

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	25/07/2018 17:40
Date Of Accident	23/07/2018 18:30
Exact Location Of Accident	WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2471Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AMIRUDDIN BIN ZAILANI
NRIC No	S9313522I
Email Address	AMIROWEN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91868616
Alternative Phone No	OFFICE-91868616

Vehicle Particulars

Manufacturer	HONDA
Model	CBF 190-184CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P1818055
Cover Note Number	

Driver

Name of Driver	MUHAMMAD AMIRUDDIN BIN ZAILANI
NRIC No	S9313522I
Date Of Birth	16/04/1993
Occupation	INDOOR
Date Of Driving Pass	25/04/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91868616
Fax Number	
Contact Number	OFFICE-91868616
EEmail Address	AMIROWEN@HOTMAIL.COM

Address	BLK 209 YISHUN ST 21 #02-143
Postcode	760209
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	CHAIN COLLISION
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)	2
Passenger 1	NAME: : AMELIA LEE GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	GBF2322C
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	JOM POH HOCK
NRIC/Passport Number	S1193372F
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHB8029K

Vehicle Make/Model/Colour TAXI

Details Of Properties

Vehicle Category TAXI

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 AMELIA LEE

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL2471Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD AMIRUDDIN BIN ZAILANI

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBL2471Z

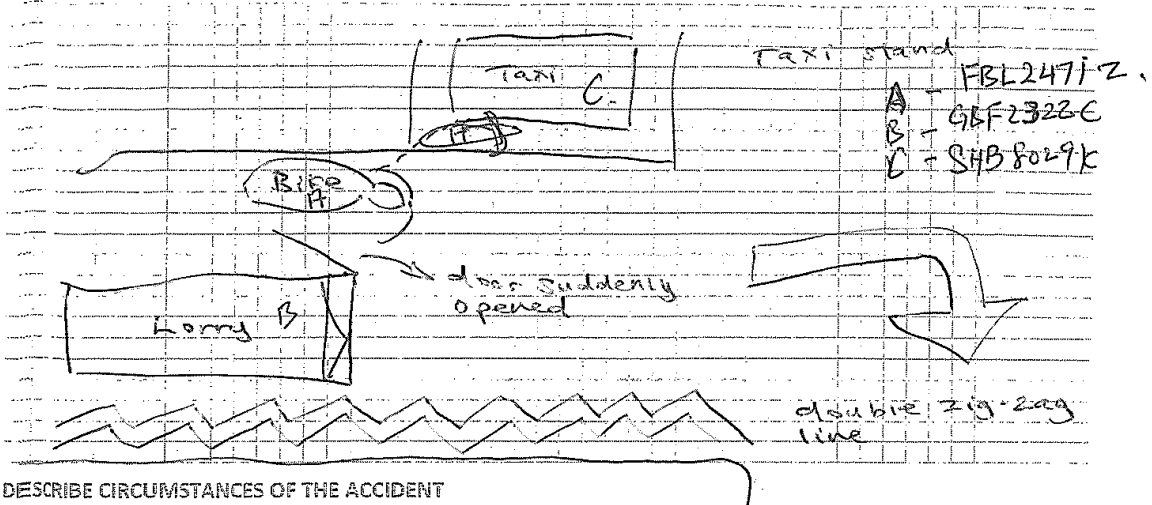
Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/07/2018 at around 6.30pm, me and my pillion riding on motorcycle registered FBL 2471Z was approaching the taxi stand outside Woodlands Train checkpoint. Few meters ahead there was a stationary lorry registered GBF 2322C illegally parked by the double yellow double zig-zag line. I decided to overtake that vehicle and while doing so, the passenger door of the lorry suddenly flung open which ~~caused~~ hit the side of my vehicle and causing me to lose control, and crashing

DECLARATION

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

Policyholder's Signature

Date & Time: 25/07/18
1.05pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 25/07/18
1.05pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

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 liability.
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. The 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 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: 25/07/18
1.05pm

Driver's Signature

(If driver is not the policyholder)
Date & Time: 25/07/18
1.05pm

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180724/2009

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20180724/2009

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/07/2018 02:51		Vide Report No.:		Station Diary No.: 21	
Informant's Particulars					
Name of Informant: MUHAMMAD AMIRUDDIN BIN ZAILANI			Address: APT BLK 209 YISHUN STREET 21 #02-143 SINGAPORE 760209		
ID Type / ID No.: NRIC NO / S93135221			Contact No.: Home/Office: Mobile: 91868616		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 16/04/1993	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: GUEST SERVICE OFFICER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 23/07/2018 18:30	Type of Location: Taxi bay, drop off point
Location: Along Road 1 WOODLANDS CENTRE ROAD				
Taxi bay in front of Woodlands Checkpoint				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2471Z	Motorcycle	HONDA	CBF190WH	Orange	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2471Z	AXA INSURANCE SINGAPORE PTE LTD	P1818055	03/08/2017	02/08/2018



**SINGAPORE
POLICE FORCE**



T/20180724/2009

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 3

Report No. T/20180724/2009

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD AMIRUDDIN BIN ZAILANI	ID No.	S93135221
Related Vehicle	FBL2471Z (Motorcycle)	Contact No.	91868616
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/07/2018	Date Discharge	24/07/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Pillion			
Name	AMELIA LEE	ID No.	S98189311
Related Vehicle	FBL2471Z (Motorcycle)	Contact No.	85158825
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/07/2018	Date Discharge	24/07/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious

Brief Details.

On 23/07/2018 at around 1830hrs, I was entering the taxi bay at Woodlands Checkpoint to drop off my pillion, Amelia Lee (lc: S98189311, Hp: 85158825). As I was moving towards the drop-off area, the passenger's door of a lorry (GBF2322C) which illegally parked on a double zigzag line on my right suddenly flung open towards my direction and as it happened in an instant, I had no time to jam brake thus hitting the door of the lorry before hitting a Silvercab taxi (SHB8029K) which was parked on my left. Due to the collision, we fell on our left and was pinned by my motorcycle. I managed to get up and exchange particulars with the lorry driver (Name: Sim Poh Hock, lc: S1193372F, d.o.b: 04/08/1955) and taxi driver (Name: Shah, Hp: 81576473). I called my father for assistance and was then brought to Khoo Teck Puat Hospital by my father, where I received two days mc for abrasions on my right hand. My pillion on the other hand, received two weeks hospitalization leave for her dislocated left foot. Due to the accident, my motorcycle's side mirror and clutch lever was damaged.

I wish to state that there were no ambulance convey and traffic police at scene. That is all.



**SINGAPORE
POLICE FORCE**



T/20180724/2009

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 3
Report No. T/20180724/2009

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:

F /

Staff Sgt ZENG ZHIMIN, KEVIN

SGT NUMAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Signature Of Informant:

Date/Time:

24/07/2018 02:51

Classification Of Case:

Authentication Stamp

NP168

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



Bik 805

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/P1818055 Account No. : 03375
Coverage : Third Party Fire & Theft Only
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : MUHAMMAD AMIRUDDIN BIN ZAILANI
Vehicle Registration No. : FBL2471Z
Period of Insurance : From 03/08/2017 To 02/08/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
(b) 1. MUHAMMAD AMIRUDDIN BIN ZAILANI
2. MUHAMMAD KHAIRUDDIN BIN ZAILANI

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).

Please note that this vehicle

is under hire purchase with

Bike Production Pte Ltd

No transfer or endorsement is allowed

unless with our written consent

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN03 on 12/09/2017

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

BIKE PRODUCTION PTE LTD


Co Reg No: 200007407G

610 Serangoon Road

Singapore 218216

Tel: 63922555 Fax: 62975400

REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S93135221**




Name
MUHAMMAD AMIRUDDIN BIN ZAILANI

Race
MALAY


Date of birth **16-04-1993** Sex **M**

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number **S93135221**




MUHAMMAD AMIRUDDIN BIN ZAILANI


Birth Date: **16 Apr 1993**
 Issue Date: **25 Apr 2016**



4209952



NRIC No: **S93135221**



Date of issue
24-04-2008

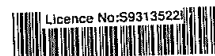
Address
**APT BLK 209 YISHUN STREET 21
 #02-143
 SINGAPORE 760209**

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

Class 2B Motorcycles <= 200 cc

EFFECTIVE DATE
25 Apr 2016

NP 428A



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

