

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	12/01/2018 14:22
Date Of Accident	09/01/2018 19:15
Exact Location Of Accident	BEFORE FLYOVER (PIE) TO THOMSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8024P
Insured/Policyholder	
Name Of Registered Owner	ISKANDAR DZULKARNEAN BIN ALI
NRIC No	S9246366D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85114718
Alternative Phone No	OTHERS-85114718

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	P1709321
Cover Note Number	12/01/2017 - 11/01/2018

Driver

Name of Driver	NURWANEE BINTE ABDUL HALIM
NRIC No	S9315576I
Date Of Birth	09/05/1993
Occupation	INDOOR
Date Of Driving Pass	05/06/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-85114718
Fax Number	
Contact Number	OTHERS-85114718
Email Address	NURWANEE.AH@GMAIL.COM

Address	BLK 512A YISHUN ST 52 #05-501
Postcode	761512
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	AFTER RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

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	SKR5995X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKB5288M
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Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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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:

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

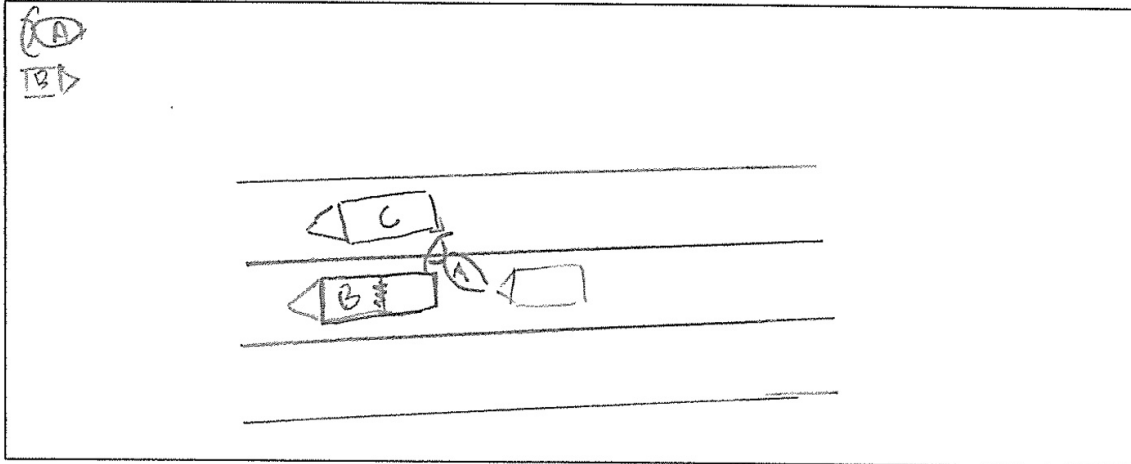
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Sketch Plan Pg. 2

Date of accident: 09/01/18 Time: 7.18 PM Location: Before Flyover (PIE) - Thomson Rd
 My Vehicle A: RFB024P Vehicle B: SKR5995X Vehicle C: SKB5288M

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

(SKR5995X)

Heavy traffic flow. I was riding on a wet road. The car in front *A break. I did not have enough time to break, I saw that I was about to hit the car in front and tried to evade, swerve to the right, end up hitting car B from the back and car C (SKB5288M) from the side.

☐ Claim OD/TP at Ah Lim Motor ☐ Claim OD/TP at other workshop ☒ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself : nurwane.ah@gmail.com

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

I/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:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



AH LIM MOTOR COMPANY

Sketch Plan Pg. 3

09-01-2018 17:35 FROM-

T-284 P0002/0002 F-125

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01 AXA Tower
Singapore 068811
Customer Service Centre #B1-01
Tel 6338 7288 Fax 6338 2522
Website www.axa.com.sg
GST Registration Number 199903512M



Original

A/c No: 03375
Policy No (if any):
Renewal
SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **AN3161970 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore, or
- The Road Transport Act 1987 of Malaysia, or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992,
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

**NR-NURWANEE BINTE ABDUL
HALIM**

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	ISKANDAR DZULKARNEAN BIN ALI
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA T135
VEHICLE REGISTRATION NO.	FBC8024P
YEAR OF MANUFACTURE	2008
ENGINE NO.	5YP208757
CHASSIS NO.	5YP208757
ENGINE CAPACITY/TONNAGE	135
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	NIL, BILL TO SPEEDWAY MOTOR PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 12-Jan-2018 TO: 11-Jan-2019
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	Yes

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

AXA INSURANCE PTE LTD

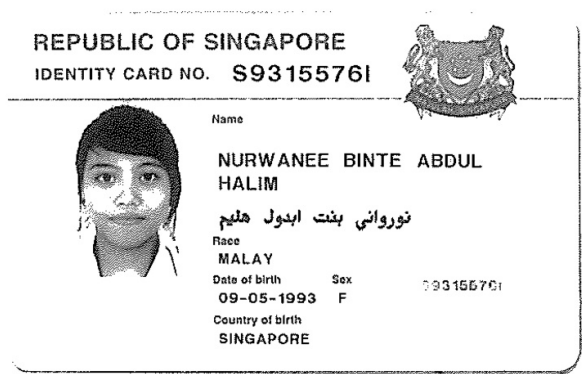
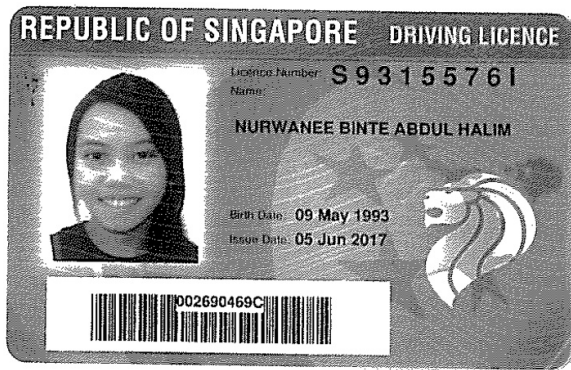
Issued by ANDA INSURANCE AGENCIES PL on 9-Jan-2018 5:32:43 PM

Authorised Signature

- Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.
- Premium for time on risk will be charged subject to minimum S\$33.50 (inclusive of GST) if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception
 - Retaining the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY

Sketch Plan Pg. 4



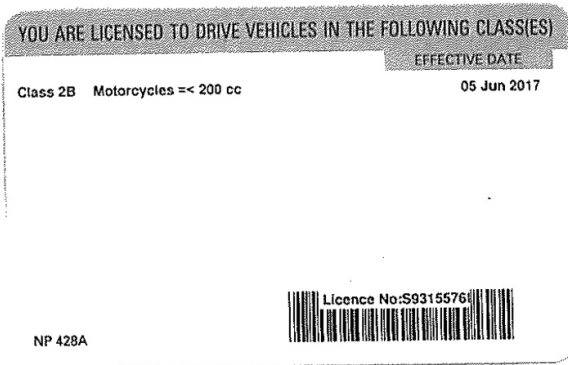
05/11/4719.

Wet after rain

NO injury.

NO camera.

1 pax.



To Whom It May Concern,

Accident involving my vehicle no. FBC 8024P on 09/01/18 (date) with
SKB5288M/SER (other vehicle no) along THOMSON ROAD
5995X

I, ISKANDAR DZULKARNEAN BIN ALI Nric No. S9246366D

Owner of vehicle no. FBC 8024P am aware of the accident of my vehicle on

09/01/2018 (Date) while car was driven by Nur Wanee

Nric No. S7315576I. I hereby, authorise him/her to make the report.

X

[Signature]

Name Iskandar

Date: 11/1/18

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

