

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 willful 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	06/12/2017 13:32
Date Of Accident	18/11/2017 08:30
Exact Location Of Accident	JURONG WEST ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4138T
Insured/Policyholder	
Name Of Registered Owner	SYED ABDILLAH BIN SAID ALI
NRIC No	S8434019G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97668250
Alternative Phone No	OTHERS-97668250
Vehicle Particulars	
Manufacturer	PIAGGIO
Model	VESPA PRIMAVERA-150CC
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	AN3160158
Cover Note Number	
Driver	
Name of Driver	SYED ABDILLAH BIN SAID ALI
NRIC No	S8434019G
Date Of Birth	05/10/1984
Occupation	INDOOR
Date Of Driving Pass	15/03/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97668250
Fax Number	
Contact Number	OTHERS-97668250
Email Address	NOEMAIL

Address	BLK 474 JURONG WEST STREET 41 #02-404 SINGAPORE
Postcode	640474
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 - HEAD ON COLLISION
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLP363B
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	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

SYED ABDILLAH BIN SAID ALI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBM4138T

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 collected under (c) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud;
 - (ii) regulators, law enforcement and government agencies as reasonably required for the purposes stated in (i);
 - (iii) in order complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time: 10/1/17
1200pm

Driver's Signature
(Must be the authorised driver)
Date & Time:

Authorised Representative's Signature
Name: Peter
NRIC Number: 92000000000

Sketch Plan #2

SKETCH PLAN

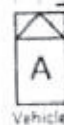
Vehicle No.

A - FBM4138T

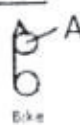
B - SLP363B



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 12/01/12

6/12/12

Driver's Signature

If driver is not the policyholder

Date & Time

Reporting Officer's Signature

Name

NRIC No.

12/01/12



SINGAPORE POLICE FORCE



T/20171120/2064

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3
Report No: T/20171120/2064

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
20/11/2017 13:32

Vide Report No.:

Station Diary No.:
48

Informant's Particulars

Name of Informant:
SYED ABDILLAH BIN SAID ALI

Address:
APT BLK 474 JURONG WEST STREET 41 #02-404
SINGAPORE 640474

ID Type / ID No.:
NRIC NO / S8434019G

Contact No.:
Home/Office: Mobile: 97668250

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 33 05/10/1984

Type of Informant:
Rider

Race:
Arab

Language:

Institution / School Name:

Occupation:
Teacher

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/11/2017 08:30	Type of Location: Straight Road
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Location:

JURONG WEST STREET 41

NEAR JURONG LAKE LINK ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Head On

Anyone conveyed by ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4138T	Motorcycle	PIAGGIO	VESPA PRIMAVERA 150	Red		0
SLP363B	Car	MAZDA				0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE
POLICE FORCE**



T/20171120/2084

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3
Report No. T/20171120/2084

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:
J/

Sgt 1 NURAQILAH BINTE ABDUL HAMID

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MA JUNXIANG
Contact No: 65476251

SN 126

Authentication Stamp:

Singapore Police Force

Signature Of Informant:

[Signature]

Date/Time:
20/11/2017 13:32

Classification Of Case:



SINGAPORE POLICE FORCE



T/20171120/2064

2 of 3

Report No. T/20171120/2064

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4138T	AXA INSURANCE SINGAPORE PTE LTD	AN3160158	24/10/2017	23/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYED ABDILLAH BIN SAID ALI	ID No.	S8434019G
Related Vehicle	NIL	Contact No.	97668250
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 18/11/2017 at about 8.30am, I was riding along Jurong West St 41 and was at the rear of a car, Mazda 3, SLP353B when I saw the car making a sudden right turn into Jurong Lakelink. I tried to swerve right to avoid colliding into the car head on however, did not managed to and subsequently collided onto the front right side of the car. I then was thrown out from my motorcycle, FBM4138T. The car did stopped, however he did not attended to me. A passer by then told the driver to call for the ambulance. The ambulance then subsequently arrived and conveyed me to Ng Teng Fong Hospital where I received 1 week hospital leave.