

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	04/01/2018 08:26
Date Of Accident	03/01/2018 09:05
Exact Location Of Accident	MARYMOUNT LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5808L
Insured/Policyholder	
Name Of Registered Owner	NUR FITHRI BINTE MOHAMMED RIZAL
NRIC No	S9307465C
Email Address	ANYTHINGFREAKYZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83898954
Alternative Phone No	OTHERS-83898954

Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE TFX150

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 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	AN3161533
Cover Note Number	AN3161533

Driver

Name of Driver	NUR FITHRI BINTE MOHAMMED RIZAL
NRIC No	S9307465C
Date Of Birth	08/03/1993
Occupation	INDOOR
Date Of Driving Pass	18/12/2017
Driving Experience	0 YEAR AND 0 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-83898954
Fax Number	
Contact Number	OTHERS-83898954
Email Address	ANYTHINGFREAKYZ@GMAIL.COM

Address	BLK 632 WOODLANDS RING ROAD #01-167
Postcode	730632
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	SIDE SWIPE
Weather Conditions	CLOUDY
Road Surface	DRY

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?	NO
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

PLEASE REFER TO ATTACHED.

Attachment(s)

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

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.



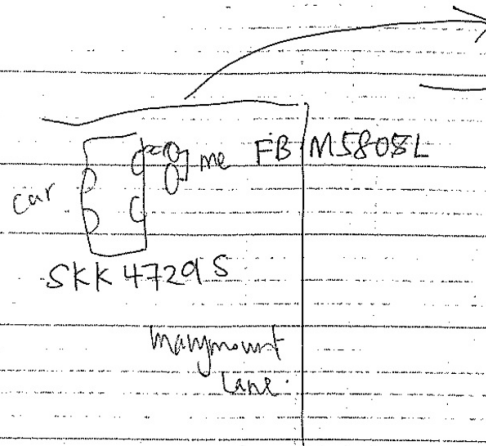
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the traffic light at Mangmound Lane about to make a right turn. While waiting for the traffic light, when all the cars were stationary, I paddled my motorbike slowly to the front of the traffic as other motorcycles behind me wanted to pass through and I proceeded.

SKK 4729 S I then accidentally lightly tapped ~~to~~ my left mirror to an ~~in~~ ~~intention~~ car's Right mirror. I raised my ~~left~~ hand to apologise and told the driver to meet at the side of the road after making the right turn. Subsequently both of us made a physical check on the right side mirror of the car and it was functioning (no cracks, dents etc). I then provided her with my contact number and phone number.

Subsequently, the driver told me that she wants to privately settle the accident for \$490/- as she needs to repair the whole mirror due to some gear issues. I feel that I did not cause such damages and that she is taking advantage of the situation.

I have video proof that there is nothing wrong with the sides mirrors and kept the conversation between us that shows how

DECLARATION

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

shady she was.

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: ;
RUC/FILE No. :

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9307465C



Name

NUR FITHRI BINTE
MOHAMMED RIZAL

نور فثري بنت محمد ريزال

Race

MALAY

Date of birth

08-03-1993

Sex

F

S9307465C

Country of birth

SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9307465C

Name:
NUR FITHRI BINTE
MOHAMMED RIZAL

Birth Date: 08 Mar 1993
Issue Date: 21 Aug 2014

002337370B



NRIC No. S9307465C



Date of issue

17-03-2008

APT BLK 632 WOODLANDS RING ROAD #01-167
SINGAPORE 730632
NRIC No: S9307465C Date: 10/01/2017

4190989

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Cl.	Class	Description
2B	Class 2B	Motorcycles <= 100 CC
3	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg

EFFECTIVE DATE
18 Dec 2017
21 Aug 2014

S9307465C

S / No. 9000311865

NP 428A



Licence No: S9307465C

Sketch Plan Pg. 4

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): New Business
SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **AN3161533 0**

- 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.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	NUR FITHRI BINTE MOHAMMED RIZAL
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA XABRE TFX150
VEHICLE REGISTRATION NO.	FBM5808L
YEAR OF MANUFACTURE	2017
ENGINE NO.	G3G8E0032124
CHASSIS NO.	MH3RG3710HK025007
ENGINE CAPACITY/TONNAGE	150
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	DYNASTY MOTOR PTE LTD
VALUE (\$\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 21-Dec-2017 TO: 20-Dec-2018
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

Sketch Plan Pg. 5

Date: 04/01/18

To: Owner of Vehicle Number: 75M5800L

The following has been advised to you via your workshop, EDGE through their staff, Steve.

Please tick the applicable box if you had been advice on the content as seen below:

- You had been advised by the workshop that in the event that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

- (U) You had been advised by the workshop on the liability and merits of the case accordingly.

- () You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.

- () There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.

- () The Estimation waiting time for the spare parts to arrive is _____.
The estimated arrival time does not include the repair period.

- () You will be driving the vehicle out despite being advised by the workshop mechanical personnel that the vehicle may not be road worthy.

- () For vehicles below Three (3) years old, your insurance company will use only genuine or parts to repair your vehicle.

For vehicles above Three (3) years old, your insurance company will be carrying out r using any combination of genuine original parts and/or original equipment manufa (OEM) parts.

- Q () You had been advised by the workshop of the Twelve (12) months warranty for Own repairs on workmanship related to the accident.

- () For vehicles below Five (5) years old, you had been advised by the workshop to check local distributor on your warranty status.

- () Others _____

Signed and acknowledge by:

Below Nur Fithri

Name and signature of policyholder/authorized driver



Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

