

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 | 28/06/2021 15:41 (SGT) |
| Date of Accident | 26/06/2021 19:23 (SGT) |
| Exact Location of Accident | Tampines North Dr. 1, Singapore |
| Additional Location Information | - |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SGJ8558U |
|-----------------------------|----------|

INSURED/POLICYHOLDER

| | |
|--------------------------|--|
| Is company? | No |
| Name Of Registered Owner | MUHAMMAD FAHMI BIN JA'AFAR ABDUL RAZAK |
| NRIC No | SXXXX811J |
| Email Address | fahmij811@gmail.com |
| Mobile Phone No | (Phone) +65-97572035 |
| Alternative Phone No | +65-97572035 |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | BMW |
| Model | 335i |
| 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 | 2979 |

INSURANCE COMPANY

| | |
|---------------------------|-----------------------|
| Name of Insurance Company | AXA Insurance Pte Ltd |
| Type of Coverage | Comprehensive |
| Fleet Policy | No |
| Policy Number | GA572164/1 |
| Cover Note Number | - |

DRIVER

| | |
|----------------|--|
| Name of Driver | MUHAMMAD FAHMI BIN JA'AFAR ABDUL RAZAK |
| NRIC No | SXXXX811J |

| | |
|--|---------------------------------|
| Date Of Birth | 08/11/1993 |
| Occupation | Indoor |
| Date Of Driving Pass | 29/03/2012 |
| Driving experience | 9 YEARS AND 3 MONTHS |
| Gender | Male |
| Mobile Number | (Phone) +65-97572035 |
| Alt. Phone Number | +65-97572035 |
| Email Address | fahmij811@gmail.com |
| Address | BLK 553 PASIR RIS ST 51 #02-105 |
| Address complement | - |
| Postcode | 510553 |
| 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 | Collision - Change/cross lane |
| 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 vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 2 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |

PASSENGER 1

| | |
|--------------|--------|
| Name | ZYANN |
| Gender | Female |

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 26/06/2021 AT ABOUT 1923HRSM I WAS TRAVELLING ALONG TAMPINES NTH DR 1. VEHICLE B WHO WAS ON MY REAR RIGHT HAND SIDE OF MY VEHICLE, COLLIDED ONTO MY VEHICLE WHEN CHANGING HIS LANE. AFTER THE ACCIDENT, WE EXCHANGE DETAILS. THE WIFE OF VEHICLE B WHO WAS ALSO ON BOARD IN VEHICLE B AT THE POINT OF TIME, HAS ACKNOWLEDGED THAT THE CAHNGING OF LANE HAS CAUSED THE COLLISION.

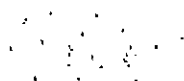
ATTACHMENT(S)

| | |
|---|-----|
| 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 | SMV9915G |
| 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 | - |
| No. Of Passenger (Including Driver) | 2 |




SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at its 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 any instructions or responding to my 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 being about delivery of the same as well as on the external cover of envelopes/mail postages); 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 to collected under (c) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, conducting 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:
 ID No./PIN No.:

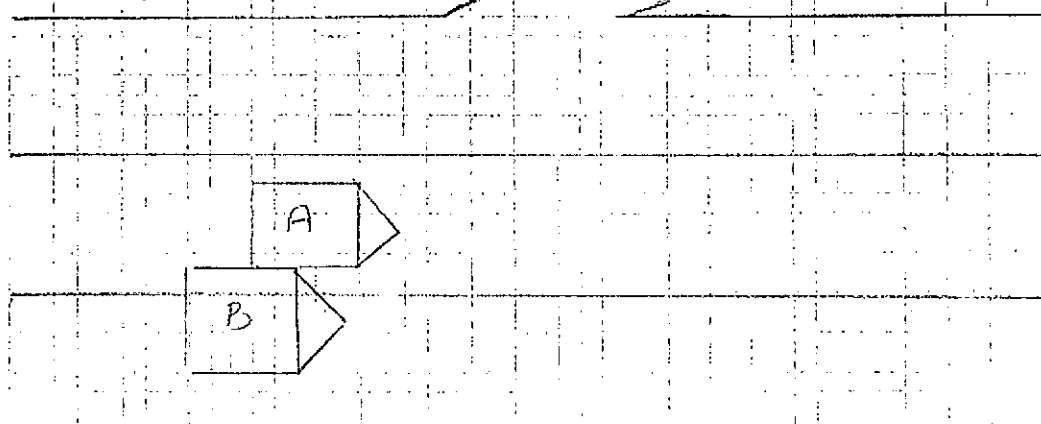
I hereby authorize SINE Motor P/L
 send my accident report to genuine casgarage.sg



SKETCH PLAN

A - SGJ8558 L

B - SMV99156



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 26/06/2021 AT ABOUT 1903HRS, I WAS TRAVELLING
ALONG TAMPINES NORTH DRIVE 1. VEHICLE B WHO
WAS ON MY REAR RIGHT HAND SIDE OF MY VEHICLE,
COLLIDED ONTO MY VEHICLE WHEN CHANGING HIS
LANE. AFTER THE ACCIDENT, WE EXCHANGED DETAILS.
THE NIFE OF VEHICLE B WHO WAS ALSO ON BOARD
IN VEHICLE B AT THE POINT OF TIME, HAS ACKNOWLEDGED
THAT THE CHANGING OF LANE HAS CAUSED THE
COLLISION.

DECLARATION

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

Li
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
(Name)
(Signature):

LETTER OF UNDERTAKING

MUHAMMAD FAHMI BIN
I/We, JAFAR ABDUL RAZAK, the owner of vehicle no. SGJ8584,

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, CAS GARAGE Pte Ltd.

Signed and Acknowledge by:

Ji
.....
Nric no. & signature of policyholder

.....
Company stamp

.....
Date