

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 ability.
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 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 Report	20/01/2015 17:48
Date Of Accident	15/01/2015 18:00
Exact Location Of Accident	YISHUN DAM BF YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB1403E
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD SOLIHIN BIN ISHMIR SATHIANATHAN
NRIC No	S8426390G
Email Address	MUHD_SOLIHIN84@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-82006619
Alternative Phone No	Others-82006619

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135cc
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
If No, Please state action to be taken	Third Party
Vehicle Category	Motorcycle

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party Fire and/or Theft
Fleet Policy	No
Policy Number	P1562990
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SOLIHIN BIN ISHMIR SATHIANATHAN
NRIC No	S8426390G
Date Of Birth	23/08/1984
Occupation	Outdoor
Date Of Driving Pass	25/10/2011
Driving Experience	3 Years And 2 Months
Gender	Male
Mobile Number	(Local) +65-82006619
Fax Number	
Contact Number	Others-82006619
E-Mail Address	MUHD_SOLIHIN84@HOTMAIL.COM

Address
 Postcode
 Was driver an employee of the Insured's Company No
 If No, Relationship of the Driver with the Insured Owner
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident Unknown - REFER TO ATTACHED
 Weather Conditions Clear
 Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
 Was any body injured in the Accident? Yes
 Was any other material or property damaged? Yes
 Was there any video captured by Car Camera? No
 Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? Yes
 If Yes, Please state which Police Station
 Police Station Name Yishun North Neighbourhood Police Centre
 Police Station Address **ROAD:** 31 Yishun Central , **POSTCODE:** 768827 , **COUNTRY:** Singapore
 Police Station Contact **TEL NO:** 1800-8529999 - **FAX NO:** 68522299
 Was notice of intended Prosecution given? No
 If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED. STATEMENT RECORDED BY SHELLY - PROGRESSIVE AUTOMOTIVE PTE LTD. TEL: 6741 5336
 Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FM4532X
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SOLIHIN BIN ISHMIR SATHIANATHAN
 Approximate Age
 Injuries Sustain

Injured person in which vehicle?	FBF1403E
Were seat belts worn?	No
Was injured conveyed to hospital by ambulance?	Yes
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

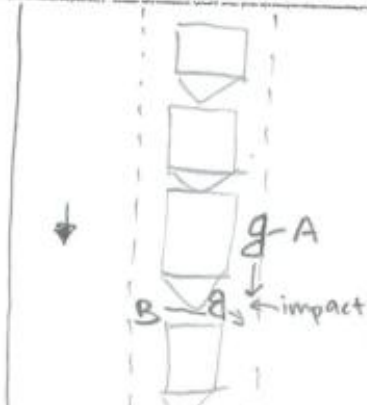
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my Insurer (collectively the "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

		<p>Yishun DAM</p> <p>A-FBB 1403 E</p> <p>B-</p>
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Sketch Plan #2

Describe Circumstances of the Accident

DATE OF ACCIDENT: 15/01/2019

TIME OF ACCIDENT: 6pm

Refer to police report No.:

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS



Policyholder's Signature / Date & Time



20/1/19
1600

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

Witnessed by Reporting Centre Personnel

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 15/01/2015		Time 16pm		2 Exact location of accident Yishun DAM before Yishun Ave 1		To be signed by BOTH drivers	
3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)	

Registration No. **FBB 1403 E**

↓

6 Insured / policyholder (see insurance cert.)
MUHAMMAD SOLIH BIN ISMAIL

Name **SATHIANATHAN**
(capital letters)

Address _____

NRIC / Passport no. **S84263906**

Tel no. (from 9am till 5pm) _____

HP **82006619**

7 Vehicle
Make, type **Yamaha Spark 135M.**

8 Insurance company
AXA - TPE7

Does the policy cover damage to vehicle A?
No ☒ Yes ☐

Policy No. (if available) **P1562990**

9 Driver (See driving licence)
(if different from insured A above)

Name (capital letters) **As above**

NRIC / Passport no. _____

Class of licence **2B, 3, 4**

12 CIRCUMSTANCES

Put a cross (X) in each of the relevant boxes applicable to your vehicle

- | | | |
|--------------------------|----|---|
| <input type="checkbox"/> | 1 | parked / stopped (at the roadside) |
| <input type="checkbox"/> | 2 | leaving a parking space / opening the door (at the roadside) |
| <input type="checkbox"/> | 3 | entering a parking space (at the roadside) |
| <input type="checkbox"/> | 4 | emerging from a car park, from private grounds, from a minor road |
| <input type="checkbox"/> | 5 | entering a car park, private grounds, a minor road |
| <input type="checkbox"/> | 6 | entering a roundabout or similar traffic system |
| <input type="checkbox"/> | 7 | circulating in a roundabout or similar traffic system |
| <input type="checkbox"/> | 8 | striking the rear of the other vehicle while going in the same direction and in the same lane |
| <input type="checkbox"/> | 9 | going in the same direction but different lane |
| <input type="checkbox"/> | 10 | changing lanes |
| <input type="checkbox"/> | 11 | overtaking |
| <input type="checkbox"/> | 12 | turning to the right, making a U-turn (official U-turn) |
| <input type="checkbox"/> | 13 | turning to the left |
| <input type="checkbox"/> | 14 | reversing |
| <input type="checkbox"/> | 15 | encroaching in the opposite traffic lane |
| <input type="checkbox"/> | 16 | coming from the right (at road junctions) |
| <input type="checkbox"/> | 17 | not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.) |

← State TOTAL number of boxes marked with a cross →

Registration No. **FM 4432X**

↓

6 Insured / policyholder (see insurance cert.)

Name _____
(capital letters)

Address _____

NRIC / Passport no. _____

Tel no. (from 9am till 5pm) _____

HP _____

7 Vehicle
Make, type _____

8 Insurance company _____

Does the policy cover damage to vehicle B?
No ☐ Yes ☐

Policy No. (if available) _____

9 Driver (See driving licence)
(if different from insured B above)

Name (capital letters) _____

NRIC / Passport no. _____

Class of licence _____

10 Indicate the point of initial impact with an arrow (→)

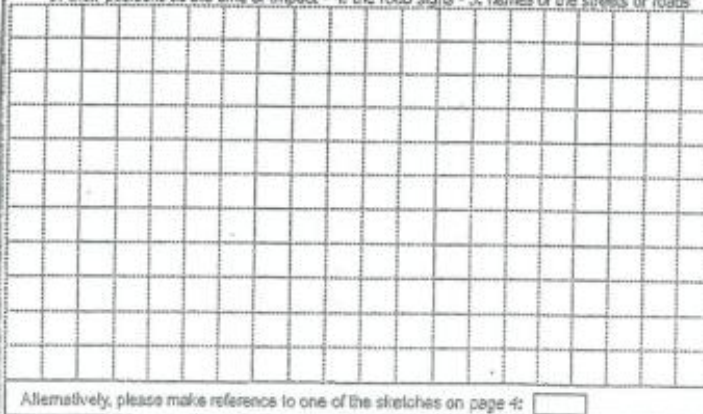


11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4: _____

15 Signatures of drivers

[Signature]

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle B

14 My remarks

Individual Statement

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop. (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) _____ Email: <u>Muhammad Solihin 84@hotmail.com</u>				
	2 Vehicle registration no. _____		C.C. _____ If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____				
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? <u>No</u> If no, state action to be taken <u>TP - own workshop</u>				
Of which vehicle are you the owner?	<input checked="" type="checkbox"/> A				
	<input type="checkbox"/> B				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation (if more than one, state all)	Years of driving experience	Was vehicle driven with the insured's permission?	Was driver an employee of the insured's company?
	23/08/1984	driver (outdoor)	25/10/2011	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?
	MUHAMMAD SOLIHIN BIN TULHAR SATHIABUJAHAR		Left shoulder, knee, foot		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
			SHD 763E		
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Kuching North NPK</u>				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions		Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others <input type="checkbox"/>		
	15 Road surface		Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others <input type="checkbox"/>		
	16 Speed of vehicles		A _____ km/hr B _____ km/hr		
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
Declaration	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
	21 State how accident happened, width of roads, speed limits, etc (use separate sheet of paper where necessary)				
I/We declare the foregoing particulars are true to the best of my/our respect					
Policyholder's signature _____ Date _____					
Driver's signature (if driver is not the policyholder) _____ Date _____					

POLICE REPORT PG 1 Pg.1

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20150118/2058

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Report No. T/20150118/2058

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2015 16:59	Vide Report No.:	Station Diary No.: 62
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Informant's Particulars			
Name of Informant: MUHAMMAD SOLIHIN BIN ISHMIR SATHIANATHAN		Address: APT BLK 38 TANGLIN HALT ROAD #03-109 SINGAPORE 140038	
ID Type / ID No.: NRIC NO / S8426390G		Contact No.: Home/Office: 82006619 Mobile:	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 23/08/1984	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Lorry driver		Driving Licence Information: Class: 2B,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/01/2015 18:10	Type of Location: Straight Road
Location: Along Road 1 YISHUN AVENUE 1 AT DAM GOING TWDS YISHUN AVE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB1403E	Motorcycle	YAMAHA	SPARK135 M	Blue		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective Date	Expiry Date
FBB1403E	AXA INSURANCE SINGAPORE PTE LTD	AN3132492	15/11/2014	14/11/2015

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

POLICE REPORT PG 2 Pg.1

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



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Report No. T/20150118/2058

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SOLIHIN BIN ISHMIR SATHIANATHAN	ID No.	S8426390G
Related Vehicle	FBB1403E (Motorcycle)	Contact No.	82006619
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	15/01/2015	Date Discharge	15/01/2015
No. of Days granted Medical Leave (MC)	09	Degree of Injury	Slight

Brief Details.

On 15th January 2015 at about 1830hrs, I was riding my motorbike, a blue Yamaha Spark bearing registration plate number FBB1403E along Yishun Ave 1 (Dam) going towards Yishun Ave 1. I was riding at about 15-20km/hr in between Lane 2 and 3 as there was a traffic jam. All of a sudden, a motorbike came out from Lane 2 and the front of the bike hit on to the right side of my bike causing me to lose balance and hit against a parked trailer on the extreme left lane and fell off the motorbike.

I am not sure of the condition of my motorbike as I did not make a check. Subsequently, an ambulance came and conveyed me to Khoo Teck Puat Hospital to get my wound treated on my left knee and also my left shoulder. I was also given 9 days MC.

I did not get any details of the other driver.

Vehicle B: (Motorbike) FM 4432X

Vehicle C: (Taxi) SHD 963E

POLICE REPORT PG 3 Pg.1

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999



T/20150118/2058

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Report No. T/20150118/2058

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: F / KARTINA BINTE ZUHRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2015 16:59
Officer In Charge Of Case: TP / GIT / Ang Swee Lian Annie Contact No.: 65472079	Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

