

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 05/03/2021 17:35 (SGT)
Date of Accident 04/03/2021 19:00 (SGT)
Exact Location of Accident Stevens Rd, Singapore
Additional Location Information JUNCTION BALMORAL RD
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKS7673G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner LAILA RAZA
NRIC No S7769917A
Email Address lailaraza01@gmail.com
Mobile Phone No (Phone) +65-91856748
Alternative Phone No +65-91856748

VEHICLE PARTICULARS

Manufacturer Mercedes
Model CIs350
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? Yes
Vehicle Category Private car

INSURANCE COMPANY

Name of Insurance Company Axa
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA541398
Cover Note Number -

DRIVER

Name of Driver ATIF BASHIR
NRIC No S7169697I
Date Of Birth 19/07/1971
Occupation Indoor

Date Of Driving Pass	27/10/2011
Driving experience	9 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-90272081
Alt. Phone Number	-
Email Address	atif.bashir@gmail.com
Address	245 ORCHARD BOULEVARD #08-03
Address complement	-
Postcode	248648
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Spouse
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	Collision - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
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?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE EVENING AROUND 7 TO 7.30PM, I GOT OFF FROM RED TRAFFIC LIGHT AT THE JUNCTION OF STEVENS ROAD AND BALMORAL ROAD. AFTER AROUND 100 YARDS, I NOTICED THE CAR IN FRONT OF ME (SJW74Y) SUDDENLY STOP. I SLAMMED ON MY BRAKE AND SWERVED TO LEFT TO AVOID HITTING ANYONE BUT I CAUGHT THE CORNER OF THE VEHICLE MENTIONED ABOVE. I COULD NOT OPEN THE DRIVER'S DOOR. SO I GOT OUT OF THE PASSENGER SIDE. THERE WAS SMOKE COMING OUT OF THE CAR. THE DRIVER OF VEHICLE ALSO CAME OUT AND ASKED EACH OTHER IF WE ARE OKAY. HE SAID THAT THE VEHICLE IN FRONT OF HIM SUDDENLY BRAKE. WE THEN CALLED EMERGENCY AND INSURANCE. MY THUMB IS SORE AND SLIGHT WHIPLASH OTHERWISE OKAY.

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	SJW74Y
Vehicle Manufacturer	-
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	VEHICLE B
No. Of Passenger (Including Driver)	-

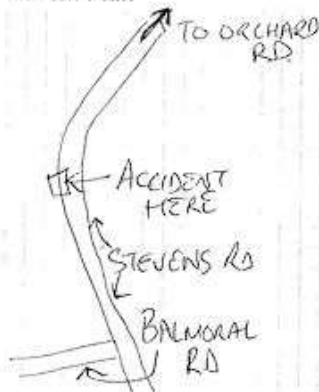
SKETCH PLAN

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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.

<p><i>x</i> <i>Quilgo</i> 5/03/21</p> <p>_____ Policyholder's Signature / Date & Time</p>	<p><i>[Signature]</i></p> <p>_____ Driver's Signature (If driver is not the policyholder) / Date & Time</p>	<p>_____ Witnessed by Reporting Centre Personnel</p>
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Sketch Plan



Describe Circumstances of the Accident

On the evening, around 7 or 7:30pm, I ~~was~~ got off from red traffic light at the junction of Stevens Rd and Balmoral rd. After around 100 yards I noticed the car in front of me, registration number, SSW 74X, suddenly stopped. I slammed on my breaks and swerved to left to avoid hitting anyone but I caught the corner of the vehicle mentioned above. I could not open the driver's door so I got out of the passenger side. There was smoke coming out of the car. The driver of the vehicle also came out and after asking each other if we were OK, he said that the vehicle in front of him suddenly broke. We then called emergency and insurance. My thumb is sore and slight whiplash otherwise, OK.

Declaration

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

x *Guler* 5/03/21
 Policyholder's Signature / Date & Time

[Signature]
 Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 5/03/21To: Owner of Vehicle Number: FF\$76739

The following has been advised to you via your workshop, SAFE MOTORPTE LTD through their staff, Please tick the applicable box if you had been advised on any of the following:

- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
- ☐ You had been advised by the workshop on the liability and merits of the case accordingly.
- ☐ You had been advised by the workshop of the claims procedure as follows:
- if fire damage and you claim under your own insurance, any applicable excess will be waived. However, there will be no recovery prospect and NCD will be affected.
 - if fire damage and you are claiming against the Third Party, your NCD will not be affected. However, the recovery is not guaranteed, and AXA will not be held responsible.
- ☐ If you had been involved in an accident with a foreign registered vehicle and wished to attempt recovery with AXA help, please forward the photos of the front and back of the NRIC and driving license to motor.doc@axa.com.sg
- ☐ You have agreed to let AXA assign a workshop for your vehicle repairs. In the process, your vehicle might be towed out to another workshop assigned by AXA. In return, you will get:
- \$200 off on your Basic Own Damage Excess or
 - \$200 as a benefit if your policy has \$0 excess and no Loss of Use benefit or
 - Additional \$200 on top of existing Loss of Use Benefit if your policy has \$0 excess and existing Loss of Use benefit
- ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas. The estimated waiting time for the spare parts to arrive is . The estimated arrival time does not include the repair period.
- ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/ personnel that the vehicle may not be road worthy.
- ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
- ☐ For vehicles below three (3) years old or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using any combination of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.

AXA Insurance Pte Ltd (Company) is a member of the AXA Group of Companies.
 100 Robinson Road, #11-01, AXA Tower, Singapore 068902.
 Tel: 65 6349 8888. Fax: 65 6349 8889.
 Email: motor.doc@axa.com.sg













redefining / insurance

LAILA RAZA
245 ORCHARD BOULEVARD
#08-03 ORCHARD BEL AIR
SINGAPORE 248648

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

New business

date
08/05/2020

your servicing distributor
MDIVINE INSURANCE AGENCY / 05579

your servicing distributor contact
6834 4432

Policy Schedule

Your SmartDrive Comprehensive Essential

Your policy snapshot

Policyholder name	LAILA RAZA	Policy number	VA1 / GA541398
Cover	Comprehensive	FIN / NRIC	S7769917A
Period of insurance	from 10/06/2020 to 09/06/2021 (both dates inclusive)		

Premium breakdown

Gross Premium after 50% NCD	SGD 997.85
Total Discounts	- SGD 53.20
7% GST	SGD 66.13
Final Premium	SGD 1,010.78

Your benefits highlights

(refer to Policy Wording for full terms and conditions)

SmartDrive Comprehensive Essential Benefits

- 24/7 Towing & Transportation in Singapore or Overseas
- Windscreen Coverage
- Guaranteed Repairs for twelve (12) Months
- Loss or Damage
- Legal Liability

Vehicle details

Make & Model of Vehicle	MERCEDES CLS350 BLUE EFFICIENCY	Year of manufacture	2008
Vehicle registration number	SKS7673G	Type of Use	Private use
Body type	SALOON	Engine capacity (c.c.)	3498
Seating capacity (excl driver)	5	Engine number	27296431098761
Off-Peak car	No	Chassis number	WDDJ56X79A152144

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/Lien Company	UNITED OVERSEAS BANK LIMITED

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

Basic Own Damage Excess	SGD 500.00
Windscreen Excess	SGD 100.00

Drivers details

AXA Insurance Pte Ltd (199903512M)
8 Sifonten Way, #24-01, AXA Tower,
Singapore 068811
Customer Centre, #81-01

1 of 2