

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	09/06/2021 12:28 (SGT)
Date of Accident	04/06/2021 00:30 (SGT)
Exact Location of Accident	2 Marina Blvd, Singapore 018987
Additional Location Information	THE SAIL @ MARINA BAY CARPARK
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP5050X
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	NORIDAHWATI BINTE ABDUL RAZAK
NRIC No	S8203597D
Email Address	ida.razak@gmail.com
Mobile Phone No	(Phone) +65-96743338
Alternative Phone No	+65-96743338

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Odyssey
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 - Reporting only
Vehicle Category	Private car
Transmission	Auto
CC	2000

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA572887
Cover Note Number	-

DRIVER

Name of Driver	NORIDAHWATI BINTE ABDUL RAZAK
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Date Of Birth	01/01/1982
Occupation	Indoor
Date Of Driving Pass	10/08/2004
Driving experience	16 YEARS AND 10 MONTHS
Gender	Female
Mobile Number	(Phone) +65-96743338
Alt. Phone Number	+65-96743338
Email Address	ida.razak@gmail.com
Address	77 FLORA DRIVE #03-21
Address complement	-
Postcode	506884
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	Collided into Parked Vehicle
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

I WAS REVERSING MY VEHICLE AND WANTED TO PARK AT AN EMPTY LOT ON THE RIGHT. WHILE REVERSING, MY VEHICLE REAR RIGHT HIT ONTO VEHICLE B WHICH WAS PARKED AT THE PARKING LOT.

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	SMV6314K
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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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.

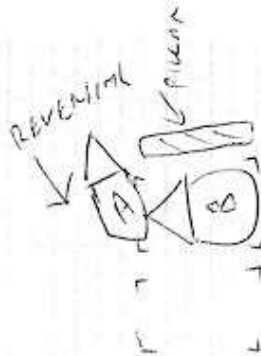


Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

I was reversing my vehicle and wanted to park
 at an empty lot on the right, while
 reversing my vehicle rear right hit onto vehicle
 B which was parked at the parking lot

Declaration

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

Witnessed by Reporting Centre
Personnel

LETTER OF UNDERTAKING

I/We, NORIDAHWATI BINTE ABDUL RAHMAN, the owner of vehicle no. SLP 5050X

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

I/We read and Acknowledge by:



Print name & signature of policyholder

Company stamp

09/06/21
Date





















redefining / insurance

NORIDAHWATI BINTE ABDUL RAZAK
77 FLORA DRIVE #03-21
SINGAPORE 506884

AXA Insurance Pte Ltd
1800 880 4888 (Within Singapore)
(65) 6590 4888 (International)
(65) 6590 4740
customer.care@axa.com.sg
www.axa.com.sg

Endorsement

date
12/05/2021

your servicing distributor
MONEYMAX ASSURANCE AGENCY PTE
LTD / 18197

your servicing distributor contact
9856 0763

Policy Schedule

Your SmartDrive Comprehensive Essential

Your Policy Schedule has been updated effective 13/05/2021.

Your policy snapshot

Policyholder name	NORIDAHWATI BINTE ABDUL RAZAK	Policy number	GA572887
Cover	Comprehensive	FIN / NRIC	XXXXX597D
Period of Insurance	expiring 10/05/2022		

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 of Damage
- Legal Liability

Claim Protector Pack Benefits

- Basic own damage excess waiver
- No Claim Discount Protector

Vehicle details

Make & Model of Vehicle	HONDA ODYSSEY 2.4	Year of manufacture	2008
Vehicle registration number	SLP5050X	Type of Use	Private use
Body type	MPV	Engine capacity (c.c.)	2354
Seating capacity (excl driver)	6	Engine number	K24221300171
Off-Peak car	No	Chassis number	JHMRB38509C200168

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	KENSO LEASING PTE LTD

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

Windscreen Excess Not Applicable

Drivers details

Driver type	Driver name	Date of birth	Driving experience
Main Driver	ABDUL SAMAD BIN ARSHAD	12/03/1977	18 year(s)

Additional clauses & endorsements to your policy

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