

ACCIDENT STATEMENT

ACCIDENT DATE: 25/06/2022 (DD/MM/YYYY), TIME: 11:00 (HH:MM)

LOCATION: PIE EXIT EUNOS @ SUP ROAD

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: SJV 7093B
 b) INSURANCE COMPANY: AXA
 c) POLICY NUMBER: GA 447803
 d) POLICY TYPE: COMPREHENSIVE THIRD PARTY / THIRD PARTY FIRE & THEFT
 e) MAKE & MODEL: TOYOTA WISH
 f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
 g) VEHICLE CATEGORY: PRIVATE COMMERCIAL / MOTORCYCLE
 h) PURPOSE OF USING AT ACCIDENT TIME:
 i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
 IF NO, PLEASE STATE THIRD PARTY CLAIM REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: NABILAH BINTI RAZALI (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8512235E CONTACT: 98329355
 c) ADDRESS: BIK 527A PASIR RIS STREET 51 #06-743
SINGAPORE 511527

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: MOHAMMAD ISHAM BIN ABDUL KADIR (MALE / FEMALE)
 b) NRIC/FIN/PASSPORT: S8542083F CONTACT: 98329355
 c) ADDRESS: AS ABOVE

* d) DATE OF BIRTH: 23/12/1985 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: 29 NOV 2008, 23 YEARS

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES/ NO)
 IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: HUSBAND

5. a) WEATHER CONDITION: CLEAR RAINING / OTHERS

b) ROAD SURFACE: DRY WET / OTHERS

6. WAS ANYBODY INJURED (YES/ NO)

7. a) REPORTED TO POLICE (YES/ NO)

IF YES, PLEASE STATE WHICH POLICE STATION:

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GK 2822R MODEL:
 b) DRIVER'S NAME:
 c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
 e) DRIVER'S NAME:
 f) NRIC/FIN/PASSPORT: CONTACT:

Email = ishampatin@gmail.com

fax =

video =

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.
3. Information provided must be as truthful and accurate as possible. Any willful 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. 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)

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

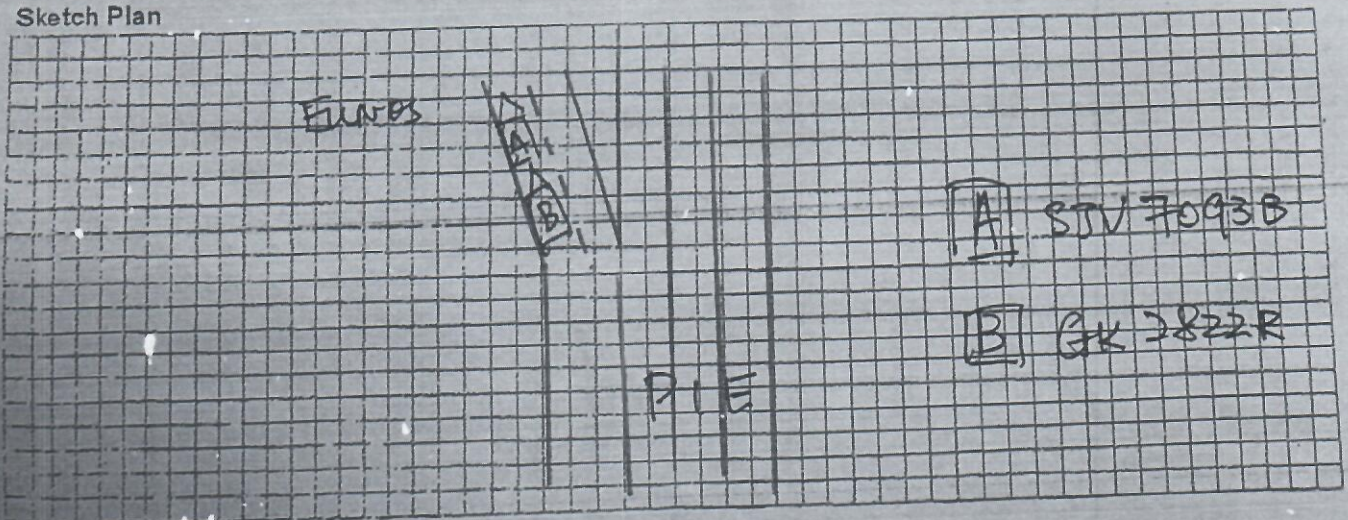
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



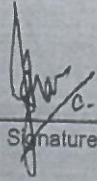
Describe Circumstances of the Accident

I WAS DRIVING ALONG DIE BEFORE EXIT EUNOS SLIP
ROAD WAITING TRAFFIC AT THE MAIN ROAD. SUDDENLY
BEHIND VEHICLE HIT TO BACK. SO I WENT TO CHECK
THE VEHICLE NO. GK 2822R & ALSO BOTH MY WIFE
AND I WERE INJURY. MY WIFE WAS ADMITTED TO
HOSPITAL (PARKWAY EAST HOSPITAL) DUE SHE WAS
GIVEN BORN TWO WEEKS AGO.

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