

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 03/06/2021 14:11 (SGT)
Date of Accident 31/05/2021 10:25 (SGT)
Exact Location of Accident Blk 156, Singapore
Additional Location Information PASIR RIS DR 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number YP3409E

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner FALAH DELIGHT FOOD
Company Reg No FALAH DELIGHT FOOD
Email Address falahdelightfood@gmail.com
Mobile Phone No (Phone) +65-94561189
Alternative Phone No +65-94561189

VEHICLE PARTICULARS

Manufacturer Hino
Model HINO XZU700R-HKFMS3
Variant -
Exact purpose for which vehicle was being used at time of accident Employment
Are you claiming under your own insurance policy for repair to your vehicle? No - Reporting only
Vehicle Category Commercial vehicle
Transmission Manual
CC 7499

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage Comprehensive
Fleet Policy No
Policy Number GA546062
Cover Note Number -

DRIVER

Name of Driver HAMID BIN AHMAD
NRIC No S1480149I

Date Of Birth	09/03/1961
Occupation	Outdoor
Date Of Driving Pass	01/03/1983
Driving experience	38 YEARS AND 2 MONTHS
Gender	Male
Mobile Number	(Phone) +65-94561189
Alt. Phone Number	-
Email Address	falahdelightfood@gmail.com
Address	BLK 233 PASIR RIS DRIVE 4 #02-490
Address complement	-
Postcode	510233
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
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	Side Swipe
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

REFER TO STATEMENT AND SKETCH

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	GZ6396Z
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) -

SKETCH PLAN

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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.



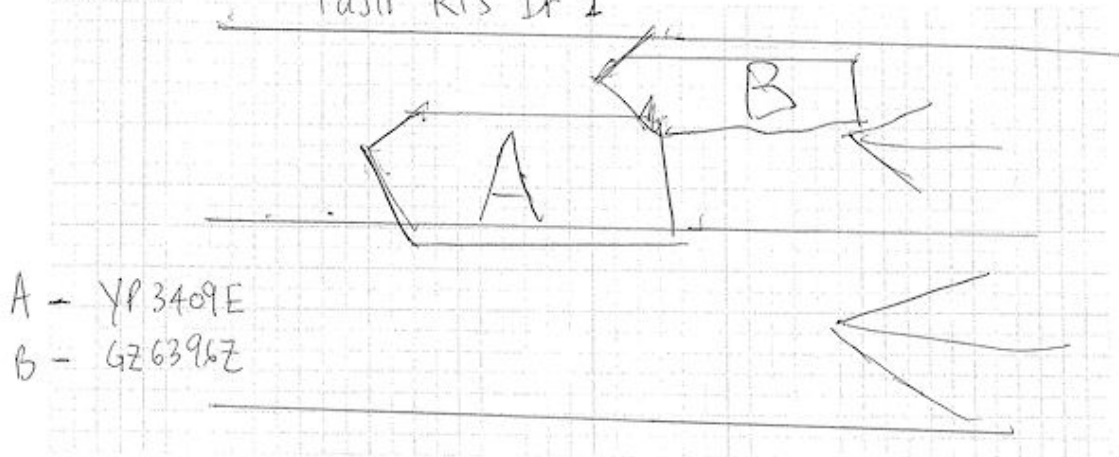
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 02/06/2021

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

Pasir Ris Dr 1



A - YP3409E
B - GZ6396Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31-5-21 at 10-25 am, I driving vehicle no. YP3409E along Pasir Ris Dr 1. I was driving lane 1, Suddenly I felt an impact behind GZ 6396Z hit my Right rear side of my vehicle

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.:

Date:

To whom it may concern

Dear Officer,

Letter of Authorization for driver Haris B. Muneer NRIC No. S14801491 to
drive vehicle 1P 3409 along Paris RIS R47 on 31/5/21

Please be informed that I/We Falah delight food an/are the owner of the
above-mentioned vehicle and I/we had allowed the above-mentioned driver to drive the said vehicle at the
time of the accident.

The said driver was performing job duties for the company at the time of the accident.

Thank you.

Yours Sincerely,



(to be stamped)

Company Name: Falah delight food

Name of authorizer: Salwa Fadi

Destination:



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

date
 13/07/2020

policy number
 CV1 / GA546062

Certificate of Insurance

-Commercial Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) - Commercial Vehicles (Third-Party Risks and Compensation) Rules, 1960 -Road Transport Act, 1987 (Malaysia) -Commercial Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

Policy details

Policyholder name	FALAH DELIGHT FOOD	Certificate number	GA546062 / 1
Cover	Comprehensive	NCD	20%
Engine number	NO4CUS26695	Chassis number	JHHTCS3H90K003031
Vehicle Registration number	YP3409E		
Period of Insurance	from 20/07/2020 to 19/07/2021 (both dates inclusive)		
Sum Insured	Market Value at The Time of Loss		
Finance Loan Company	DAIMLER FINANCIAL SERVICES AFRICA & ASIA PACIFIC LTD		

Persons or classes of persons entitled to drive

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.

Limitations as to use*

- (a) Use in connection with the Policyholder's business.
- (b) Use for the carriage of passengers (other than for hire or reward) in connection with the Policyholder's business.
- (c) Use for social, domestic and pleasure purposes.

The Policy does not cover

- (a) Use for the hire or reward or for racing, pace-making, reliability trial or speed testing.
- (b) Use whilst drawing a trailer except the towing of anyone disabled mechanically propelled vehicle.

* Limitations rendered inoperative by Section 8 of the Commercial 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

Section I	SGD900.00
Windscreen	SGD180.00

An additional excess is applicable as follows:

Additional Own Damage Excess of S\$1,000 is applicable for any named/unnamed drivers who:

- a) is 22 years old to 24 years old and/or
- b) is 66 years old to 70 years old and/or
- c) with driving experience of 1 year to less than 2 years on the relevant classes of driving license

Additional All Claims excess of \$2,000.00 is applicable for any named/unnamed drivers who:

- a) is 18 years old to 21 years old and/or
- b) is 71 years old and above and/or
- c) with driving experience of less than 1 year on the relevant classes of driving license

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

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POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 02/06/2021To: Owner of Vehicle Number: & YP3409E

The following has been advised to you via your workshop, CNGE through their staff, Plus. 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.
- ☐ 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.

Signed and acknowledged by:

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

Name and signature of workshop personnel including company stamp















