

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	14/03/2018 14:14
Date Of Accident	12/03/2018 22:25
Exact Location Of Accident	WOODLANDS AVE 1 X AVE 2 TRAFFIC LIGHT JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6348A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AERZAM BIN ABDULLAH
NRIC No	S9217668A
Email Address	MDAERZAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91510444
Alternative Phone No	OFFICE-91510444

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	AN3159235
Cover Note Number	16/09/2017-15/09/2018

Driver

Name of Driver	MUHAMMAD AERZAM BIN ABDULLAH
NRIC No	S9217668A
Date Of Birth	25/05/1992
Occupation	INDOOR
Date Of Driving Pass	04/09/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91510444
Fax Number	
Contact Number	OFFICE-91510444
Email Address	MDAERZAM@GMAIL.COM

Address	450 PASIR RIS DRIVE 6 03-174
Postcode	510450
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 - CROSS JUNCTION
Weather Conditions	CLEAR
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?	YES
Was any injured conveyed to hospital by ambulance?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT VEHICLE CURRENTLY AT TRAFFIC POLICE

Attachment(s)

Are accident photos available for attachment?	NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	MR SAVION LIM
Phone Number	85338663
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1581R
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)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD AERZAM BIN ABDULLAH
Approximate Age
Injuries Sustain
Injured person in which vehicle? FZ6348A
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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:

14/3/18 2.10pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Subhmi

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Refer to attached

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

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

Reporting Only	
<input type="checkbox"/>	Claim OD
<input checked="" type="checkbox"/>	Claim TP
<input checked="" type="checkbox"/>	Claim OD <i>That other workshop</i>

DECLARATION

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

Policyholder's Signature

Date & Time:

14/3/18

GIARMC SketchPlanForm V3

2:10pm

Driver's Signature

(If driver is not the policyholder)

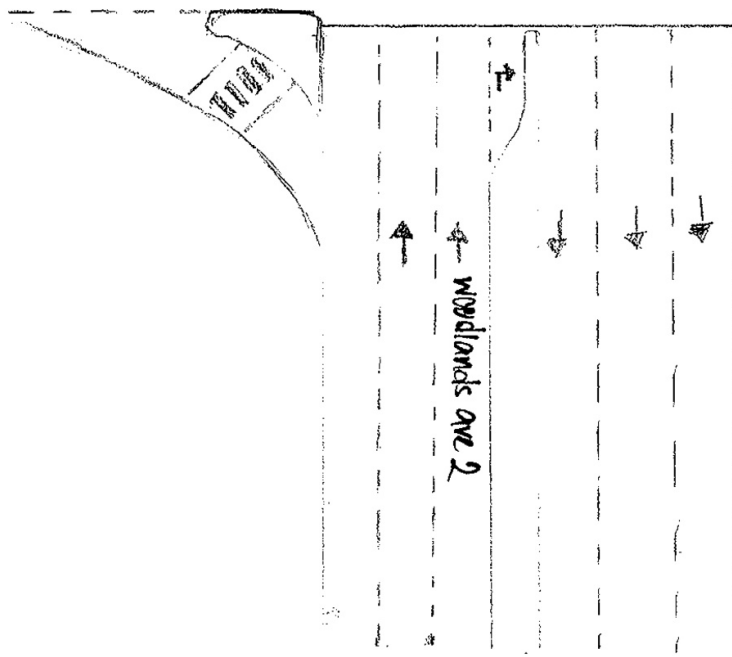
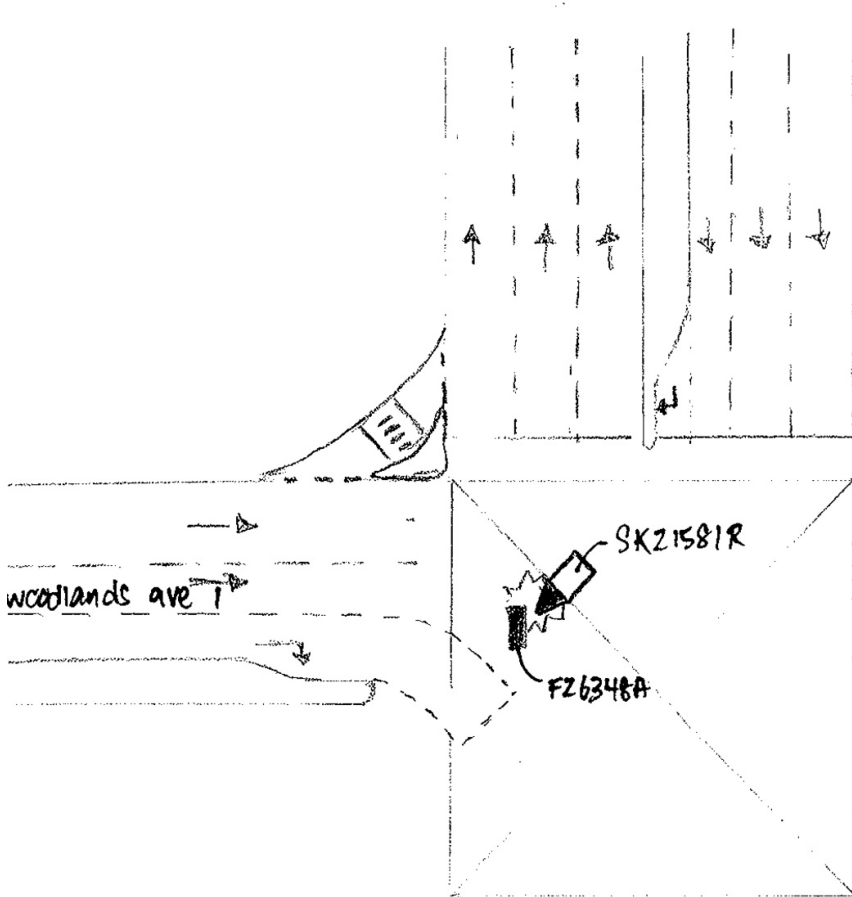
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sunholmi



Md. Aezam Bin Abdullah

[Signature]

14/3/18

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180313/7015

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180313/7015

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2018 19:29	Vide Report No.:	Station Diary No.:
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Informant's Particulars				
Name of Informant: MUHAMMAD AERZAM BIN ABDULLAH			Address: APT BLK 450 PASIR RIS DRIVE 6 #03-174 SINGAPORE 510450	
ID Type / ID No.: NRIC NO / S9217668A			Contact No.: Home/Office: Mobile: 91510444	
Nationality: SINGAPORE CITIZEN			Email: mdaerzam@gmail.com	
Sex: Male	Age: 25	Date of Birth: 25/05/1992	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Fire-fighting and rescue officer			Driving Licence Information: Class: 2B,2A,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/03/2018 22:24	Type of Location: X-Junction
Location: WOODLANDS AVENUE 1 At the cross junction between Woodlands Ave 1 and Woodlands Ave 2, near Innova JC				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 70 Km/h
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6348A	Motorcycle	HONDA	CB400 VTEC 3	Red		0
SKZ1581R	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ6348A	AXA INSURANCE SINGAPORE PTE LTD	AN3159235	16/09/2017	15/09/2018



**SINGAPORE
POLICE FORCE**



T/20180313/7015

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180313/7015

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AERZAM BIN ABDULLAH	ID No.	S9217668A
Related Vehicle	FZ6348A (Motorcycle)	Contact No.	91510444
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	12/03/2018	Date Discharge	13/03/2018
No. of Days granted Medical Leave	04	Degree of Injury	Serious
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	SKZ1581R (Car)	Contact No.	NIL
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 12 March 2018 at 10.24pm, I was waiting for the traffic light to turn green in my favour so that I can proceed straight. When the traffic light turned green in my favour, I moved off and a car knocked into me and my motorcycle on my right. The car beat a red arrow light from its side to turn right and knocked into me. After the collision, I laid on the road. A passer-by stopped to assist and called the ambulance. Due to my injuries, I did not managed to get the driver's particulars as I was in shock and was not able to move or stand up. However, a witness stopped and informed me that he has a video capture of the accident through his dash cam.

**SINGAPORE
POLICE FORCE**

T/20180313/7015

Police Station Of Origin:
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Tel No: 65470000

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Report No. T/20180313/7015

CONTINUATION OF REPORTSketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
13/03/2018 19:29

Classification Of Case: