

## 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	22/05/2018 13:15
Date Of Accident	20/05/2018 17:00
Exact Location Of Accident	ALONG TELOK BALANGAH TOWARDS HARBOUR FRONT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE718M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ZULFADHZLI
NRIC No	S9726096F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90573931
Alternative Phone No	OTHERS-90573931

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	AN3162945
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ZULFADHZLI
NRIC No	S9726096F
Date Of Birth	09/08/1997
Occupation	INDOOR
Date Of Driving Pass	26/02/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90573931
Fax Number	
Contact Number	OTHERS-90573931
EEmail Address	NOEMAIL

Address	BLK 569 CHOA CHU KANG ST 52 #05-176
Postcode	680569
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 ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### 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	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLY REFER TO ATTACH POLICED REPORT NO.T/20180522/2031. NOTE:VEHICLE NOT IN FOR PHOTO TAKING CURRENTLY AT TRAFFIC POLICE COMPOUND.

#### 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	SKK2188R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DONOVAN
NRIC/Passport Number	S9605047Z
Contact Number	97262069
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHAMMAD ZULFADHZLI

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBE718M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

**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:

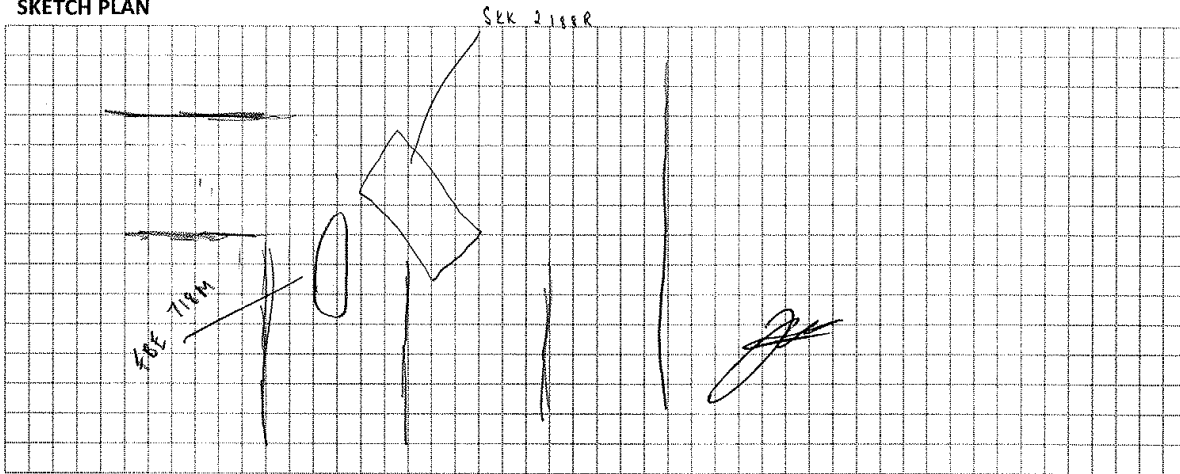
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 22/05/18 13:46:55

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attach police report

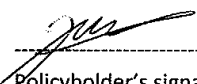
**Important:**

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 <u>OD</u> /TP at other workshop |

DECLARATION

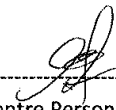
I/WE declare the foregoing particulars are true in every respect.

  
Policyholder's signature

Date & Time

22 / 05 / 18 1834 hrs

\_\_\_\_\_  
Driver's Signature  
(if driver not the policyholder)  
Date & Time

  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



redefining / insurance

Date: 27/05/2018

To: Owner of Vehicle Number: FBE 718M

The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, JACKSON TEO.

Please tick the applicable box if you had been advice on the content as seen below:

- ☐ You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.
  - ☒ You had been advised by the workshop on the liability and merits of the case accordingly.
  - ☒ You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
  - ☐ There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
  - ☐ There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
  - ☐ The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
  - ☐ You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
  - ☐ For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.
- For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.
- ☐ You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
  - ☐ For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.
  - ☐ Others \_\_\_\_\_

Signed and acknowledge by:

Muhammad Zulfadhri  
Name and signature of policyholder/authorised driver

[Signature]  
Name and signature of workshop personnel including company stamp



T/20180522/2031

1 of 3

Report No. T/20180522/2031

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No T/20180521/2037

Report Number T/20180522/2031

Vide Report Number

Date/Time of Report Made 22/05/2018 11:03

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant MUHAMMAD ZULFADHZLI

ID Type / ID No. NRIC NO / S9726096F

Home/Office

Mobile 90573931

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 20/05/2018 17:00

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE718M	Motorcycle	YAMAHA	RXZ	Black	Slightly Damaged	0
SKK2188R	Car	INFINITI	Q50 2.0T SPORT A/T S/R (R19)		Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20180522/2031

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Report No. T/20180522/2031

**Continuation of CSF For NP168**

<b>Rider</b>			
Name	MUHAMMAD ZULFADHZLI	ID No.	S9726096F
Related Vehicle	FBE718M (Motorcycle)	Contact No.	90573931
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/05/2018	Date Discharge	20/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	DONOVAN	ID No.	S9605047Z
Related Vehicle	SKK2188R (Car)	Contact No.	97262069
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 Facts.**

On 20/5/18 at about 1720hrs

I was riding along Telok Blangah towards Harbour Front, I was on the left lane I saw infront of me there was a SBS bus. So I changed to the middle of the road. Infront of me there was another car which changed lane and we overtook the bus and I changed my lane to the most left lane again. After that a vehicle from the middle of the lane signaled and just immediately turned into my lane and collided onto the right portion of my vehicle. I then fell off the right side of my bike and landed on my right. I then got conveyed to hospital.





T/20180522/2031

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Report No. T/20180522/2031

## Continuation of CSF For NP168

### 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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MOHAMMED FADZLY BIN ABDUL AZIZ
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE



**SINGAPORE  
POLICE FORCE**

Our Ref : TP/IP/29765/2018  
Date : 22 May 2018

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 6246  
www.police.gov.sg

**NAME: MUHAMMAD ZULFADHZLI BIN ZULKIFLI**  
**NRIC / FIN NUMBER: S9726096F**

Dear Sir,

**CASE OF TRAFFIC INCIDENT ALONG TELOK BLANGAH RD X MORSE RD ON 20 MAY 2018**

**NOTICE FOR VEHICLE FBE718M COLLECTION**

Please collect the above vehicle which is registered under your name at **Traffic Police Vehicle Pound located at 517 Airport Road, Singapore 539942** **within 30 working days** from the date of this notice. The Duty Officer at **Traffic Police Vehicle Pound** can be contacted at **6280 7841**. The collection hours are:

Day of week	Operational hours
Monday	2.00 pm to 4.00 pm
Tuesday to Friday	9.00 am to 12.00pm 2.00 pm to 4.00 pm

2 You have to make your own arrangements to remove your vehicle at your own cost. If you are authorising someone else to collect the vehicle on your behalf, please ensure that he / she produces his / her NRIC / Passport for verification. Please fill up the letter of authorization at Annex 'A'.

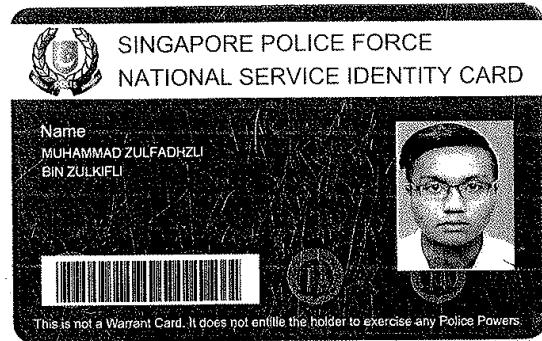
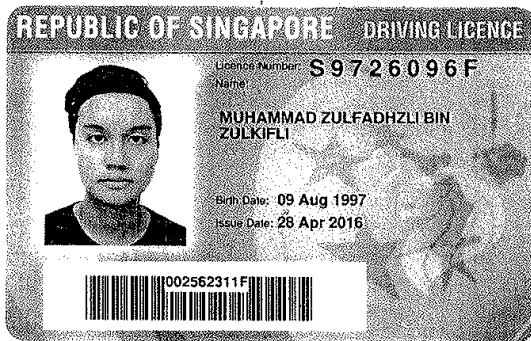
3 Take note that the vehicle must be collected **within 30 working days** from the date of this notice or storage fee will be levied as follows:

Type of vehicle	Storage fee per day
Motorcycle/Scooter	\$20/-
Motorcar	\$40/-
Others	\$80/-

4 Traffic Police will proceed to dispose the vehicle if it remains unclaimed **after 30 working days** from the date of this notice.

Yours faithfully,

**PHUA TIAK YEE (ESMOND)**  
**INVESTIGATION OFFICER**  
**TRAFFIC POLICE**



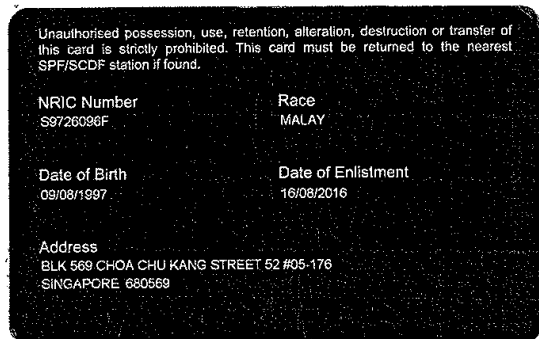
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(IES)

		EFFECTIVE DATE
C	Class 2B	Motorcycles <= 300 CC
	Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg
		26 Feb 2018 28 Apr 2016

S / No. 9000278487

S9726096F

NP 428A



**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01 AXA Tower  
 Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M

**Original**

A/c No: <b>03375</b>
Policy No (if any): <b>New Business</b>
SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **AN3162945 ()**

- 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;
- 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.

**SCHEDULE**

THE COMPANY	<b>AXA INSURANCE PTE LTD</b>
INSURED	<b>MUHAMMAD ZULFADHZLI BIN ZULKIFLI</b>
MAKE AND DESCRIPTION OF VEHICLE	<b>YAMAHA RXZ</b>
VEHICLE REGISTRATION NO.	<b>FBE718M</b>
YEAR OF MANUFACTURE	<b>2009</b>
ENGINE NO.	<b>5PV030085</b>
CHASSIS NO.	<b>PMYSPV10090030085</b>
ENGINE CAPACITY/TONNAGE	<b>133</b>
COVER TYPE	<b>THIRD PARTY ONLY</b>
HIRE PURCHASE	<b>N/A</b>
VALUE (\$)	<b>-</b>
PERIOD OF INSURANCE	<b>FROM: 27-Feb-2018 TO: 26-Feb-2019</b>
EXCESS (\$)	<b>NIL</b>
<b>AXA PREMIUM WORKSHOP?</b>	<b>No</b>

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

AXA INSURANCE PTE LTD

Issued by **ANDA INSURANCE AGENCIES PJ** on **27-Feb-2018 6:15:53 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 risk will be charged subject to minimum S\$53.50 (inclusive of GST) if the policy is cancelled after the inception date.  
 - An administrative fee of S\$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.

**KIVILE ENTERPRISE**  
 Blk 3007, Ubi Road 1 #01-408  
 (S) 408701 M: 90370110N  
 Tel: 6748 8645 Fax: 6748 2533

**PREMIUM WARRANTY****For Individual Customers:**

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

**For Non-Individual Customers:**

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception

MTRC NO. 191 03

Accident Photo



Accident Photo

