

## 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	16/07/2018 16:31
Date Of Accident	13/07/2018 19:00
Exact Location Of Accident	BALESTIER ROAD TWDS PIE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9714Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD FAZLI BIN AYOB
NRIC No	S9004456G
Email Address	HARRYPALAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87236594
Alternative Phone No	OTHERS-87236595

### Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A
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	AN3165350
Cover Note Number	01/06/2018 - 31/05/2019

### Driver

Name of Driver	MUHAMMAD FAZLI BIN AYOB
NRIC No	S9004456G
Date Of Birth	24/01/1990
Occupation	INDOOR
Date Of Driving Pass	14/05/2008
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87236594
Fax Number	
Contact Number	OTHERS-87236595
Email Address	HARRYPALAT@GMAIL.COM

Address	BLK 501B YISHUN STREET 51 #02-478
Postcode	762501
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 - CROSS JUNCTION
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED POLICE REPORT T/20180716/2059

#### 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	ANDY
Phone Number	93357889
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV4708G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG WINIFRED CHUI-FEO
NRIC/Passport Number	G5040854Q
Contact Number	98579802

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)  
Passenger 1

2  
NAME:       :  
GENDER:     :

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAZLI BIN AYOB  
Approximate Age  
Injuries Sustain ABRASIONS ON RIGHT ELBOW, PAIN ON LOWER BACK  
Injured person in which vehicle? FBM9714Y  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Sketch Plan Pg. 1


### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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**.
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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:  
16/07/2018 12.10pm

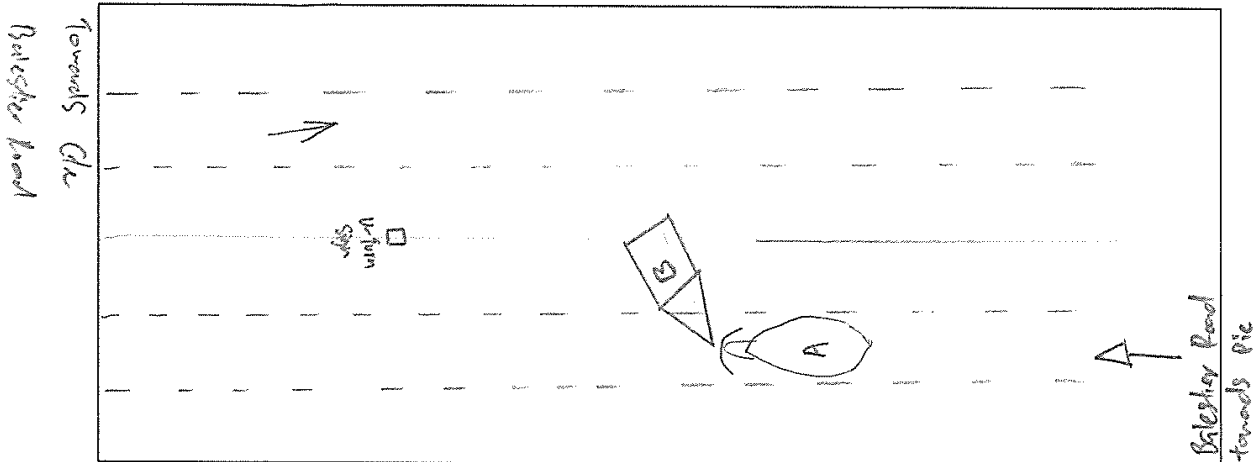
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**AH LIM MOTOR COMPANY**  
No. 10 Ang Mo Kio Industrial Park 2A  
#01-09 AMK Autopoint Singapore 568044  
Tel: 6483 2244 Fax: 6483 6170  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Sketch Plan Pg. 2

Date of accident: 13/04/2018 Time: 7 pm Location: Balesier Road towards Pic  
My Vehicle A: from 9114Y bike Vehicle B: car SSV 4786 Vehicle C:

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer police Report T/20180716/2089

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

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

My workshop :  
Email address :  
& myself :  
Email address : Harrypatat@gmail.com


Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your 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:  
16/07/2018 12:10pm

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

**AH LIM MOTOR COMPANY**  
No. 10 Ang Mo Kio Industrial Park 24  
and no 1000, Aulapoint, Singapore 570000  
Reporting Centre Personnel's Signature:   
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_

AM LUM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20180716/2059

1 of 4

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20180716/2059

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2018 13:12	Vide Report No.:	Station Diary No.: 64
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Informant's Particulars			
Name of Informant: MUHAMMAD FAZLI BIN AYOB		Address: APT BLK 501B YISHUN STREET 51 #02-478 SINGAPORE 762501	
ID Type / ID No.: NRIC NO / S9004456G		Contact No.: Home/Office: Mobile: 87236594	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 24/01/1990	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: FOOTBALLER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 13/07/2018 19:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BALESTIER ROAD PAN ISLAND EXPRESSWAY BALESTIER ROAD TOWARDS PIE, JUNCTION OF PEGU 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
FBM9714Y	Motorcycle	YAMAHA	GDR155A (AEROX)	White	Seriously Damaged	0
SJV4708G	Car	KIA	CERATO FORTE	Red	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9714Y	AXA INSURANCE SINGAPORE PTE LTD	AN3165350	01/06/2018	31/05/2019



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999



T/20180716/2059

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Report No. T/20180716/2059

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD FAZLI BIN AYOB	ID No.	S9004456G
Related Vehicle	FBM9714Y (Motorcycle)	Contact No.	87236594
Hospital/Clinic	SILVER CROSS FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	13/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	WONG WINIFRED CHUI-FEI	ID No.	G5040854Q
Related Vehicle	SJV4708G (Car)	Contact No.	98579802
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

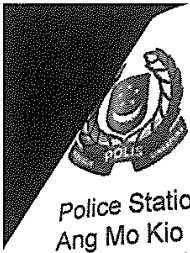
**Brief Details.**

On 13/07/18 at about 7pm, I was performing delivery duties for Deliveroo and riding on my motorcycle (FBM9714Y) along Balestier Road towards PIE. During which, I was in the middle lane of the 3 lane road and had stopped at the junction near to Pegu Road as it was Red. At that point in time, the road was dry and the weather was clear while the traffic was heavy.

As the light turned green, I proceeded to move off. However, right after I moved off, a vehicle (SJV4708G) from the opposite traffic performed an abrupt U-Turn. Seeing this, I immediately applied my e-brakes but it was too late as I collided onto the left side portion of the vehicle before falling onto my right side. Despite so, I managed to get back up on my own and some passerby including the driver of the vehicle (a female Chinese subject) rendered assistance to me. At that point in time, I only sustained slight abrasions on my right elbow and did not require any immediate medical attention.

Initially, when I requested to exchange particulars, the driver claimed that she had not brought her wallet along with her. Instead, she told me to meet me at a coffeeshop at Mandalay Road as her family was having dinner. I agreed but requested for her to provide a written agreement stating that she had been in the fault and would settle the matter via insurance claim. She declined the request and refused to meet me thereafter. She only texted me at a later time providing her particulars and agreed to insurance claim.

After the accident, I began to feel pain on my lower back and my right elbow. Thus, on the same day, I sought medical treatment at Silver Cross Family Clinic where I was issued with 3 days MC from 14/07/18



**SINGAPORE  
POLICE FORCE**

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51 Ang Mo Kio Avenue 9 SINGAPORE  
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T/20180716/2059

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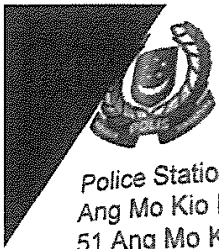
Report No. T/20180716/2059

**CONTINUATION OF REPORT**

to 16/07/18. I was also prescribed with painkillers.

I wish to state that I had not been aware that I was required to lodge a traffic accident report and was only advice to do so after I approached my workshop. I also state that the damages to my motorcycle were at the front portion and was required to be towed away after the incident. My workshop had informed me that the damages amounted to about SGD\$3000/-. I further state that the incident was witnessed by a passerby; Andy (Ctt: 93357889).





**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999



T/20180716/2059

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Report No. T/20180716/2059

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 MUHAMMAD FAHMY BIN RAZALI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI 2 SITIMARSITA BINTE BOHARI  
Contact No.: 65476219

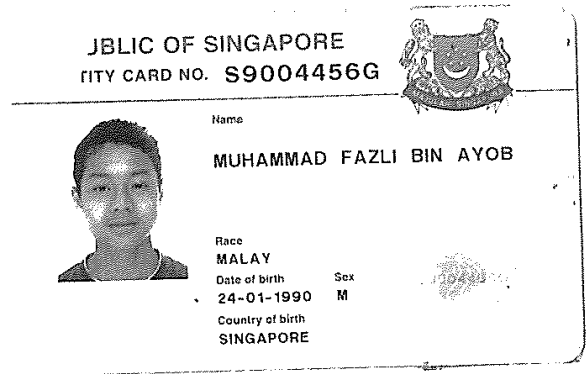
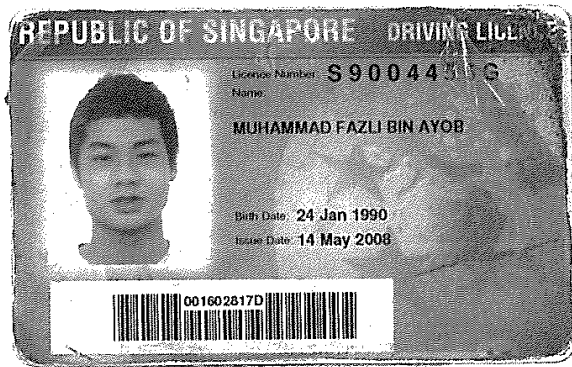
Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
16/07/2018 13:12

Classification Of Case:

Sketch Plan Pg. 7



Kp: 8723 6594 / 8723 6595

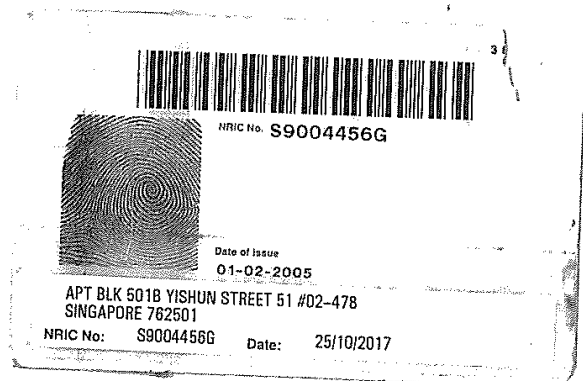
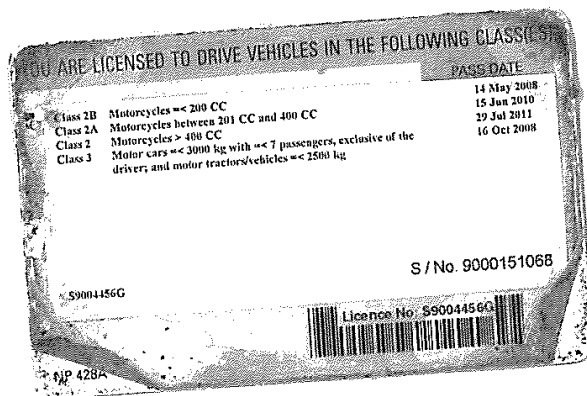
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# Sketch Plan Pg. 8

6/1/2018

AXA Insurance Motor Cover Notes System

**AXA INSURANCE PTE LTD**  
8 Shenton Way, #24-01 AXA Tower  
Singapore 068811  
Customer Service Centre #B1-01  
Tel: 6338 7238 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. **AN3165350 ( )**

- 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 **NOT 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	AXA INSURANCE PTE LTD
INSURED	MUHAMMAD FAZLI BIN AYOB
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA GDR155A
VEHICLE REGISTRATION NO.	FBM9714Y
YEAR OF MANUFACTURE	2018
ENGINE NO.	G3J8E0042855
CHASSIS NO.	MH3SG4640JJ036803
ENGINE CAPACITY/TONNAGE	155
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	HONG NAN MOTOR AGENCY
VALUE (S\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 1-Jun-2018 TO: 31-May-2019
EXCESS (S\$)	300
AXA PREMIUM WORKSHOP?	Yes

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

**HONG NAN MOTOR AGENCY**  
316 LAVENDER STREET  
SINGAPORE 338818  
TEL: 62998439 FAX: 62993487

Issued by **ANDA INSURANCE AGENCIES PL** on **1-Jun-2018 12:08:08 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 \$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.

<p><b>For Individual Customers:</b> Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.</p> <p><b>For Non-Individual Customers:</b> 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.</p>
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MFR-CXNOTE010101

Sketch Plan Pg. 9



redefining / insurance

Date: 16/07/2018

To: Owner of Vehicle Number: FBM 97147

The following has been advised to you via your workshop, Ah Lim Motor Company through their staff, Zila / Eileen / Mui Hong.

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 claim TP at own workshop

Signed and acknowledge by:

x [Signature]

Name and signature of policyholder/authorised driver

[Signature]

Name and signature of workshop personnel including company stamp

Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

