SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number

Fax Number Contact Number EMail Address

- 1. Please report <u>correctly</u> 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 and accurate</u> as possible. Any wilful misrepresentation or witholding 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	16/04/2018 14:08				
Date Of Accident	15/04/2018 13:55				
Exact Location Of Accident	WOODLANDS AVE 3 EXIT TO BKE				
Country/State of Loss	SINGAPORE				
	DETAILS OF OWN VEHICLE				
Vehicle Registration Number	FX40L				
Insured/Policyholder					
Name Of Registered Owner	MASITA BINTE SUHASUH				
NRIC No	S1749026E				
Email Address	NOEMAIL				
Mobile Phone No	(LOCAL) +65-92476570				
Alternative Phone No	HOME-92476570				
Vehicle Particulars					
Manufacturer	YAMAHA				
Model	SNIPER T150				
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				
Fleet Policy	NO				
Policy Number	AN3162247				
Cover Note Number					
Driver					
Name of Driver	AHMAD BIN HALUS				
NRIC No	S1646631Z				
Date Of Birth	11/10/1964				
Occupation	OUTDOOR				
Date Of Driving Pass	21/01/1985				
Driving Experience	33 YEARS AND 2 MONTHS				

MALE

NOEMAIL

(LOCAL) +65-90661477

109 WOODLANDS STREET 13 #01-148 SINGAPORE 730109 Address

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured **SPOUSE**

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

YES

1

NO

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions DRIZZLING Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO

2 Number of vehicles involved in the accident Was any body injured in the Accident? NO

Was any injured conveyed to hospital by NO ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) NO soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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?

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 NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD2178S

Vehicle Make/Model/Colour TOYOTA VELLFIRE

Details Of Properties

TAXI Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

AXA INSURANCE PTE LTD 8 Sharron Way, #24-01 AXA Tower Singapow (6681) Customer Survice Centre #RI-01 Tel: 6538 7288 Fax: 6338 2522 Website, www.axa.com.sg GST Registration Number/ 199903512M



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A/o No: **03375**

Policy No ((fany)

Renewal

SmartDrive Quote Ref

MOTOR COVER NOTE

No. AN3162247 ()

- 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; 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

NR-AHMAD BIN HALUS	SCHEDULE NR-MUHAMMAD BIN A	HMAU	
THE COMPANY	AXA INSURANCE PTE LTD		
INSURED	MASITA BINTE SUHASUH		
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA JUPITER 1150		
VEHICLE REGISTRATION NO.	FX40L		
YEAR OF MANUFACTURE	2016		
ENGINE NO:	G3E6E0188424		
CHASSIS NO.	MH3UG0740G0014086		
ENGINE CAPACITY/TONNAGE	150		
COVER TYPE	THIRD PARTY ONLY		
HIRE PURCHASE	N/A		
VALUE (S\$)			
PERIOD OF INSURANCE	FROM: 22-Jan-2018 TO: 21-Jan-2019		
EXCESS (SS)	NIL		
AXA PREMIUM WORKSHOP?	No		

I WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (HIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

ANA INSURANCE PTELTO

Tel: 65542288

Issued by ANDA INSURANCE AGENCIES Pt. on 22-Jan-2018 3:55:29 PM

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on tisk will be charged subject to minimum \$\$53,50 (inclusive of GST) if the policy is cancelled after the inception date.

 - An administrative fee of \$26.75 (inclusive of GST) will be charged:
- - Cover note issued and cancelled before inception.
 - Retaining the old registration number for a new vehicle insuring with AXA

PREMIUM WARRANTY

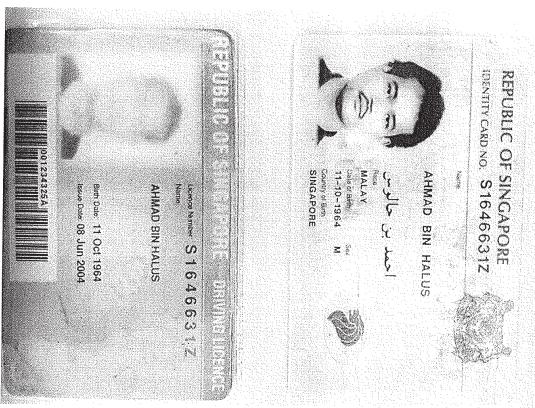
og treinidest Caronica. Nasarann kal for perminyen fili ekoeld og psid before inception dete slovet above in arbet for the insurance naver to be valid.

or Not federation Coverages.
Less note for which the period of cover is for more that so days, the premium in full should be paid within 60 days on inception renewal-order coverant. For all other covers, the pre-

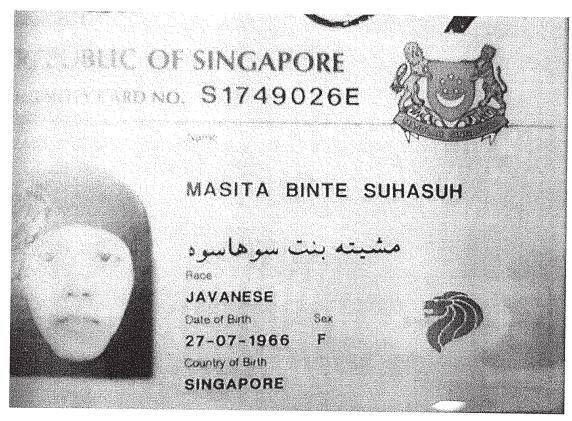
MIRC NOTE Ful 03

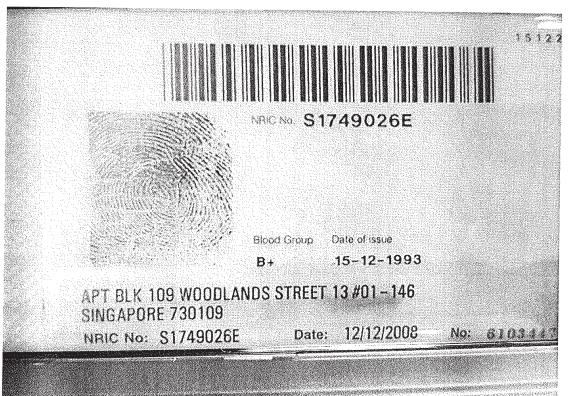
22/1/2018

Sketch Plan Pg. 2









SKETCH PLAN		
A) FX	404	
B) 8H	0 21733	
	80 3	
MOORANO	3 AVE 3	
DESCRIBE CIRCUMSTANCES OF TI	TE ACCIDENT	erration and construct accordance of a construction and a construction
Realized variate s stopped and 1 the verticle 1's	turning towards BKE the speed about 40- SHD 2178 S Driven By F dout oven see any	reg: FX40L along . While turning towards to 45 km/h and I don't hr Neo lang Keng is pedestrian due to to the pedestrian. The Uniotorbike slidin
Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only - Claim OD - Claim TP - Claim OD/ TP at other workshop
DECLARATION		
I/WE declare the foregoing particu	lars are true in every respect.	
	145 hrs.	- MANTEN
Policyholder's signature Date & Time	Driver's Signature (if driver not the policyholder) Date & Time	Reporting Centre Personnel's Signature Name: Nric/Fin No.

Sketch Plan Pg. 5

SKETCH PLAN

IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 6. The report will be forwarded by the insurers of the GtA Records Management Centre established by the General Insurance Association of Singapore (GtA) 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 aforesald.
- E. 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 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:

Oriver's Signature (if driver is not the policyholder) Date & Time:

Name: NRIC/FIN No

Reporting Centre Personnel's Signature

GIARMC SketchPlanForm, V3



