

SS1Y214Q000J / SVE MOTOR PTE LTD
 ENTRY DATE & TIME: 26/04/2021 16:40 (SGT)
 SUBMITTED BY: Chia Pe Ying
 VERSION: 1 (26/04/2021 16:40 (SGT))



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 willful 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 a/cresaid.

ACCIDENT STATEMENT

Date of Submission	26/04/2021 16:40 (SGT)
Date of Accident	25/04/2021 12:40 (SGT)
Exact Location of Accident	PIE, Singapore
Additional Location Information	TWDS THOMSON EXIT (ADAM FLYOVER)
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMV8283C

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NOORAZILAH BINTE SAHARI
NRIC No	SXXXX200A
Email Address	superdupercowz@yahoo.com
Mobile Phone No	(Phone) +65-90119367
Alternative Phone No	+65-90119367

VEHICLE PARTICULARS

Manufacturer	Mitsubishi
Model	Lancer
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
Transmission	Auto
CC	1590

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA548192
Cover Note Number	-

DRIVER

Name of Driver	NOORAZILAH BINTE SAHARI
NRIC No	SXXXX200A



Accident report SS1Y214Q000J

Date Of Birth	17/11/1983
Occupation	Indoor
Date Of Driving Pass	07/06/2010
Driving experience	10 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-90119367
Alt. Phone Number	+65-90119367
Email Address	superdupercowz@yahoo.com
Address	BLK 985B BUANGKOK CRESCENT #03-16
Address complement	-
Postcode	532985
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 anyone 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)	5
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	MOHAMED FAIZAL BIN MOHD ALI
Gender	Male

PASSENGER 2

Name	ANI BTE MOHD AMIN
Gender	Female

PASSENGER 3

Name	MUHAMMAD QAID BIN MOHAMED FAIZAL
Gender	Male

PASSENGER 4

Name	MUHAMMAD QAHIR BIN MOHAMED FAIZAL
Gender	Male

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

I WAS TRAVELLING ALONG PIE TOWARDS THOMSON EXIT (ADAM FLYOVER). VEHICLE AHEAD SLOWED DOWN AND STOPPED. I FOLLOWED SUIT. MOMENTS LATER, WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR ENDED MY VEHICLE. THERE WERE TOTAL OF 3 VEHICLES INVOLVED IN THIS CHAIN COLLISION.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Cnr Camera?	No
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKF2781D
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDY1389T
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 C
No. Of Passenger (Including Driver)	-

SKETCH PLAN

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to investigate the cause.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Any intentional misstatement of material facts may allow insurance companies to repudiate policy benefits.
4. The issuance and acceptance of this Form by insurance companies is not an admission of wrongdoing on the part of the insured.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA for the Automobile Insurance Company of the State of New York.
7. By the signing of this report to the Insurers, you hereby consent to the release of this report to the Insurers of the GIA.

* Consent under the Personal Data Protection Act 1997/2010

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Policyholder's Signature

Participation in the Survey

From B, the —

50448-0

SKETCH PLAN #2

SKETCH PLAN:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

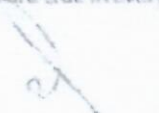
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LATER WHILE MY VEHICLE WAS STILL STATIONARY, VEHICLE B REAR-ENDED MY
VEHICLE. THERE WERE TOTAL OF 3 VEHICLES INVOLVED IN THIS CHAIN
COLLISION.

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:

Reported On by Person's Name:

Name:

DATE: 26/04/2021

SKETCH PLAN #3

PREMIUM AUTOMOBILES

MATERIAL LIST FOR BODY

I/Wo, NOORAZILAH BINTE SAHARI

The amount of body parts is 58337200A

My/Our Insurance is under MIA AYA Insurance. The amount of body parts is 58337200A. I/We hereby declare that the amount of body parts is correct and we will not claim any amount from the insurer against the third party and if the insurer shall submit such a claim, we will be responsible for the amount of the claim.

Signature of Policyholder: *Noor Azilah*

Signed and Acknowledged by:

58337200A

NIC no. and signature of policyholder

Company Stamp

25/4/2021

Date

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