

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	20/03/2018 14:28
Date Of Accident	18/03/2018 16:45
Exact Location Of Accident	PIE TO CHANGI AFTER EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH9377M
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN HASHIM
NRIC No	S9422077G
Email Address	MUHDFARHAN1994@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96264355
Alternative Phone No	OFFICE-96264355

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	VMZ/P1727399
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN HASHIM
NRIC No	S9422077G
Date Of Birth	27/06/1994
Occupation	INDOOR
Date Of Driving Pass	01/07/2015
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96264355
Fax Number	
Contact Number	OFFICE-96264355
EEmail Address	MUHDFARHAN1994@HOTMAIL.COM

Address	BLK 11 HAIG ROAD #09-377
Postcode	430011
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 - HEAD TO REAR
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?	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

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (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	SKP7656Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO KUAN YEE
NRIC/Passport Number	S7935079F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

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7. 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:
 - (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:

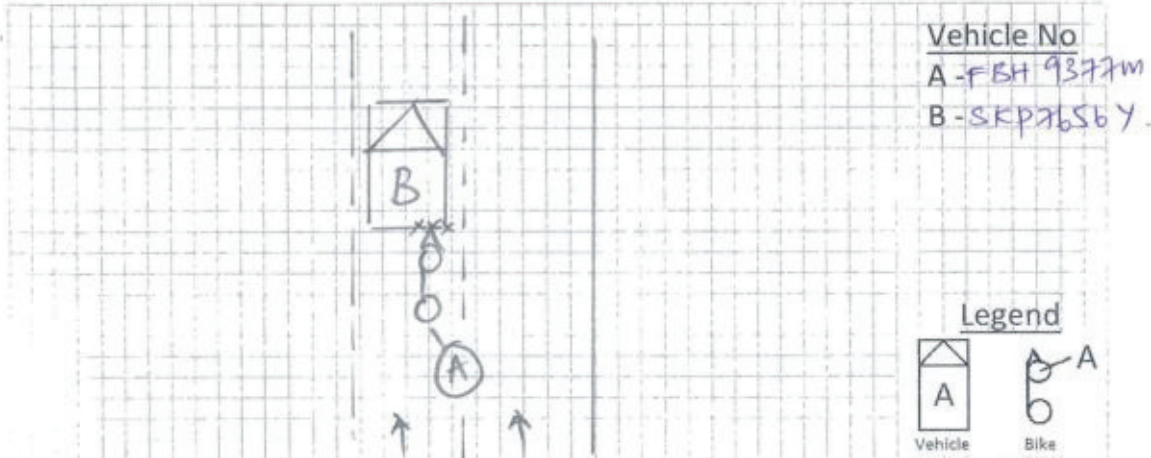
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding behind ~~the~~ I was following behind car SKP7656Y Kin
 force when I noticed the said car braking almost immediately to a
 stop. I tried to swerve to the right to avoid the car as my
 bike brakes were not in best conditions. However, the a car behind
 me made a swerve to the right first ~~so~~ so I could not
 do the same as I would hit the car behind me instead.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the
 stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

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.:

Common Statement

ACCIDENT STATEMENT (Part I)

Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 18/3/2018		2 Exact location of accident PIE to Changi After Ennos Exit.		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **FBH9377M**

6 Insured / policyholder (see insurance cert.)
Name: **MUHAMMAD FARHAN**
(capital letters) **BIN HASHIM**
Address: _____
NRIC / Passport no: **S9422077G**
Tel no. (between 9am till 5pm): _____
HP: **9626 4355**

7 Vehicle
Make, type: _____

8 Insurance company
AXA ☐ C ☒ TPFT ☐ IPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. _____

9 Driver
☒ Sole driver
Name: _____
(capital letters)
NRIC / Passport no: _____
Class of licence: **3**
HP: _____
Gender: Male ☒ Female ☐

12 CIRCUMSTANCES

13 State TOTAL number of boxes marked with a cross

14 State of accident when impact occurred

15 Station of accident when impact occurred

16 Direction of vehicles A and B with arrows

17 Their positions at the time of impact - 4. The road signs - 5. Number of the streets or roads

Registration No. (VEHICLE B) **SKP 7656Y**

6 Insured / policyholder (see insurance cert.)
Name: _____
(capital letters)
Address: _____
NRIC / Passport no: _____
Tel no. (between 9am till 5pm): _____
HP: _____

7 Vehicle
Make, type: **KIA FORTE**

8 Insurance company
☐ C ☐ TPFT ☐ IPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if existing): _____

9 Driver (See driving licence)
(If different from insured B, attach)
Name: **TEO KUAN YEE**
(capital letters)
NRIC / Passport no: **S7935079F**
Class of licence: _____
HP: _____
Gender: Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle A

12 Any remarks

13 State TOTAL number of boxes marked with a cross

14 State of accident when impact occurred

15 Station of accident when impact occurred

16 Direction of vehicles A and B with arrows

17 Their positions at the time of impact - 4. The road signs - 5. Number of the streets or roads

18 Signatures of drivers

A

B

10 Indicate the point of initial impact with an arrow (->)

11 Visible damage to vehicle B

12 Any remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf ->

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or IDAC or appointed workshop (Use a separate sheet of paper where necessary)					
Insured		1 Occupation (if more than one, state all) _____ Email: <u>roadfuton1994@icloud.com</u> 2 Vehicle registration no. <u>C.C.</u> If commercial vehicle, state permissible carrying capacity _____			
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If so, State Relationship of Driver with owner _____		State the vehicle number and name of insurer of driver's own vehicle (where applicable) _____		
	4 Exact purpose for which vehicle was being used at time of accident <input checked="" type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____	Occupation _____	Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input type="checkbox"/> No <input type="checkbox"/>	
	Indoor <input type="checkbox"/> Outdoor <input checked="" type="checkbox"/>		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
	8 Give 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 35 months					
Date		Offence		Penalty	
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn?	Was injured conveyed to hospital by ambulance?
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, please state which Police station _____				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others _____	
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others _____	
	16 Speed of vehicles	A _____ km/hr	B _____ km/hr		
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)				
22 State number of Passengers (including Driver) _____					
Declaration					
I/We declare the foregoing particulars are true in every respect					
Policyholder's signature _____ Date _____					
Driver's signature (if driver is not the policyholder) _____ Date _____					

MB1000

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel:(65)63387288 Fax:(65)63382522
Website:www.axa.com.sg
GST Registration Number: 199903512M
customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VMZ/P1727399 Account No. : 03375
Coverage : Third Party Fire & Theft Only
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : MUHAMMAD FARHAN BIN HASHIM
Vehicle Registration No. : FBH9377M
Period of Insurance : From 19/05/2017 To 18/05/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
(b) 1. MUHAMMAD FARHAN BIN HASHIM
2. ATIQA BINTE HASHIM

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:

- a) Use for hire and reward
b) Use for racing, pace-making, reliability trial or speed-testing
c) Use for the carriage of goods (other than samples) in connection with any trade or business
d) Use for any purpose in connection with the Motor Trade

(11)

Fire&Theft - Insured&Named Dr. : SGD 300.00

THEFT OUTSIDE SINGAPORE : SGD 600.00

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN09 on 19/05/2017

IMPORTANT :

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

WARRANTED ALL
ACCIDENT REPAIRS
MUST BE CARRIED
OUT ONLY AT OUR
AUTHORISED
WORKSHOPS

ANDA INSURANCE AGENCIES PTE LTD
(MOTOR DEPARTMENT)
190 MacPherson Road
#03-01 Wisma Gulab
Singapore 348548
Tel: 6554 2288 Fax: 6453 4466
Email: thomson@anda.com.sg

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9422077G**
 Name: **MUHAMMAD FARHAN BIN HASHIM**

Birth Date: **27 Jun 1994**
 Issue Date: **22 Apr 2015**

002419164A

SG 50

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S9422077G**

Name: **MUHAMMAD FARHAN BIN HASHIM**

Race: **JAVANESE**
 Date of birth: **27-06-1994**
 Country of birth: **SINGAPORE**

Sex: **M**

S9422077G

YOU ARE LICENCED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Effective Date
Class 2B	Motorcycles <= 200 CC	01 Jul 2015
Class 2A	Motorcycles between 201 CC and 400 CC	27 Mar 2017
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	29 Nov 2013

S / No. 9000239172

S9422077G

Licence No: S9422077G

NP 428A

4438624

NRIC No. **S9422077G**

Date of issue: **28-07-2009**

Address: **APT BLK 11 HAIG ROAD
 #09-377
 SINGAPORE 430011**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

