

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	30/07/2018 20:50
Date Of Accident	27/07/2018 21:45
Exact Location Of Accident	NEW UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7147M
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD LUQMAN BIN ABDULLAH
NRIC No	S9637133J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91168580
Alternative Phone No	OTHERS-91168580

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ-133CC (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	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	CN873318
Cover Note Number	

Driver

Name of Driver	MUHAMMAD LUQMAN BIN ABDULLAH
NRIC No	S9637133J
Date Of Birth	21/10/1996
Occupation	INDOOR
Date Of Driving Pass	16/02/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91168580
Fax Number	
Contact Number	OTHERS-91168580
Email Address	NOEMAIL

Address	BLK 98 BEDOK NORTH AVENUE 4 #13-1896 SPORE 460098
Postcode	
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	SIDE SWIPE
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?	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	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

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	
Phone Number	91794697
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC2894M
Vehicle Make/Model/Colour	HYUNDAI I40 1.7L CRDI AT ABS AIRBAG 4DR
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	MUHAMMAD LUQMAN BIN ABDULLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FT7147M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

30 JUL 2018


Policyholder's Signature
Date & Time:

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


Reporting Centre Personnel's Signature
Name: **Suhaimi**
NRIC/FIN No: **S8040377A**

Sketch Plan #2

SKETCH PLAN

Refer
Attached sketch Plan.
(PT 7147M).

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police Report.

Maple-20@hotmail.com


DECLARATION

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

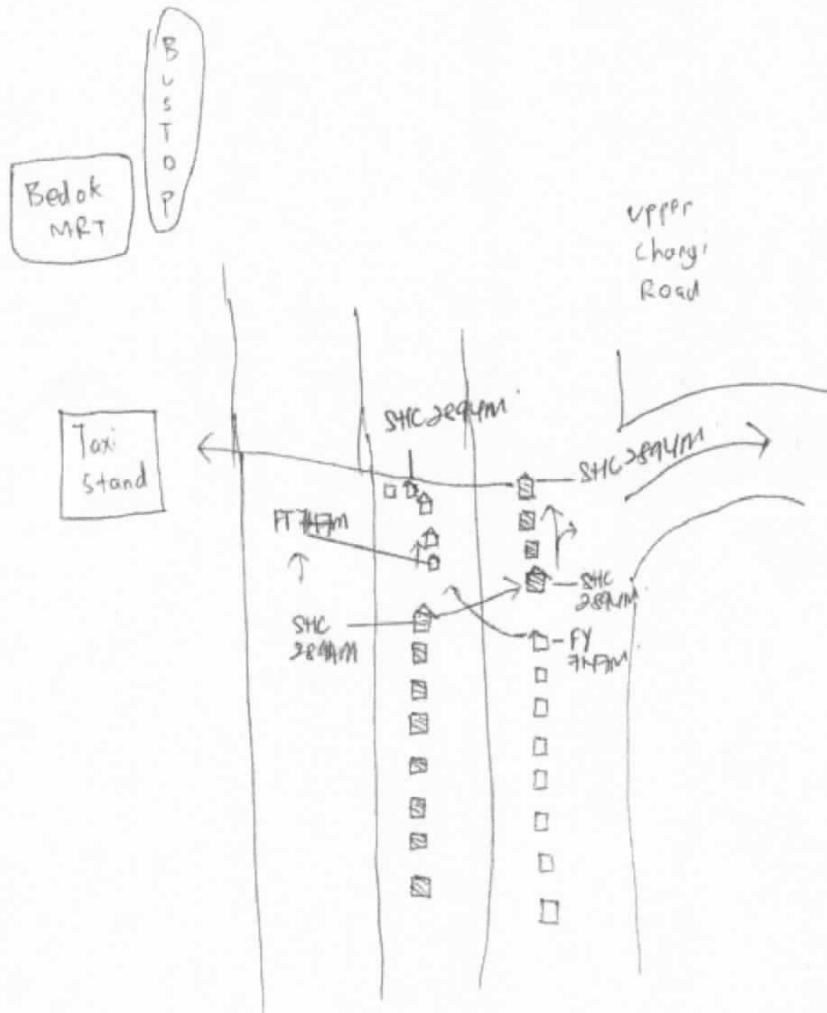

Policyholder's Signature
Date & Time:

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

30 JUL 2018


Reporting Centre Personnel's Signature
Name: Suhaimi
NRIC ID No: S8040377A

Sketch Plan #3



Police Report



**SINGAPORE
POLICE FORCE**



T/20180728/2076

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180728/2076

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/07/2018 15:51			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: MUHAMMAD LUQMAN BIN ABDULLAH			Address: APT BLK 98 BEDOK NTH AVE 4 #13-1896 HDB-BEDOK SINGAPORE 460098		
ID Type / ID No.: NRIC NO / S9637133J			Contact No.: Home/Office: Mobile: 91168580		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 21/10/1996	Type of Informant: Rider		
Race: Javanese			Language:	Institution / School Name:	
Occupation: National Service Full Time			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2018 21:45	Type of Location: Straight Road
Location: Along Road 1 NEW UPPER CHANGI ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: SKIDDED			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT7147M	Motorcycle	YAMAHA	RXZ	Purple	Slightly Damaged	0
SHC2894M	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT7147M	AXA INSURANCE SINGAPORE PTE LTD	P1925970	24/03/2018	23/03/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180728/2076

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180728/2076

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTION DATE TIME AND LOCATION

I WAS TRAVELLING ALONG THE SAID LOCATION. THERE WERE A TOTAL OF 3 LANES. I WAS ON THE FIRST LANE GOING STRAIGHT AND HE WAS ON THE 2ND LANE INFRONT OF ME. AS I WAS GOING STRAIGHT HE CUT INTO MY LANE WIHTOUT SIGNALING. HE SUDDENLY JAM BRAKE AND I AVOID HIM. AS A RESULT I SWERVE TO THE LEFT TO THE CENTER LANE AND CONTINUE GOING STRAIGHT AND HE CUT INTO MY LANE AGAIN WITHOUT SIGNALING. THUS I SKIDDED ON THE ROAD. HE ALIGHT THE PASSENGER AND HELPED ME. HE KEPT ON APOLOGIZING TO ME. PASSERBY HELPED TO CALL FOR AMBULANCE AND I WAS SENT TO CHANGI GENERAL HOSPITAL FOR FURTHER MEDICAL TREATMENT. I HAVE ONE EYE WITNESS AT THAT TIME. HIS CONTACT NUMBER 91794697.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180728/2076

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180728/2076

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
28/07/2018 15:51

Officer In Charge Of Case:
TP / GIT /
SI MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Classification Of Case:

**SINGAPORE
POLICE FORCE**

Authentication Stamp
NP168

Signature: _____