

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	23/11/2017 17:39
Date Of Accident	22/11/2017 21:40
Exact Location Of Accident	ALONG SIX AVE NEAR LIVING CAFE NEAR LP98/1F
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6163L
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD AZRI BIN ISMAIL
NRIC No	S9341526D
Email Address	AZRIAJIE7@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97823561
Alternative Phone No	OFFICE-97823561

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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3152925
Cover Note Number	AN3152925

Driver

Name of Driver	MOHAMMAD AZRI BIN ISMAIL
NRIC No	S9341526D
Date Of Birth	10/11/1993
Occupation	OUTDOOR
Date Of Driving Pass	11/10/2016
Driving Experience	1 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97823561
Fax Number	
Contact Number	OFFICE-97823561
EMail Address	AZRIAJIE7@GMAIL.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 COLLISION - CHANGE/CROSS LANE
 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
 I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO
 Number of Passengers (Including Driver) 2

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name NANYANG N.P.C
 Police Station Address ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-7929999 - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN AND 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? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD3255X
 Vehicle Make/Model/Colour HYUNDAI
 Details Of Properties
 Name of Driver SZE CHYE YU @ CHEE CHIN CHION
 NRIC/Passport Number S2105319H
 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

MOHAMMAD AZRI BIN ISMAIL

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBL6163L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

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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:

23/11/14

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Toh Khar Kian

GLOBAL INSURANCE CENTRE, 20

Sketch Plan Pg. 2

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. Report No: T/2017/1123/2012

[Handwritten signature]

Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim OD/ TP at other workshop

DECLARATION
 I/WE declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's signature
 Date & Time 25/11/12

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: Ioh Khar Kian
 Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20171123/2082

1 of 3

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20171123/2082

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2017 15:17	Vide Report No.:	Station Diary No.: 122
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Informant's Particulars

Name of Informant: MOHAMMAD AZRI BIN ISMAIL			Address: APT BLK 824 JURONG WEST STREET 81 #03-448 SINGAPORE 640824		
ID Type / ID No.: NRIC NO / S9341526D			Contact No.: Home/Office: Mobile: 97823561		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 10/11/1993	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: DELIVEROO RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2017 21:40	Type of Location: Straight Road
Location: Along Road 1 SIXTH AVENUE Along Sixth Avenue near the Living Cafe. near LP 98/1F				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBL6163L	Motorcycle	HONDA	CB190R MANUAL	Orange	Slightly Damaged	1
SND3255X	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6163L	AXA INSURANCE SINGAPORE PTE LTD	P1903353	07/01/2017	06/01/2018



SINGAPORE POLICE FORCE



T/20171123/2082

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Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

Report No. T/20171123/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD AZRI BIN ISMAIL	ID No.	S9341526D
Related Vehicle	NIL	Contact No.	97823561
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/11/2017	Date Discharge	23/11/2017
No. of Days granted Medical Leave	02	Degree of Injury	NIL
Driver			
Name	SZE CHYE YU	ID No.	S2105318H
Related Vehicle	NIL	Contact No.	UNKNOWN
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/11/2017 at about 2140hrs, I was riding my motorcycle bearing registration FBL6163L along Sixth Avenue with my girlfriend. I was riding on the 4th lane while a Comfort Delgro Taxi bearing SHD335X was driving on the 3rd lane beside me. The taxi driver namely Sze Chye Yu, S2105319H. He abruptly turn into the carpark near the Living Caf from lane 3. I noticed him and quickly jam break however i still collided into the left side of the taxi. My girlfriend and I fell, landing on the left side of the motorcycle. My right pinky finger is swollen and the doctor at Ng Teng Fong hospital gave me 02 days of MC. My motorcycle suffered some scratches on the left fairing, left clutch damaged, scratches on the left signal light, IU unit scratched and left side box scratched. The taxi suffered a dent to the left front door.

After which, I exchanged particulars with the taxi driver and my girlfriend called for the Police and Traffic Police came down. Traffic Police informed me to lodge a report at a NPC.



**SINGAPORE
POLICE FORCE**



T/20171123/2082

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Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
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Report No. T/20171123/2082

CONTINUATION OF REPORT

Sketch Plan

Infermant 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:

J /

CHUNG YU CHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SHAHRUL NIZAM BIN SAMARRI
Contact No.: 65476904

Signature Of Informant:

Date/Time:
23/11/2017 15:17

Classification Of Case:

Authentication Stamp
NP 168

SN 127



Signature :

Singapore Police Force