

## 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 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	05/02/2018 15:16
Date Of Accident	13/01/2018 15:15
Exact Location Of Accident	MARINA COASTAL DRIVE TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ8848H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD SHAHRIL BIN SAHUDIN
NRIC No	S9313607A
Email Address	SHAHRIIL_SAHUDIN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91295454
Alternative Phone No	OFFICE-91295454

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ-133CC (M)

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
Fleet Policy	NO
Policy Number	P1702107
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD SHAHRIL BIN SAHUDIN
NRIC No	S9313607A
Date Of Birth	19/04/1993
Occupation	OUTDOOR
Date Of Driving Pass	26/11/2015
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91295454
Fax Number	
Contact Number	OFFICE-91295454
EMail Address	SHAHRIIL_SAHUDIN@HOTMAIL.COM

Address BLK 874 TAMPINES ST 84  
#02-19  
Postcode 520874  
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 -  
Vehicle -  
Insurance Company of Driver's Own Vehicle -

### General Information of the Accident

Type Of Accident SIDE SWIPE  
Weather Conditions RAINING  
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? YES  
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? YES  
If Yes, Please state which Police Station  
Police Station Name TAMPINES N.P.C  
Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

### Circumstances of Accident

REFER TO SKETCH PLAN

### 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 SHA7438A  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI  
Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHA7438A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

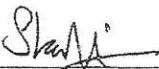
SKETCH PLAN

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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:

5/2/18

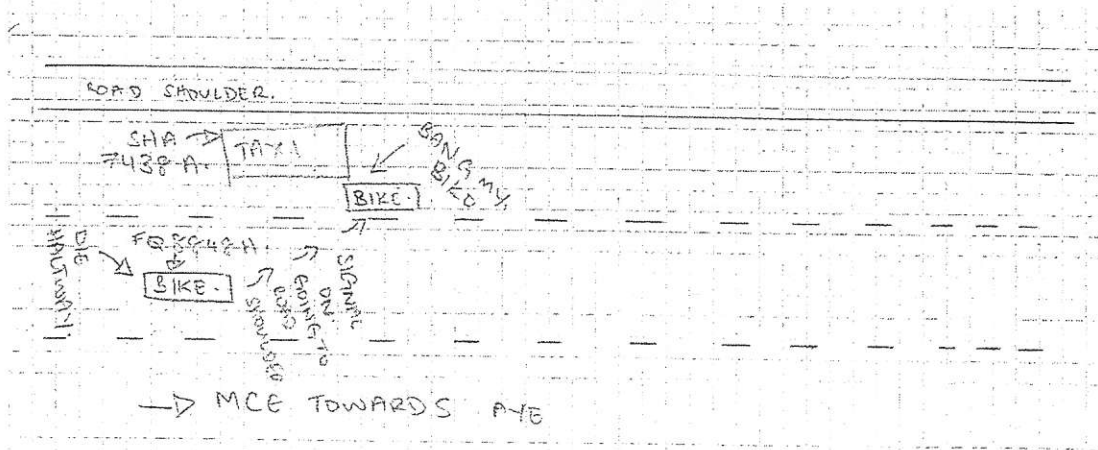
Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time:

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



# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: FQ 8848 H.	ACCIDENT DATE & TIME: 13 JAN 2018. 3:15pm.
CONTACT NUMBER: 91295454.	E-MAIL ADDRESS: shah1_sahudin@hotmail.com.
LOCATION: MARINA COASTAL DRIVE HEADING TOWARDS AYE.	
REFER TO POLICE REPORT.	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy	<input checked="" type="checkbox"/> Claim Third Party
<input type="checkbox"/> Claim OD/TP at other workshop	<input type="checkbox"/> Reporting Only

## DECLARATION

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

Policyholder's Signature  
Date & Time: 5/2/18

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

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



## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180114/2079

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20180114/2079

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/01/2018 15:42	Vide Report No.:	Station Diary No.: 57
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**Informant's Particulars**

Name of Informant: MOHAMMAD SHAHRIL BIN SAHUDIN	Address: APT BLK 874 TAMPINES STREET 84 #02-19 SINGAPORE 520874
ID Type / ID No.: NRIC NO / S9313607A	Contact No.: Home/Office: Mobile: 91295454
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 24 Date of Birth: 19/04/1993	Type of Informant: Rider
Race: Boyanese	Language: Institution / School Name:
Occupation: DATA CENTRE TECHNICIAN	Driving Licence Information: Class: Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/01/2018 15:15	Type of Location: Straight Road
Location: Along Road 1 MARINA COASTAL DRIVE				
Heading towards AYE				
Weather: Drizzling		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ8848H	Motorcycle	YAMAHA	RXZ	Red		0
SHA7438A	Car					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FQ8848H	AXA INSURANCE SINGAPORE PTE LTD	P1702107	04/03/2017	03/03/2018



**SINGAPORE  
POLICE FORCE**



T/20180114/2079

Police Station Of Origin:  
Tampines N.P.C.  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

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Report No. T/20180114/2079

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD SHAHRIL BIN SAHUDIN	ID No.	S9313607A
Related Vehicle	FQ8848H (Motorcycle)	Contact No.	91295454
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/01/2018	Date Discharge	13/01/2018
No. of Days granted Medical Leave	15	Degree of Injury	NIL

**Brief Details.**

On the mentioned date and time, I was travelling along MCE heading towards AYE and was on the second left lane at the expressway itself. While travelling, my motorcycle engine died and as such I wanted to make my way towards the road shoulder. I signaled left and inched towards the side but all of a sudden, I was being hit by a taxi from the rear. I fell off from my motorcycle and I make my way towards the road shoulder. The taxi driver stopped his vehicle and checked with me in which we then exchanged particulars.

EMAS came and towed my vehicle and I then made my way home alone before going to Changi General Hospital for treatment. I received 15 days of MC as a result of my injuries. No Police and no ambulance was at scene at all times.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Tampines N.P.C.  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999



T/20180114/2079

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Report No. T/20180114/2079

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: G / Sgt 2 IBRAHIM BIN CHEMAD	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/01/2018 15:42
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	  SIGNATURE