

### 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	15/11/2017 12:32
Date Of Accident	09/11/2017 14:30
Exact Location Of Accident	ALONG NORTH BRIDGE RD NEXT TO JUNCT OF CASHIN ST
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6847Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED YAZID BIN JAMIL
NRIC No	S7029277G
Email Address	MOHD_YAZID@MAIL.COM
Mobile Phone No	(LOCAL) +65-92225344
Alternative Phone No	OTHERS-92225344

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC

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 PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VMZ/P1908095
Cover Note Number	

#### Driver

Name of Driver	MOHAMED YAZID BIN JAMIL
NRIC No	S7029277G
Date Of Birth	06/08/1970
Occupation	INDOOR
Date Of Driving Pass	04/01/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92225344
Fax Number	
Contact Number	OTHERS-92225344
Email Address	MOHD_YAZID@MAIL.COM

Phone Number

Email Address

### REGISTRATION INFORMATION

DATE OF BIRTH

SEX

HEIGHT

WEIGHT

HAIR COLOR

EYES COLOR

SKIN COLOR

MARKS

SCARS

PIERCINGS

TATTOOS

GLASSES

TOOTH BRUSH

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

TOOTH PASTE

## Sketch Plan

### 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 wilful 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 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:
- (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.
- (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.

Policyholder's Signature

Date & Time: 15/11/17  
10:23pm

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: d'Amor  
NRIC/FIN No.:

### Sketch Plan #2

### SKETCH PLAN

Vehicle No  
A - FEL6847Y  
B - SHD4130R

843 LINE

Legend

Vehicle

Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report

## DECLARATION

I/We declare the foregoing particulars are true in every respect.  
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature \_\_\_\_\_

Date & Time: 15/11/17 10:23pm

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature

Name: Ho Min  
NRIC/FIN No:



**SINGAPORE  
POLICE FORCE**



T/20171113/2051

1 of 3

Report No. T/20171113/2051

Police Station Of Origin:  
Kallang NPP  
105 Townner Road #01-400 SINGAPORE  
321105  
Tel No: 1800-2996999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2017 12:38		Vide Report No.: A/20171109/0090		Station Diary No.: 9
<b>Informant's Particulars</b>				
Name of Informant: MOHAMED YAZID BIN JAMIL		Address: APT BLK 475 PASIR RIS DRIVE 6 #02-556 SINGAPORE 510475		
ID Type / ID No.: NRIC NO / S7029277G		Contact No.: Home/Office: Mobile: 92225344		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 47	Date of Birth: 06/08/1970	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: AIRPORT FIREMAN		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 09/11/2017 14:30	Type of Location: Straight Road
Location: Along Road 1 NORTH BRIDGE ROAD ALONG NORTH BRIDGE ROAD, NEXT TO JUNCTION OF CASHIN ST				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBL6847Y	Motorcycle	HONDA	CB190R MANUAL	Black	Seriously Damaged	0
SHD4130R	TAXI	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue	Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------



**SINGAPORE  
POLICE FORCE**



T/20171113/2051

Police Station Of Origin:  
Kallang NPP  
105 Towner Road #01-400 SINGAPORE  
321105  
Tel No: 1800-2996999

2 of 3

Report No. T/20171113/2051

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBL6847Y	AXA INSURANCE SINGAPORE PTE LTD	AN3153292	25/01/2017	24/01/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED YAZID BIN JAMIL.	ID No.	S7029277G
Related Vehicle	FBL6847Y (Motorcycle)	Contact No.	92225344
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	09/11/2017	Date Discharge	11/11/2017
No. of Days granted Medical Leave	14	Degree of Injury	Slight

**Brief Details.**

On 9th November 2017 at about 1430hrs, I was riding my motorbike(FBL6847Y) on the extreme right lane along North Bridge Road towards City Hall. I was heading towards Peninsula Plaza. As I was riding along North Bridge Rd, as I was approaching Cashin St, suddenly a Comfort Taxi came in from the lane to my left and wanted to turn into Cashin St. I saw the vehicle and tried to swerve away however it was too late. My motorbike crashed into the taxi's right front tire area.

I fell onto the right side on the road. I felt numbness on my left leg. I could not straighten my leg. Suddenly, an eyewitness, namely Hawa, together with her two friends, came to my aid and called for the ambulance. The taxi driver tried to talk to me however I was angry and did not wish to talk to him at the moment. Hawa and her friends brought me towards Brash Basah Complex where I waited for ambulance to arrive. I felt a lot of pain coming from my left wrist, left shoulder and left elbow.

Moments later, the ambulance arrived and attended to me. Whilst I was being attended, another eyewitness used my phone to take photos of the accident scene. I did not get his name. The Traffic Police officer arrived before I was conveyed. She asked me a few questions and then I was conveyed to Raffles Hospital. I was hospitalized till 11th November 2017. A Traffic Police Investigator called me whilst I was hospitalized and advised me to lodge a traffic accident report when I feel better. I was given 14 days medical leave upon discharging from hospital.