

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	20/08/2018 21:19
Date Of Accident	13/08/2018 17:50
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT BEFORE EUNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU8852Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD YAZIT BIN MOHAMAD HARUN
NRIC No	S1587996C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96210063
Alternative Phone No	OTHERS-96210063

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF2J
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	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	AN3164101
Cover Note Number	

Driver

Name of Driver	MUHAMAD SYARIFFUDIN BIN MOHAMAD YAZIT
NRIC No	S9733504D
Date Of Birth	04/10/1997
Occupation	INDOOR
Date Of Driving Pass	14/12/2016
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92368669
Fax Number	
Contact Number	
Email Address	EISS.SYARIT@GMAIL.COM

Address	BLK 47 CIRCUIT ROAD #02-705
Postcode	370047
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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?	NO
Was any injured conveyed to hospital by ambulance?	
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

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	SHD1138P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LOW YOCK WENG
NRIC/Passport Number	S0254774J
Contact Number	8420 8820
Address	BLK 253 SERANGOON CENTRAL DRIVE #04-239
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding CR400 FURUSIE on Lane 2 at speed of 60km/h
the vehicle SHD 1183 P was on the 1st lane slowed down and
enter my lane without signal and his left bumper hit my bike.

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:

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

Individual Statement

☐ Owner
☒ Driver

ACCIDENT STATEMENT

Date of Accident: 13 Aug 2018 Time: 17:50 Location of Accident: PIE towards Changi Airport before Eunos exit

INSURED/ POLICY HOLDER (VEHICLE A)

Vehicle Registration Number: FU 8852Z
Name of Policyholder: MOHAMAD YALIT BIN MOHAMAD HARUN
NRIC/ FIN/ Passport/ ROC (if Policyholder is company): 515879966
Address: BLK 42 Circuit Road #02-705
Contact Number: Tel: Hp: 96210063
Occupation: Delivery Driver

VEHICLE PARTICULARS (VEHICLE A)

Vehicle Make / Model: CB400
Type of Vehicle: ☒ Saron, MPV, CRV, Van, Lorry, Bus, Motorcycle, Others
Exact Purpose for which vehicle was being used at the time of accident: Form of transport
Are you claiming under your own insurance policy? ☐ Yes ☒ No Remarks: REPORTING
Vehicle category: ☐ Private ☐ Commercial ☒ Motorcycle

INSURANCE COMPANY (VEHICLE A)

Name of Insurance Company: AXA
Type of Policy: ☐ Comprehensive ☒ TP Fire & Theft ☐ Third party
Fleet Policy: ☐ Yes ☒ No
Policy Number: AN 3164101

DRIVER

Name of Driver: MUHAMMAD SYARIFUDIN Bin MD YALIT
NRIC/ FIN/ Passport: 593335040
Date of Birth: 04 OCT 1997
Occupation: NSF
Driving Pass Date: 14 DEC 2016
Gender: ☒ Male ☐ Female
Contact Number: Tel: Hp: 97368669
Address: BLK 42 Circuit Road #02-705 3(970047)
Email Address: eiss.syarit@gmail.com
Was driver an employee of the Insured's Company? ☐ Yes ☒ No
If No, relationship of Driver with the Insured: SON

Vehicle Number of Driver's Own Vehicle (if applicable):
Insurance of Driver's Own Vehicle (if applicable):

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (E.g. Chain Collision/ Head-On, etc.): Side Swipe
Weather Conditions: ☒ Clear ☐ Raining ☐ Others
Road Surface: ☐ Wet ☒ Dry ☐ Others
Damage Area: ol

OTHER INFORMATION

Was there any foreign vehicle(s) involved? ☒ No ☐ Yes
Was anybody injured in the accident? (Including Witness) ☒ No ☐ Yes
Was any other vehicle(s) or property damaged? ☒ No ☐ Yes
Was there any camera video footage (in car)? ☒ No ☐ Yes
DETAILS OF POLICE ACTION
Was the accident reported to the Police? ☒ No ☐ Yes
If Yes, please state which police station & Report No.
Was notice of intended Prosecution given? ☒ No ☐ Yes
If Yes, against whom?

eiss.syarit@gmail.com

Individual Statement

OWN VEHICLE REGISTRATION NUMBER

FU88528

DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHD 1138P

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

LOW YOCK WENG

NRIC/ FIN/ Passport

S 0254 774 J

Contact Number / Email Address

8420 8820

Address

BLK 253 SERAN GUNN CENTRAL DRIVE #04-23A

Name of Insurance Company

Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to hospital by ambulance?

☐ Yes

☐ No

DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

☐ Yes

☐ No

Was Injured conveyed to Hospital by Ambulance?

☐ Yes

☐ No

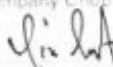
Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

X 

Signature of Policy Holder
(Company Chop if applicable)

Date & Time



Signature of Driver / Date & Time
(if Driver is not the Policy Holder)

Date & Time

Individual Statement

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:



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

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

Individual Statement



redefining

Date: 20/08/2018

To: Owner of Vehicle Number: FU 88522

The following has been advised to you via your workshop, _____ through their staff, _____

Please tick the applicable box if you had been advised 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: Report - y Only

Signed and acknowledged by

Signature

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp:



AUTHORIZATION FORM

Authorization Form

I, (Name) MD YAKUT B M HARUN of (NRIC) S15874962 authorized

(Name) THE SMARTRIDE S.M. LTD. of (NRIC) S97335047D to Repair/Reporting at

BH AUTO SERVICES PTE LTD located at Blk1 Sin Ming Industrial Estate Sector C #01-111/113/115/117
S575636

On behalf of me for my vehicle number F083572

My residential address is Blk 47 Circuit Road #02-705 S(370047) and
contact number is 97268669



Signature
Owner Name:



Signature
Witness Name:

IDENTITY CARD (OWNER)

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1587996C



Name

MOHAMAD YAZIT BIN
MOHAMAD HARUN

Race

JAYANESE

Date of birth

04-11-1963

Sex

M

Country of birth

SINGAPORE



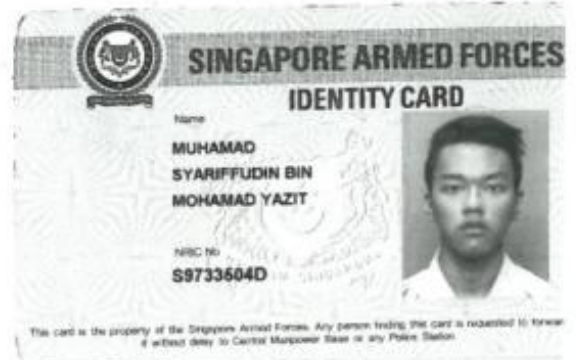
Owner



IDENTITY CARD & DRIVING LICENCE (DRIVER)



Driver



CERTIFICATE OF INSURANCE

AXA Insurance Motor Cover Notes System

Page 1 of 2

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01 AXA Tower
Singapore 068811
Customer Service Centre #01-01
Tel: 6338 7288 Fax: 6338 2322
Website: www.axa.com.sg
GST Registration Number: 199903512M



Original

A/c No 03375
Policy No (if any)
New Business
SmartDrive Quote Ref.

MOTOR COVER NOTE

No. **AN3164101 ()**

- 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.

NR: MUHAMAD SYARIFFUDIN BIN MOHAMAD YAZIT
ONLY WEF 26.05.2018

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	MOHAMAD YAZIT BIN MOHAMAD HARUN
MAKE AND DESCRIPTION OF VEHICLE	HONDA CB400SF2J
VEHICLE REGISTRATION NO.	FU8852Z
YEAR OF MANUFACTURE	2002
ENGINE NO.	NC23E2030939
CHASSIS NO	NC391030946
ENGINE CAPACITY/TONNAGE	399
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	WING FUAT PTE LTD
VALUE (\$\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 13-Apr-2018 TO: 12-Apr-2019
EXCESS (\$\$)	500
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

Authorised Signature

Issued by ANDA INSURANCE AGENCIES PL on 13-Apr-2018 3:37:27 PM

- 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 \$553.50 (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.

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.

<https://www.anda.com.sg/motor/AXA.asp>

13/4/2018

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

