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 21/02/2022 13:40 (SGT) Date of Accident 21/02/2022 08:45 (SGT) Exact Location of Accident Near Bukit Batok Rd, Singapore Additional Location Information **BUKIT BATOK ROAD TOWARDS JURONG EAST** Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Audi

Vehicle Registration Number SKX6790G

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner SYAFIQ BIN ROSLAND NRIC No. S9111858J Email Address slatersheckler_soven@live.com.sg Mobile Phone No (Phone) +65-90919016 Alternative Phone No +65-90919016

VEHICLE PARTICULARS

Manufacturer

Model A4 Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Private car Transmission Auto CC 1800

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA523406/1 Cover Note Number

DRIVER

Name of Driver SYAFIQ BIN ROSLAND NRIC No. S9111858J

Date Of Birth 06/04/1991 Occupation Outdoor Date Of Driving Pass 23/10/2015 Driving experience 6 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-90919016 Alt. Phone Number +65-90919016 Email Address slatersheckler_soven@live.com.sg Address BLK 106 TECK WHYE LANE #05-108 Address complement Postcode S(680106) 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 - Head to Rear Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? No PASSENGER 1 Name ZAINON BITE EUGKU ADAM Gender Female PASSENGER 2 Name SCHAFIYA FELISYA 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 KINDLY REFER TO SKETCH PLAN. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SMZ9929X Vehicle Manufacturer BMW



Vehicle Model	116d
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	BISWARROPP S/O ARUNAGIRI
NRIC No	T0136249B
Contact Number	(Phone) +65-86869929
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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)

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:
 - 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.

Q.

Policyholder's Signature

Date & Time: 210222 10 20

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN	5MZ 9929 X	skx 67906
SKETCHT CAR		
0.11	\rightarrow	D ->
Bukit Botok		Julion
Road		-> east
	[Rood Works	
		\$
DESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	
On 21 Februar	y 2022 at 0845 buthit traffic. I was at sto car bang I collide from	batok Road slow
moving heavy	traffic. I was at sto	b then & BMW
white colour	car bong I collide from	behind.
	<u></u>	
	**	+
		5-37
= = = = = = = = = = = = = = = = = = = =		
	12.00	
		, , , , , , , , , , , , , , , , , , ,
You had been advised by v	vorkshop that in the event that you wish to claim	Reporting Only
against your own policy	OD claim), there is a Fourteen (14) days claus	e Claim OD
whereby the claim must	be made within the stipulated timeframe from the day of occurance.	Claim TP
	the day of occurance.	Claim OB / TP at other workshop
DECLARATION	11.10 Alice (1.10	
I/We declare the foregoing par	ticulars are true in every respect.	\wedge
\$		d2/
Policyholder's Signature Date & Time: 210121 102	Driver's Signature ○ (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	Date & Time:	NRIC/FIN No.:



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: _	21/02/2022	To: Owner of Vehicle Number:	SKX6790G				
The fol	llowing has been advised	to you via your workshop, ETHOZ PROTECT	PTE LTD through t	hoir staf			
	SON TEO	Please tick the applicable box if you had been a					
VI		y the workshop that in the case that you wish to clause whereby the claim must be made within the					
5	You had been advised by	the workshop on the liability and merits of the ca	ase accordingly.				
1	You had been advised by due to this accident.	y the workshop on the claims procedure for the ty	pe of claim that you will t	oe makin			
	However, the howev	ge and you claim under your own insurance, any here will be <u>no recovery prospect</u> and NCD will t ige and you are claiming against the Third Part he recovery is not guaranteed, and AXA will not	be affected. ty, your NCD will not be				
()	be towed out to another > \$200 off on > \$200 as a b > Additional \$	XA assign a workshop for your vehicle repairs, workshop assigned by AXA. In return, you will gray your Basic Own Damage Excess or penefit if your policy has \$0 excess and no Loss of \$200 on top of existing Loss of Use Benefit if your	et: f Use benefit <u>or</u>	3403			
)	There will be delay to you	Loss of Use benefit There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no of option except to indent it from overseas.					
)	placed. If you wish to ca	tion/withdrawal of the Own Damage claim once t ancel/withdraw the claim, you shall bear all cost rectly to the procurement of the spare parts.					
)		estimated waiting time for the spare parts to arrive is The estimate all time does not include the repair period.					
)	You will be driving the veh may not be road worthy.	nicle out despite being advised by the workshop m	echanic/ personnel that ti	he vehicl			
)	use only original parts to For vehicles above three company will be carrying part that needs to be re	(3) years old or under warranty with a local distribrepair your vehicle. (3) years old and no longer under warranty with out repairs where any damaged part that can be eplaced will be replaced using any combinatio (OEM) parts and/or second-hand parts.	a local distributor, your repaired will be repaired	insuranc d and an			
)	You had been advised by workmanship related to the	by the workshop of the Twelve (12) months wan	ranty for Own Damage r	repairs o			
)	For vehicles that are unde	er warranty with a local distributor, you have been on any effect to your warranty prior to making this		to chec			
)	Others	expensive which are the tender of the tender	ADD THE REAL PROPERTY OF THE POST OF THE P				
ame a	and acknowledged by: and signature of policyho zed driver to either the named permitted to drive the insured	Ider/ authorized driver* and company stamp (varieties as per motor insurance policy or in the case of o	where applicable) commercial vehicles, permit	ted driver			
nio are	1	Name and signature of workshop person	onnel including compar	ny stamp			





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

Certificate of Insurance

account number 05579

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

Policy details

Policyholder name

SYAFIQ BIN ROSLAND Comprehensive

Certificate number Chassis number Engine number

GA523406 / 1 WAUZZZ8K4FA183944 CJE115185

Cover Plan name NCD applicable Vehicle registration number

Essential 20% SKX6790G

from 26/12/2021 to 25/12/2022 (both dates inclusive)

Finance loan company MAYBANK

Persons or classes of persons entitled to drive*

(a) The Policyholder

Period of Insurance

(b) 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.

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.

* Umitations rendered inoperative by Section 8 of the Motor 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

Basic Own Damage Excess Windscreen Excess

SGD 600.00

SGD 100.00

An Additional Excess is applicable as follows:

- 1, S\$500 for unnamed Authorised Driver
- 2. S\$500 for declared Young and Inexperienced Driver
- 3. \$\$5,000 for undeclared Young and Inexperienced Drivers, This additional excess is reduced to \$\$2,500 if You have chosen AXA 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 Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

Insurance Rte Ltd

Authorised signature

Important note

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company, if the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

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

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