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 <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.

aforesaid.	nd nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	06/08/2018 12:48
Date Of Accident	03/08/2018 19:30
Exact Location Of Accident	ALONG PIE NEAR EXIT 9
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM4420C
Insured/Policyholder	
Name Of Registered Owner	UNGKU OMAR RASYID BIN TUNGKU MOHAMAD D'ZULKEFLEE
NRIC No	S9505264I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98335583
Alternative Phone No	OFFICE-98335583
Vehicle Particulars	

Vehicle Particulars

Manufacturer YAMAHA

Model FZN150-149CC

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 FIRE AND/OR THEFT

Fleet Policy NO

Policy Number NEW BUSINESS

Cover Note Number

Driver

Name of Driver UNGKU OMAR RASYID BIN TUNGKU MOHAMAD D'ZULKEFLEE

 NRIC No
 \$9505264I

 Date Of Birth
 18/02/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 23/08/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98335583

Fax Number

Contact Number OFFICE-98335583

EMail Address NOEMAIL

Address BLK 733 JURONG WEST STREET 73

#11-20

Postcode 640733

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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?

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 1

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? NO

If Yes, against whom?

Circumstances of Accident

On 03/08/2018 at 1930 hrs, I was travelling along PIE near Exit 9. As I was filtering for lane change, a vehicle ahead of me suddenly jammed brake. I swerved to avoid collision and then collided onto Vehicle B's (SJP6310M) rear left.

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 SJP6310M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TAN KAH SIONG, JOSEPH

NRIC/Passport Number S1397750Z Contact Number 84880234

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.
- 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.
- 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.
- 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.
- 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 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:
 - 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 invoive 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:
 - 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.:

I am fully aware that my insurer may have a 14-day period for me to decide on filing an Own Damage Claim.

Accident Sketch Plan

SKETCH PLAN			Date of Accident: 03/08/2018
			di in di mana
	6	The second	
	1	4	
	-8		A : FBM4420C
	2.31	W	B:SJP6310M
	15	mc3	
	19		
	- 4		
	Along P	IE EXH O	
DESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT		
On 03/08/2018 at 1930 I	hrs, I was travelling along PIE near E	xit 9. As I	was filtering for lane change, a vehicle
ahead of me suddenly ja	mmed brake. I swerved to avoid coll	ision and th	nen collided onto Vehicle B's (SJP6310M)
rear left.			,
			image Claim
		☐ Third Pa	
		OD/TP	Claim at another workshop :
DECLARATION		Reporti	
	ticulars are true in every respect.		\$10 BOD
			(SCILAIMS)
Dent Argel			(3) - (3)
Policyholder's Signature	Driver's Signature		Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)		Name:
	Date & Time:		NRIC/FIN No.:

MI-TOH GUAN

3/

12/5/2017

AXA Insurance Motor Cover Notes System

Original A c No: 03375

Policy No (g aux)

New Business

Smuril Ivo e Quota Raf

MOTOR COVER NOTE

No. AN3161123 ()

AXA INSURANCE PTE LTD

8 Sheaton Way, <34-04 ANA Tonier Singagine (do)/11

Customer Service Certaic #81-40 Left #339 7239 Fan. #338 2822 Walt-one: www.ataccurrorg GrST Regionation Number: 146905512M

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or The Rosel Transport Act 1987 of Malaysia; or The Agreement between the Minister of Finance (Singapore) and the Motor Invaries' Bureau of Singapore dated 22 February 1975; or The Agreement between the Minister for Transport (Malaysia) and the Motor Invaries' Bureau of West Mulaysia dated 30 March 1992; And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having purposed to insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERD-D under the terms of the Company's usual form of Motor Policy applicable increas for the period mentioned in the Schedule unless the enser be terminated by the Company by rotace in scriting in which case the insurance will thereupon cease and a proportionale 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	AXA INSURANCE PTE LTD
INSURED	UNGKU OMAR RASYID BIN TUNGKU MOHAMAD D'ZULKEFLEE
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA FZNISO
VEHICLE REGISTRATION NO.	FBM4420C
YEAR OF MANUFACTURE	2014
ENGINE NO.	G3E3E000105S
CHASSIS NO.	ME1RG1619F2001073
ENGINE CAPACITY/TONNAGE	149
COVER TYPE	THIRD PART', FIRE & THEFT
HIRE PURCHASE	YEW HENG CLEDIT ENTERPRISE PTE LTD
VALUE (Ss)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 5-Dec-2017 TO: 4-Dec-2018
EXCESS (Ss)	300
AXA PREMIUM WORKSHOP?	Yes

A CHARLES CREEK THAT PERFECTION HER STREET ARE STARTED AND SET HER A COMPANY WITH THE PROVIDENCE THE SOURCE VEHICLES.

ANA INSURANCE PTE LUD

Issued by ANDA INSURANCE AGENCIES M. on S.Dec. 2017 3: 4 38 PM **Authorised Signature**

Note: This Cover Note is only valid for off days from the date of issuefinless replaced by the Certificate of Institutes assued by the Congrant,

- Premium for time on risk will be charged subject to monimum SSS 90 (inclusive of GST) if the policy is concelled after the mergation date.

- Yan administrative fee of \$26.75 (inclusive of GST) will be charged.

- Cover note issued and one clied before exception.

Cover note issued and core ellect before exception.

Retaining the old registration number for a new vehicle insuring with AAA.

PREMITSO VARIANTS

schillen i i server. Turner it a its prisers a fall depth i partie, arm que det describée es al

n Sand derskalt materia. Erit mer Die Star de prosider o fol. Ambi Is partheon an opsat are to contribute the responsible to the contribute of the contrib

error services

http://www.anda.com.sg/motor/AXA.asp

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. \$95052641





Name

UNGKU OMAR RASYID BIN TUNGKU MOHAMAD D'ZULKEFLEE

اوغُكو عمر رشيد بن توغُكو محمد ذلكفلي

Race

MALAY

Date of birth

Sex M

18-02-1995

Country of birth

SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S 9 5 0 5 2 6 4 1

Name:

UNGKU OMAR RASYID BIN TUNGKU MOHAMAD D'ZULKEFLEE

Birth Date: 18 Feb 1995

Issue Date: 23 Aug 2017



4635487





NRIC No. S95052641

Date of Issue

27-09-2010

Address

APT BLK 733 JURONG WEST STREET 73 #11-20 SINGAPORE 640733

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

EFFECTIVE DATE

23 Aug 2017

Class 2B Motorcycles =< 200 cc



NP 428A





















