO / S8523015H		Contact No.: Home/Office: Mobile: 81015147	
Nationality: SINGAPORE CITIZEN		Email: MDAIDIL0408@HOTMAIL.COM	
Sex: Male	Age: 35	Date of Birth: 04/08/1985	Type of Informant: Driver
Race: Malay	Language: English		Institution / School Name:
Occupation: Transport operations manager	Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 05/12/2020 12:20	Type of Location: PIE EXPRESSWAY towards changi
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 90 Km/h		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of
SJ1864A	Car	TOYOTA		Black	Slightly Damaged	1
SK2834T	Car	HONDA	HONDA+CIV IC+1.8L+5A T	Black		0



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20201205/7085

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Report No. T/20201205/7085

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
SLL1807C	Car	NISSAN		White	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
SKZ834T	AXA INSURANCE SINGAPORE PTE LTD	GA555448	21/10/2020	20/10/2021	

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD AIDIL BIN ALI		ID No. S8523015H
Related Vehicle	SKZ834T (Car)		Contact No. 81015147
Hospital/Clinic	24 HOUR WALK-IN CLINIC		Class of Driving Licence & Expiry Class: 3 Date of Expiry: NIL
Date	05/12/2020	Date	NIL
No. of Days granted Medical Leave	03	Degree of	Slight

Brief Details

I was travelling along PIE towards changi, the vehicle in front of me slowed down and stopped, I also managed to stop. Suddenly i felt a huge impact from the rear, the impact was so big that caused my vehicle to move forward and hit the vehicle in front. I went down and realized 3 vehicles was involved. I have video footage of the incident (in car camera).



Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20201205/7085


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Report No. T/20201205/7085

CONTINUATION OF REPORT

Sketch Plan
Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 05/12/2020 18:31
Officer In Charge Of Case: TP / TPIS / MOHAMAD ZULFAZDLI BIN ABDULLAH Contact No.: 65476204	Classification Of Case:
Authentication Stamp NP168	



redefining / insurance

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6880 4888 (International)
(65) 6886 4740
customer.care@axa.com.sg
www.axa.com.sg

Account number
17120

Motor Vehicles (Third Party Risks and Compensation) Act, Chapter 189 - Motor Vehicles (Third Party Risks and Compensation) Rules, 1990 - Road Transport Act, 1987 (Malaysia)

Motor Vehicles (Third Party Risks) Rules, 1995 (Malaysia)

Certificate of Insurance

Policy details

Policyholder name	MUHAMMAD AIDIL BIN ALI	Certificate number	GAS55448 / 1
Owner	Comprehensive	Chassis number	9HAF0126305C920637
Plan name	Essential	Engine number	R18A14D14547
NCD applicable	0%		
Vehicle registration number	SAZ2347		
Period of Insurance	from 31/10/2020 to 28/10/2021 (both dates inclusive)		
Insurer loan company	ODDSON CAPITAL PTE LTD		

Persons or classes of persons entitled to drive*

(a) 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 motor trade; or when the Motor Car, whether stationary, is used or otherwise, is involved in a racing track, circuit, route, course or any other races by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations referred to in Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, Chapter 189 and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS	Basic Own Damage Excess	S\$2,600.00
	Windscreen Excess	S\$0.200.00

An Additional Excess is applicable as follows:


- S\$500 for unnamed Authorised Driver
- S\$500 for declared Young and Inexperienced Driver
- S\$5,000 for undeclared Young and Inexperienced Drivers. This additional excess is reduced to S\$2,500 if you have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We 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 IV of the Road Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd



Authorised signature


Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third Party Risks and Compensation) Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
8 Shenton Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, 861-01

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 Accident report SA1F20CB0003

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