

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	08/05/2018 16:15
Date Of Accident	07/05/2018 20:30
Exact Location Of Accident	ALONG TPE TOWARDS SLE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7585B
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYAFII BIN MAJID
NRIC No	S8717478F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90088714
Alternative Phone No	OTHERS-90088714
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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	THIRD PARTY
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	P2022903
Cover Note Number	20/10/2017 - 19/10/2018
Driver	
Name of Driver	MUHAMMAD SYAFII BIN MAJID
NRIC No	S8717478F
Date Of Birth	11/05/1987
Occupation	INDOOR
Date Of Driving Pass	16/11/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088714
Fax Number	
Contact Number	OTHERS-90088714
EMail Address	NOEMAIL

Address BLK 48 STIRLING ROAD
#02-564
Postcode 141048
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 COLLIDED INTO PROPERTY
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? 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 QUEENSTOWN N.P.C
Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

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 Witness 1

Name UNKNOWN - PASSERBY
Phone Number -
Email Address

DETAILS OF OTHER VEHICLE/PROPERTY 1

Vehicle Registration Number SLE5094C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver GOH QIAN YI TRICIA
NRIC/Passport Number S9050908Z
Contact Number 91180471

Sketch Plan Pg. 1

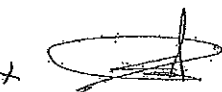
SKETCH PLAN

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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:

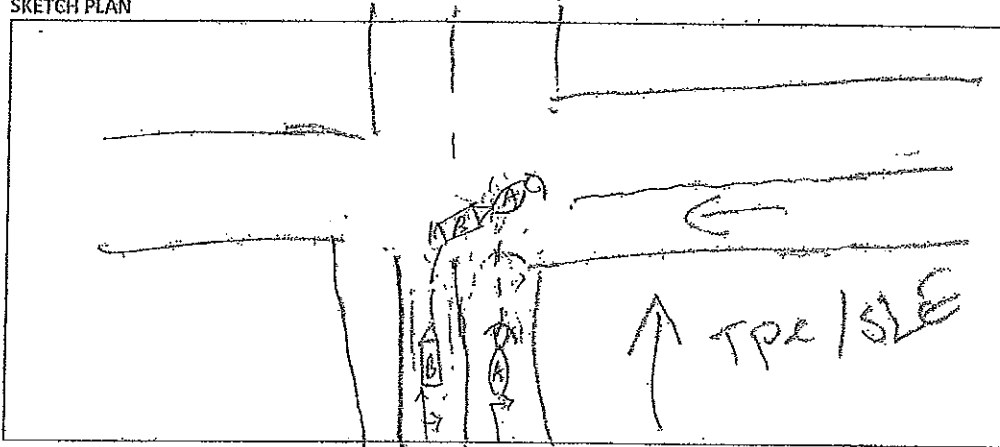
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan Pg. 2

Date of accident: 7 May 2014 Time: 20:30 Location: Along the hwy SLE
 My Vehicle A: FBK 9545 B Vehicle B: SUE 5044 C Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my file accident report to :

My workshop : sg. motor enterprise @ yahoo com.sg

Email address :
& myself :

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

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.:



AH LIM MOTOR COMPANY



SINGAPORE POLICE FORCE



T/20180508/2007

1 of 4

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180508/2007

REPORT OF A TRAFFIC ACCIDENT.

Date/Time Report Made: 08/05/2018 02:35		Vide Report No.:		Station Diary No.: 11	
Informant's Particulars					
Name of Informant: MUHAMMAD SYAFII BIN MAJID			Address: APT BLK 48 STIRLING ROAD #02-564 SINGAPORE 141048		
ID Type / ID No.: NRIC NO / S8717478F			Contact No.: Home/Office: Mobile: 90088714		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 11/05/1987	Type of Informant: Rider		
Race: Arab			Language: English		Institution / School Name:
Occupation: UBER EATS RIDER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 07/05/2018 20:30	Type of Location: T-Junction
Location: Along Road 1 TAMPINES EXPRESSWAY				
Along TPE going towards SLE before junction of Punggol Way and Sengkang East Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7585B		YAMAHA	SNIPER T150	Red		0
SLE5094C	Car					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7585B	AXA INSURANCE SINGAPORE PTE LTD	P2022903	22/02/2018	19/10/2018



Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180508/2007

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAFII BIN MAJID	ID No.	S8717478F
Related Vehicle	FBK7585B	Contact No.	90088714
Hospital/Clinic	ALEXANDRA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	GOH QIAN YI, TRICIA	ID No.	S9050908Z
Related Vehicle	SLE5094C (Car)	Contact No.	91180471
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 the 07/05/2018 at about 2030hrs to 2100hrs, I was riding alone in my motorcycle with registration number FBK7585B along Tampines Expressway going towards SLE. I was on the first lane at that point of time. I was just reaching the junction of Sengkang East Road and Punggol Way when a Black Audi, SLE5094C hit me by the side. It was initially behind me as I noticed and came to the second lane and the driver had probably did not check her blind spot and hit onto me. I fell sideways and there are damages to my motorcycle. There were no serious visible damages to the car.

I tried to settle the matter privately with the driver however, the passenger who was with her had tried to change the story and did not want to settle the matter and blamed me for the incident. I did not managed to talk much with the driver but we managed to exchange particulars and contact details. Many other drivers on the road had stopped to help me as well and had witnessed the incident however I did not managed to get any of their details.

No ambulance and police attended. I went to Alexandra Hospital later and was given 4 days Medical Leave. I then proceeded to lodge a report on the matter.



**SINGAPORE
POLICE FORCE**



T/20180508/2007

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CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20180508/2007

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

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Report No. T/20180508/2007

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:
D /
Sgt 2 JESSICA JESTAS MIRANDA

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /

Staff Sgt TANG SIEW PING
Contact No: 65476430

SN 46

Authentication Stamp
NP168

SIGNATURE

Signature Of Informant:

Date/Time:
08/05/2018 02:35

Classification Of Case: