### 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 <u>truthful</u> and <u>accurate</u> as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 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

aforesaid.	sent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	27/06/2019 15:23
Date Of Accident	21/02/2018 20:00
Exact Location Of Accident	YISHUN CENTRAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD4017G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAIDIR BIN IBRAHIM
NRIC No	S9545714B
Email Address	HAYHAIDIR@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96179545
Alternative Phone No	OTHERS-96179545
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135-135CC
Exact Purpose for which vehicle was being used at time of accident	t .
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
Fleet Policy	NO
Policy Number	P1955397

Policy Number P1955397

Cover Note Number

Driver

Name of Driver MUHAMMAD HAIDIR BIN IBRAHIM

NRIC No S9545714B

Date Of Birth 13/12/1995

Occupation INDOOR

Date Of Driving Pass 09/03/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-96179545

Fax Number

Contact Number OTHERS-96179545

EMail Address HAYHAIDIR@GMAIL.COM

Address BLK 134 YISHUN STREET 11 #05-165

**SINGAPORE** 

Postcode 760134

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

-

2

YES

YES

1

**General Information of the Accident** 

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance

soliciting/offering accident claims assistance.

**Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name CHONG PANG NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 141 YISHUN RING ROAD, POSTCODE: 760141, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-7529999 - **FAX NO**: 67528913

Was notice of intended Prosecution given? NO

If Yes, against whom?

### **Circumstances of Accident**

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE 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 SLJ5792U

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

**Contact Number** 

Address

Postcode

Insurance Company Name

# **DETAILS OF INJURED PERSON 1**

Name MUHAMMAD HAIDIR BIN IBRAHIM

Approximate Age Injuries Sustain

Injured person in which vehicle?

FBD4017G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

#### Sketch Plan

#### SKETCH PLAN

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- 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 faise reporting may be referred to the Police for investigation.
- The 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.
- 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:
  - 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:
  - 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 ressonably 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 #2

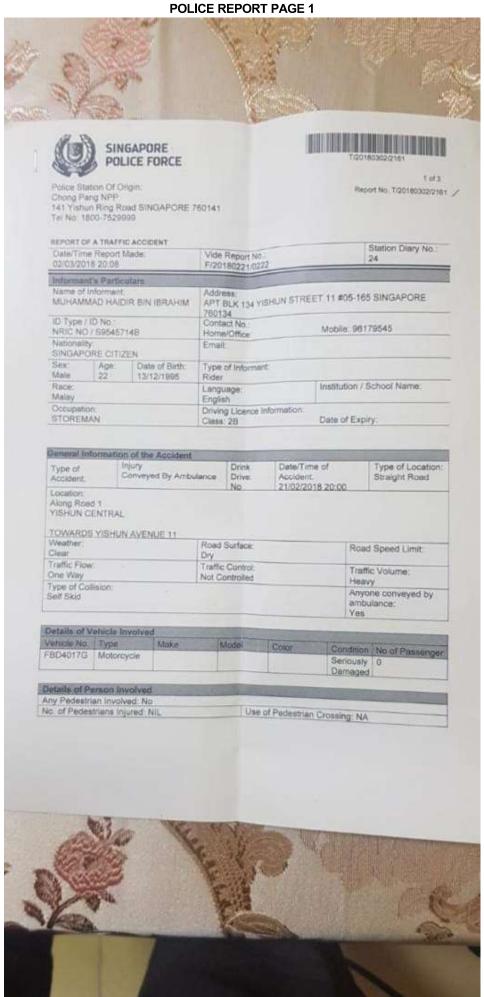
KETCH PLAN		
	5	Vehicle A-FBDA0176 BSLJ5792
BA		Legend A
ESCRIBE CIRCUMSTANCE	S OF THE ACCIDENT	Vehicle Metorcycle
ro	ler to police report	
DECLARATION  TWO declare the foregoing patease be advised that your insurer man the day of opcurrence. Kindly of	rticulars are true in every respect.  The property for the claim against the claim against your policy for more details.	ainst own policy must be make within the stipulated timeframe
Policyholder's Signature Date & Time: 3 > APM	Oriver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Aersonnel's Signature Name: NRIC/FIN No.:

### **Common Statement**

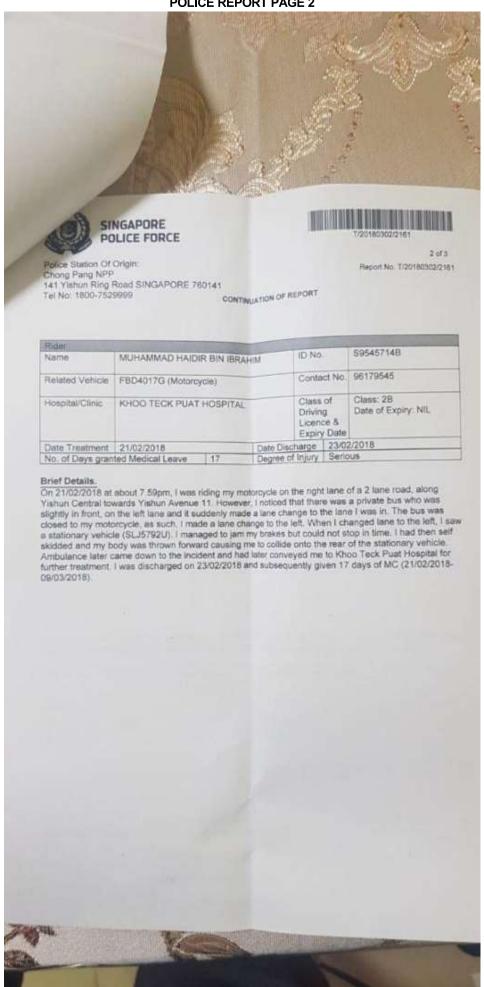
	aims			To be signed by BOTH drivers		
21218 200 0	P VISNUM	central 1		3 Injuries even if slight No Yes		
Material damage	bjects other than vehicles Yes #	Witness' name, address a is passenger in vehicle A or	ind tell no. (to be un vehicle 8)	Camera Aveilable		
Coglistration No. FBD 4017 6  Trisumed / policytholder (see insciauce cert.)  Inc. (Muhammad Haidi Factorial letters)  Bin Ibrahmm  Idress  Inc. (From Sam till Spen)  7617 9545  Vehicle  Size, type Dimba 7135  Trisurance company  AMA DC DTPFT ETPC  Test the policy cover damage to vehicle A7	Pust a cro bones  A  Di  Di  Di  Di  Di  Di  Di  Di  Di	CIRCUMSTANCES  ES (X) In each of the relevant applicable to your vehicle  Ouer Collinos  Colled into Naturaydat  Colled into N	(VEH gi Xneures B) Name (capital let a) Address D) Tel no. (fic a) Tel no. (fi	tion No. SLJ 5-79>( CLE B)  CLE B)  Off no.  9ant till Spm)  e conspany  C		
briver Stene as Owner plant letters) IC / Paesport no. as of Vience 2B	CD19 CD17 CD18 CD19 CD19 CD19 CD19 CD11 CD11 CD17	Drink Driving / Ening terfanence  Fire, Explosion or Eightning,  Flood  In / Vandation / Darraged whitis Parked  In the Faiten Tree / Other Dijects  No Collesion  Side Swipe  Theft  Stee TOTAL number of	ISD No Yes ISD Policy No. (if available) ISD Policy No. (if available) ISD (if different from insured 8 above) ISD (capital setters) ISD NESC / Peosport no. Class of licence			
an arrow (-s)	13 Sketch of a second of the indicate it. I layout of the propositions at the time of in	es marked with a cross accident when impact occurred [13] a road - 2 the direction of vehicles A an spact - 4, the road signs - 5, names of th	d B with arrows - e streets or roads	Idiae Female  Idindicate the point of initial impact with an arrow(*)		
Altimid misurable to sensicid V				11/Visible damage to vehicle B		
Pty remarks	Hely phase make excesses	Signatures of drivers 133	2.4 My res	narks		

### **Individual Statement**

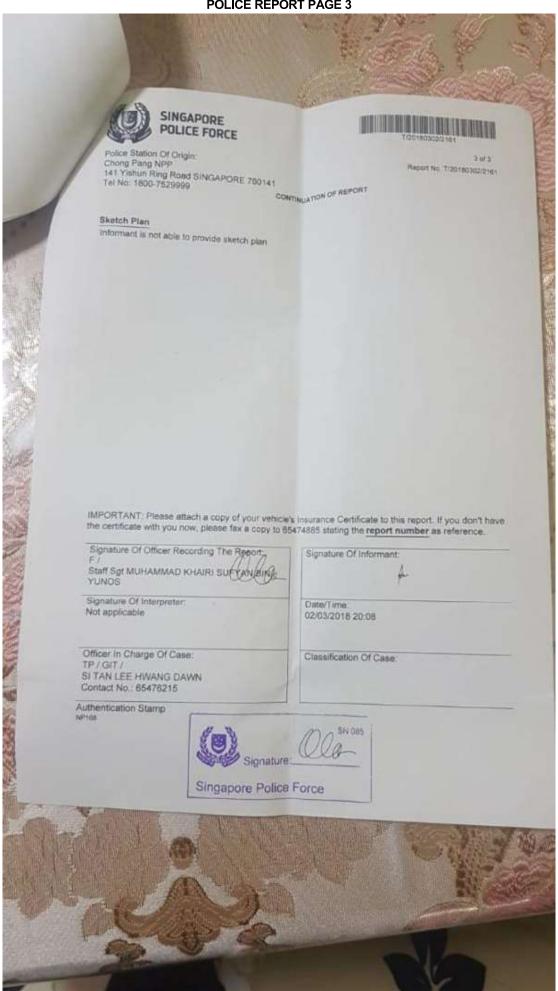
IMDIVIDU/ To be completed and	submitted within 2	4 hours to your	insurer or Idac or a	ppointed worksh	op (Use a ser	hop Erwil / F parate shee	t of paper	where no	cessary)		
Insured	1 Occupation (if more than one, state all)  2 Wehicle registration no.  C.C. If commercial vehicle, state										
Of which vehicle are	3. Is driver the owner? Vest   Mo   If no State Reletoration of				state	ble carrying capacity state the whicle number and name of ssurer of direc's own whicle (where applicable)					
you the owner?	Evact purpose for which vehicle was being used at time of accident. Private use. Commercial use. Hire & reward. Pri     Others - please specify.									Privade Hiro	
□ b	5 Is the vehicle still in use? Yes No If no, state where it is at present Tel no.  6 Are you claiming under your own insurance policy for repair to your vehicle? Yes No  17 no, state action to be taken. Third Party Reporting Only Third Party (Own Workshop)										
Driver or penson in charge of vehicle at the time of accident (including insured)	7 Date of birth				Date of license pass Was withe inc			007	Was driver an employee of the insured's company?		
	13 12 95 8 Give details of an	Indoor	Outdoor	9320	one disease.	Yes	No	y	es	No	
	Sive details of any pre-existing impairment of sight or hearing and of any other disability  9 Full details of all driving convictions including pending prosecutions in the last 36 months.										
	Dete		C	Offence				-	enalty		
	10 Name(s), address(as) and approximate age(s)		Injuries sustained	arstained If wehicle occupants, state in which vehicle					Was rijured conveyed to hospital by ambulance?		
Injured persons						Yes	No		Yes	No :	
				-		Yes :	No.		Yes Yes	No :	
						Yes	No		Yes	No	
Damage to property & vehicles (other then vehicles A and B)	11 Name(s) and ad owner(s)	idness(es) of	Vehicle registration or details of property								
	12 Was the accider	nt reported to the rate which Police		No		Cho	ng 1	Dan	gN	PP	
Police action	13 Was notice of in If yes, against v	STATE OF STATE	lan given? Yes	No	4						
	14 Weather condition 15 Road surface	We		Entring English			eris				
Accident details	18 Were street Egh 19 What Eghts wer 20 If your vehicle i	were given by di its illuminated? e displayed on y s commercial, st lent happened, y	Yes [1]  Our vehicle/the other veite weight of load carrie	No hicle(s)?	All warming	Mark				- W 1400	
Declaration	Policyholder's si	gnature	ors are true in every res	pect .			te	11,000			



### **POLICE REPORT PAGE 2**

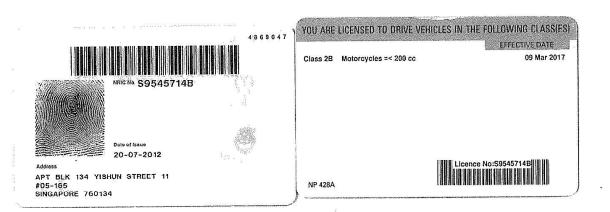


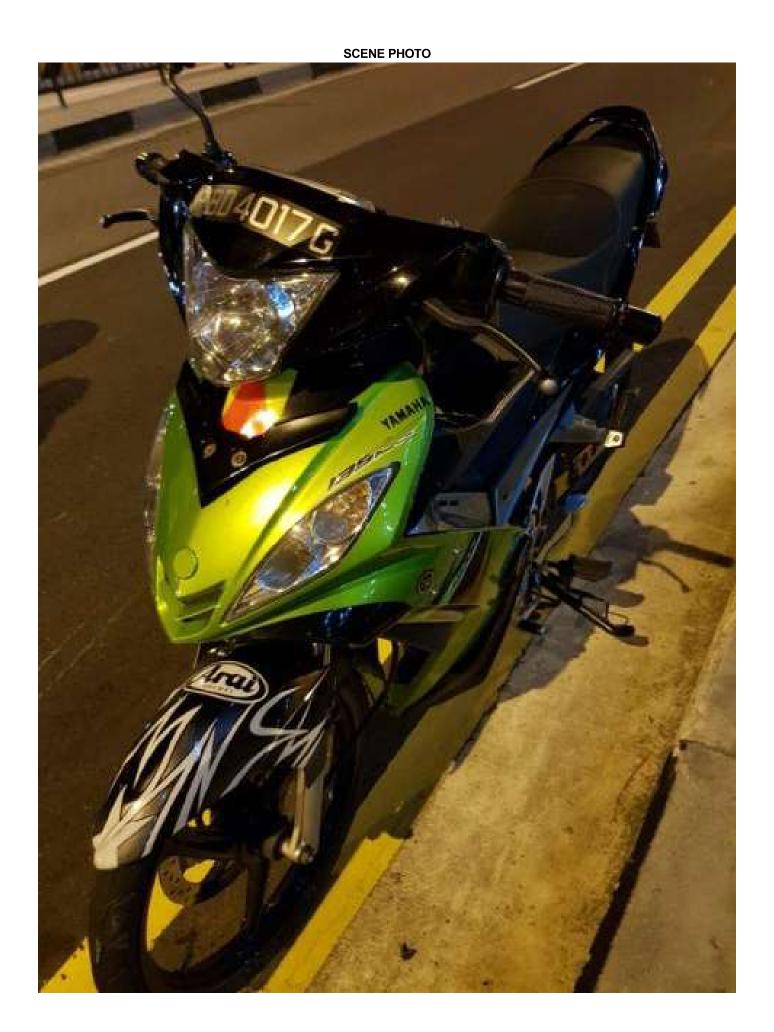
### **POLICE REPORT PAGE 3**

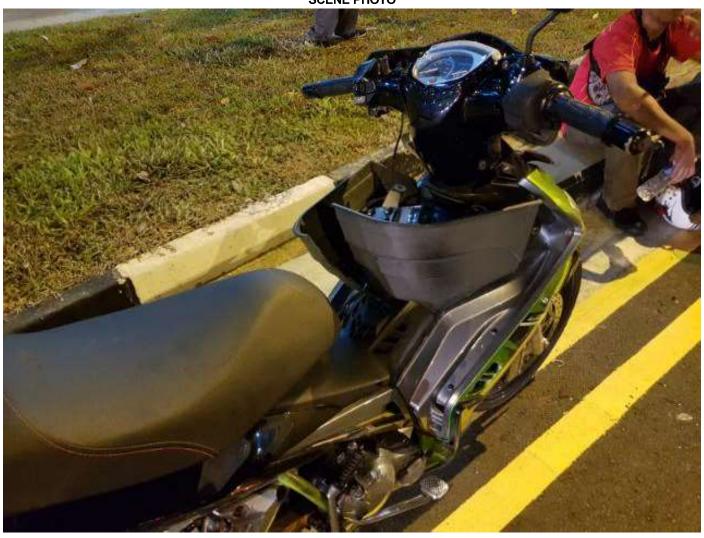


# **DRIVER NRIC & LICENSE Pg. 1**



















# **Accident Photo**



# **Accident Photo**



# **Accident Photo**





