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 23/02/2022 14:47 (SGT) Date of Accident 22/02/2022 09:30 (SGT) Exact Location of Accident Singapore Additional Location Information 182A Rivervale Crescent Open space carpark Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SMF8601C

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner Muhammad Irwan Bin Mohamed Rashid NRIC No. SXXXX283Z Email Address amalinaanzm@hotmail.com Mobile Phone No (Phone) +65-88762771 Alternative Phone No +65-88762771

VEHICLE PARTICULARS

Manufacturer Skoda Model Octavia Variant Octavia Exact purpose for which vehicle was being used at time of Private use 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 2000

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd Type of Coverage Comprehensive Fleet Policy Nο Policy Number GA574023/1 Cover Note Number

DRIVER

Name of Driver Nurfirkha Amalina Binte Azman NRIC No. SXXXX371B

Date Of Birth 16/01/1994 Occupation Indoor Date Of Driving Pass 18/01/2021 Driving experience 1 YEAR AND 1 MONTH Gender Female Mobile Number (Phone) +65-91057596 Alt. Phone Number Email Address amalinaanzm@hotmail.com Address 162B Rivervale Crescent #13-216 Address complement Postcode 542162 Is the driver the policyholder? Nο If No. Relationship of the Driver with the Insured Spouse 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 Hit and run / Vandalism / Damaged whilst parked 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? 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? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT Report refer to police report ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Yes Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number GBC1325S Vehicle Manufacturer Vehicle Model

Commercial vehicle

Vehicle Variant
Vehicle Colour
Vehicle Category

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

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust 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.
- 6. 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.
- 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.
- 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' law yers/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
- (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' law yers/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 law yers/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

Vehicle 4: SMF 8601 c Vehicle B: GBC 13255 Vehicle c: UNKNORD



Handicapped

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	Refer to police Report	
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eclare the foregoing particu	ars are true in every respect	
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Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20220222/7020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/02/2022 15:20		Made:	Vide Report No.:	Station Diary No.:	
Informan	t's Partic	ulars		The state of the s	
	nformant: (HA AMAL	INA BINTE	Address: 162B RIVERVALE CRESC	CENT #13-216 SINGAPORE 542162	
ID Type / NRIC NO	ID No.: / S94013	71B	Contact No.: Home/Office: Mobile: 91057596		
Nationality SINGAPO	y: ORE CITIZ	ΈN	Email: AMALINAAZM@HOTMAIL	COM	
Sex: Female	Age: 28	Date of Birth: 16/01/1994	Type of Informant: Driver		
Race: Malay		•	Language: English	Institution / School Name:	
Occupation: ADMINISTRATIVE ASSISTANT		ASSISTANT	Driving Licence Information Class:	n: Date of Expiry:	

General Inform	mation of the Accide	nt	2000		
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 22/02/2022 09:30	Type of Location: Car Park	
Location: RIVERVALE Weather: Clear	CRESCENT	Road Surface:		Road Speed Limit:	
Traffic Flow: Traffic Control: Two Way Not Controlled				Traffic Volume: No Traffic	
Type of Collis Moving Vehic	ion: le Against - Parked Vo	ehicle		Anyone conveyed by ambulance: No	

Details of V	ehicle Invo	ived				
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
SMF8601C	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20220222/7020

CONTINUATION OF REPORT

Driver		Part In the last	THE RESERVE	The same of the sa	1 339	
Name	NURFIRKHA AMALINA BINTE AZMAN			ID No).	S9401371B
Related Vehicle	SMF8601C (Car)			Conta	act No.	91057596
Hospital/Clinic	NIL			Class Drivir Licen Expir	ng ice &	Class; NIL Date of Expiry: NIL
Date	NIL		Date		NIL	
No. of Days gran	ted Medical Leave	NIL	Degree	of	NIL	

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A (SMF 8601 C) WAS PARKED STATIONARY IN PARKING LOT 55 ON THE STATED VENUE. WHEN I WENT BACK TO RETRIEVE MY VEHICLE AT ABOUT 1000HRS, I NOTICED THAT MY VEHICLE WAS DAMAGED. A WITNESS THEN CAME UP TO ME AND TOLD ME THAT HE SAW VEHICLE B (GBC 1325 S) COLLIDED ONTO THE LEFT SIDE PORTION OF MY VEHICLE. WE THEN EXTRACTED THE VIDEO FROM VEHICLE C (UNKNOWN) CAR CAM AND REALISED THAT VEHICLE B WANTED TO DO A 3 POINT TURN. HE REVERSED INTO THE HANDICAPPED LOT NEXT TO ME, PROCEED TO DRIVE OFF AND COLLIDE ONTO VEHICLE C INFRONT OF HIM THEN REVERSED AND COLLIDED ONTO MY VEHICLE.

I WOULD WISH STATE THAT VEHICLE B AND C HAS AGREED TO DO A PRIVATE SETTLEMNT AMONG THEMSELVES.





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20220222/7020

CONTINUATION OF REPORT

Sketch Plan	
Informant is	not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 22/02/2022 15:20
Officer In Charge Of Case:	Classification Of Case:
NP168	



	ADDEN	IDUM
(A) PARTICULARS OF PE	RSON MAKING THE AMENDME	INTS:
Original Report No:	SAIFZZZNOOOZ Nurfirtha Amaline	Vehicle Registration No: SMF 8601 C NRIC/FIN/Passport No: S9033283Z
	de Owner) (*) Please delete a	
		#13-216 Singapore (54216
Contact (Tel):		Mobile No.: 9105 7596
Email Address: AMA	LINAAZM@HOTMAI	
Date of Accident:	2702/2022	Time of Accident:0930
		it open space carpark
	A×A .	
	ipany nami : Muhan - : Nurfirkha Amal	ina Binte Azman
	k found surface:	
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CONTA		L
Policyholder Driver's	Classic	
Date:	Signature	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





Certificate of Insurance

account number 14278

-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 (Malaysia)

Certificate number

Policy details

Policyholder name Caver Plan name NCD applicable Vehicle registration number Period of Insurance Finance loan company

MUHAMMAD IRWAN BIN MOHAMED RASHID Comprehensive Peace 0% SMF8601C from 28/05/2021 to 27/05/2022 (both dates inclusive)

MONEYMAX LEASING PTF LTD

Chassis number Engine number

GA574023 / 1 TMBBU7NE8K0036189 DLB028769

Persons or classes of persons entitled to drive*

(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.

Limitations 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 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 Workshoos.

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).

AXA Insurance Pte 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 effence under the Motor Vehicle (Third-Party Risks and Compens ation 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

1 of 2