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 witholding 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.

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 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 03/01/2022 15:08 (SGT) Date of Accident 31/12/2021 23:50 (SGT) Exact Location of Accident Aljunied Rd, Singapore Additional Location Information JUNCTION SIMS AVE Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

2

Vehicle Registration Number SJM4716F

INSURED/POLICYHOLDER

Is company?

Name Of Registered Owner FAREDA HANIM BTE MOHAMED SHARIFF

NRIC No. SXXXX328I

Email Address farid.tasari@gmail.com Mobile Phone No (Phone) +65-97363763

Alternative Phone No +65-97363763

VEHICLE PARTICULARS

Manufacturer Mazda

Model

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 1500

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive

Fleet Policy Nο

Policy Number GA008094/1

Cover Note Number

DRIVER

Name of Driver MOHAMED FARID BIN MOHAMED SALLEH

NRIC No. SXXXX327F Date Of Birth 02/05/1985 Occupation Outdoor Date Of Driving Pass 24/08/2006 Driving experience 15 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-91144268 Alt. Phone Number Email Address farid.tasari@gmail.com Address 2 LORONG SIGLAP Address complement Postcode 456796 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Child Does Driver Own Other Vehicles? Nο 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 Raining Road Surface Wet OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Nο Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) 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? Nο Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT I AM TRAVELLING ALONG JUNCTION OF ALJUNIED ROAD AND SIMS AVE ON 31/12/2021 AT ABOUT 11.50PM. DUE TO TRAFFIC CONTROL, I SLOWED DOWN. SUDDENLY, VEHICLE B COLLIDED ONTO THE REAR PORTION OF MY VEHICLE. WE ALIGHTED TO EXCHANGE PARTICULARS AND LEFT THE ACCIDENT SCENE AFTER THAT. THAT'S ALL. 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
 CB9888A

 Vehicle Manufacturer

 Vehicle Model

 Vehicle Variant

 Vehicle Colour

 Vehicle Category
 Commercial vehicle

 Name of Driver
 TEO JOO KHIANG

 Contact Number
 (Phone) +65-96659003

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

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- 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.
- 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.
- The 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.
- By the lodgment 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)

Lunderstand, 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:
 - 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:
 - 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)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Date & Time:

GIALLAC StetchPlanForm, Va

SHETCH PLAN A = SJM 4716E B = CB9688A B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT travelling Junction of Aljunied Road am along Sim 31 12 2021 60 at about 11:50 pm-Due to traffic . control, Slav down sudderly venide collided otris portion We alighted exchange after that accident Scear · That is all DECLARATION I/We declare the foregoing particulars are true in every respect. Policyholder's Signature Reporting Centre Personnel's Signature Date & Time: (If driver is not the policyholder) Name:

Date & Time:

GIARMC SketchPlanForm_V3

Ž

NRIC/FIN No.:

LETTER OF UNDERTAKING

I/We. Foreda Hanin Bte M. involving in an accident with vehicle no. (Jundim J Aljunted Rd	Sharitf Sharitf Sharitf TP) CBQBBBA on 31/12/2021	301F4 MGZ .on
Jundon of Aljunial Rd	& Sim Are 1	***************************************
My/Our Insurance is under M/s AXA In to claim under my/our Policy or against claim to M/s AXA Insurance Singapore 14(fourteen) days of occurrence or disco	isurance Singapore Pte Ltd, I/ the Third Party and if the for Pte Ltd with all relevant facts overy of damage.	we shall decide whether mer shall submit such a and documents within
My/Our Third Party claim is handle by my Lee Brothers Automotive	v/our preferred workshop,	
Signed and Acknowledge by:		
Y FAREDR HAMM Jude	Company Stamp	Date













Certificate number

Chassis number

Engine number

AXA Insurance Pte Ltd 2 1800 880 4888 (Within Singapore) (65) 6880 4888 (International)

(65) 6880 4740 ⊠ customer.care@axa.com.sg

E www.axa.com.sg

Certificate of Insurance

account number 04270

GA008094 / 1

JM0DE10Y180120674

-Motor Withdes (Third-Party Rists and Compensation) Act, iChnoter 1800 Motor Whieler, (Third-Party Sists and Compensation) Rides, 1960-Rend Transport Act, 2087 (Astropera-Motor Vehicles (Third-Party Sists and Compensation) Rides, 1960-Rend Transport Act, 2087 (Astropera-Motor Vehicles (Third-Party Sists and Compensation) Rides, 1960-Rend Transport

Policy details

Placoanie

NCD applicable

Policyholder name Cover

FAREDA HANIM BTE MOHAMED SHARIFF Comprehensive

Essential 50%

SJM4716E

Vehicle registration number Period of Insurance

from 05/01/2022 to 04/01/2023 (both dates inclusive)

Finance lean company

Persons or classes of persons entitled to drive*

(a) The Policyholder

(b) Any Named Driver as stated in the Policy:

1. MOHAMED SALLEH BIN HAROON

2. MOHAMED FARID BIN MOHAMED SALLER

(c) 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 ticensing 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 ensciment or regulation in that behalf from driving the Motor Vehicle.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business,

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* Limitations rendered inoperative by Section 2 of the Motor Vehicles (Third-Entry Reas and Companisation Act, (Chapter 189) and Section 95 of the Read Transport Act, 1967 (Malaysia), are not to be included under these headings.

EXCESS

Basic Own Damage Excess Windscreen Excess

An Additional Excess is applicable as follows:

- 1. \$\$500 for unnamed Authorised Driver
- 2. \$\$500 for declared Yoring and Inexperienced Driver
- 3. \$45,000 for undeclared Young and inexperienced Envers. This additional excess is reduced to \$42,500 if You have chosen AVA Premium

Additional clauses & endorsements to your policy

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the lideor Vehicles (Third Pany Risks and Compensation) Act, (Chapter 189) and Part IV of the Rood Transport Act, 1987 (Malaysia).

AXA Insurance Pte Ltd

Authorised signature

important note

Policylicidors are warned that on this sale of a motor vicilitie they must surrender the Certificate of Insurance and the February to the insurance company, if the Association to the effect must be made. Epibar to comply with this obligation is an effector which Motor Associate Africa. Print Print and Componitation Act (Csp. 185).

Promitin Waterity Obuse requires the premium to be paid in full within a specific period fating which there would be no lighting under the usbee, renewal period call.

AXA Insurance Pte Ltd (199903512M) 8 Shenton Way, #24-01, AXA Tower, Singapore 066811 Customer Centre, #B1-01

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