

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	02/08/2018 18:31
Date Of Accident	01/08/2018 17:10
Exact Location Of Accident	PIE EXIT TOWARDS JURONG TOWN HALL LANE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL8917R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HANIFAH BIN KAMARUDDIN
NRIC No	S8336529C
Email Address	KAKASHIHANS28@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91511741
Alternative Phone No	OTHERS-91511741

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1937206
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HANIFAH BIN KAMARUDDIN
NRIC No	S8336529C
Date Of Birth	28/11/1983
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91511741
Fax Number	
Contact Number	OTHERS-91511741
Email Address	KAKASHIHANS28@GMAIL.COM

Address	BLK 339D KANG CHING ROAD #06-354
Postcode	614339
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 - HEAD TO REAR
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	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20180801/2173. (NOTE: BIKE NOT IN FOR PHOTO TAKING)

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	SLV6878L
Vehicle Make/Model/Colour	HONDA SHUTTLE (BLACK)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICIA
NRIC/Passport Number	
Contact Number	96647745
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD HANIFAH BIN KAMARUDDIN
Approximate Age	
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	FBL8917R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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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)**

(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:

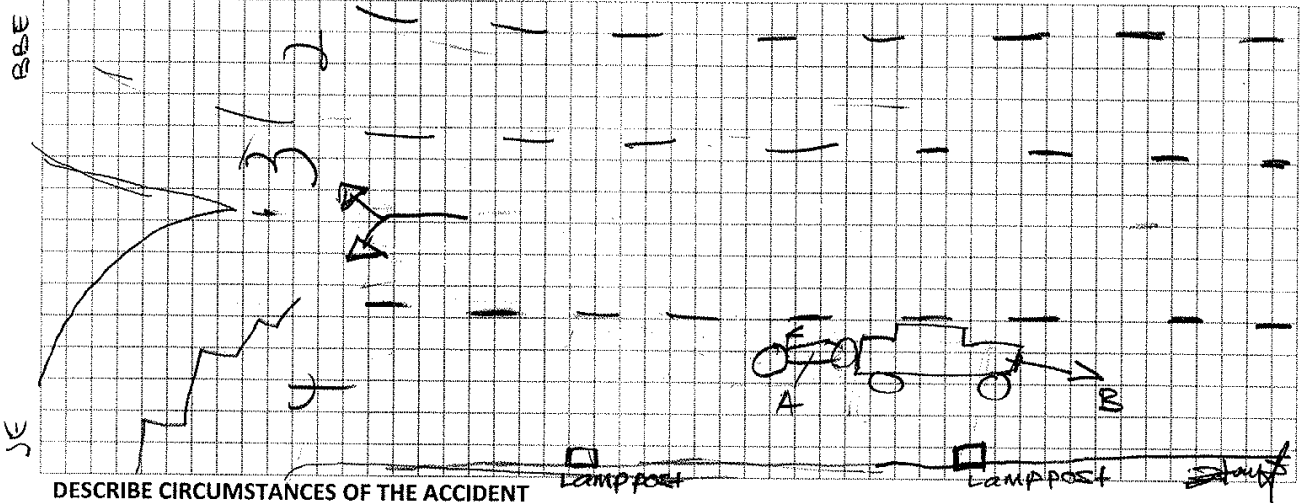
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
- (ii) for complying with requirements under any regulations, laws or court orders.

Reporting Centre Personnel's Signature
Name:
NRIC / EIN No:

Sketch Plan Pg. 2

A - FBL 89172
B - SLV 6878L

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
	- Claim TP
✓	- Claim OD TP at other workshop

DECLARATION

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

Signature 02/08/18

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

Signature

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999



T/20180801/2173

my traffic - TP 10

1 of 4

Report No. T/20180801/2173

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/08/2018 22:13	Vide Report No.:	Station Diary No.: 63
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Informant's Particulars

Name of Informant: MUHAMMAD HANIFAH BIN KAMARUDDIN	Address: APT BLK 339D KANG CHING ROAD #06-354 SINGAPORE 614339		
ID Type / ID No.: NRIC NO / S8336529C	Contact No.: Home/Office: Mobile: 91511741		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 34	Date of Birth: 28/11/1983	Type of Informant: Rider
Race: Malay	Language: English	Institution / School Name:	
Occupation: HEALTH OFFICER	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: 01/08/2018 17:10	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY exit towards Jurong Town Hall lane 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL8917R	Motorcycle	HONDA	CBF190WH	Black	Slightly Damaged	0
SLV6878L	Car	HONDA	SHUTTLE 1.5G CVT	Blue	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL8917R	AXA INSURANCE SINGAPORE PTE LTD	P1937206	24/04/2018	23/04/2019



**SINGAPORE
POLICE FORCE**



T/20180801/2173

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20180801/2173

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HANIFAH BIN KAMARUDDIN	ID No.	S8336529C
Related Vehicle	FBL8917R (Motorcycle)	Contact No.	91511741
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/08/2018	Date Discharge	01/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Name			
PATRICIA		ID No.	NIL
Related Vehicle	NIL	Contact No.	97647745
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 01/08/2018 at about 1712hrs, I was riding along PIE and as I was exiting the expressway towards Jurong Town Hall on lane 2, I felt a hard knock at the rear of my motorcycle. As such I lost control of my bike and I fell off the bike towards my right. A car had knocked my bike on the rear.

I felt pain on my elbows and lower back but I still managed to get up on my own before making my way to the side of the road. Another road user called for ambulance and police. Ambulance arrived at scene and the paramedics attended to me. Traffic police arrived shortly and interviewed me before I was conveyed to Ng Teng Fong Hospital.

I sustained abrasion on both my elbows and lower back. I was given 3 days' medical leave for my injuries. I wished to state the driver of the car which knocked my bike down, came over to visit me. We exchanged details and I was discharged shortly.

I received a call from Traffic Police and I was advised to lodge a traffic accident report and report to the Traffic Police compound to retrieve my bike.



**SINGAPORE
POLICE FORCE**



T/20180801/2173

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
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Tel No: 1800-5648999

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Report No. T/20180801/2173

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
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510 Jurong West Street 52 #01-90
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T/20180801/2173

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Report No. T/20180801/2173

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: J/ Sr. Staff Sgt MUHAMAD RIZMAN BIN SAMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/08/2018 22:13
Officer In Charge Of Case: TP / GIT / Sgt 2 MUHAMMAD ABDILLAH BIN YUSOF Contact No.: 92209878	Classification Of Case: SN 125
Authentication Stamp NP168	Signature :

Singapore Police Force



redefining / insurance

Date: 2/08/2018

To: Owner of Vehicle Number: FBL8917R

The following has been advised to you via your workshop, ETHOZ PROTECTIVE LTD through their staff, Jackson Teo.

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 _____

Signed and acknowledge by:

MUHAMMAD HANIFAH B KAMARUDIN

Name and signature of policyholder/authorised driver

[Signature]
Name and signature of workshop personnel including company stamp

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence Number: **S8336529C**

Name: **MUHAMMAD HANIFAH BIN KAMARUDDIN**

Birth Date: **28 Nov 1983**

Issue Date: **28 Feb 2017**

002661234D



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8336529C**



Name

MUHAMMAD HANIFAH BIN KAMARUDDIN

محمد حنيفه بن قمرالدين

Race

MALAY

Date of birth

28-11-1983

Sex

M

S8336529C

Country/Place of birth

SINGAPORE

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

EFFECTIVE DATE

28 Feb 2017

Class 2B Motorcycles =< 200 cc

5185780



NRIC No. **S8336529C**

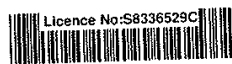


Date of issue

25-06-2013

Address:

**APT BLK 339D KANG CHING ROAD
#06-354
SINGAPORE 614339**



NP 428A

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

**CERTIFICATE OF INSURANCE**

AS2016-13009

■ 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. : VMX/P1937206 Account No. : 03375
 Coverage : Comprehensive
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : MUHAMMAD HANIFAH BIN KAMARUDDIN
 Vehicle Registration No. : FBL8917R
 Period of Insurance : From 24/04/2018 To 23/04/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 (b) 1. MUHAMMAD HANIFAH BIN KAMARUDDIN
 2. MUHAMMAD AIDRUS BIN A HAMID

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)

Sect I - Insured & Named Rider : 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).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN03 on 04/05/2018

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Accident Photo



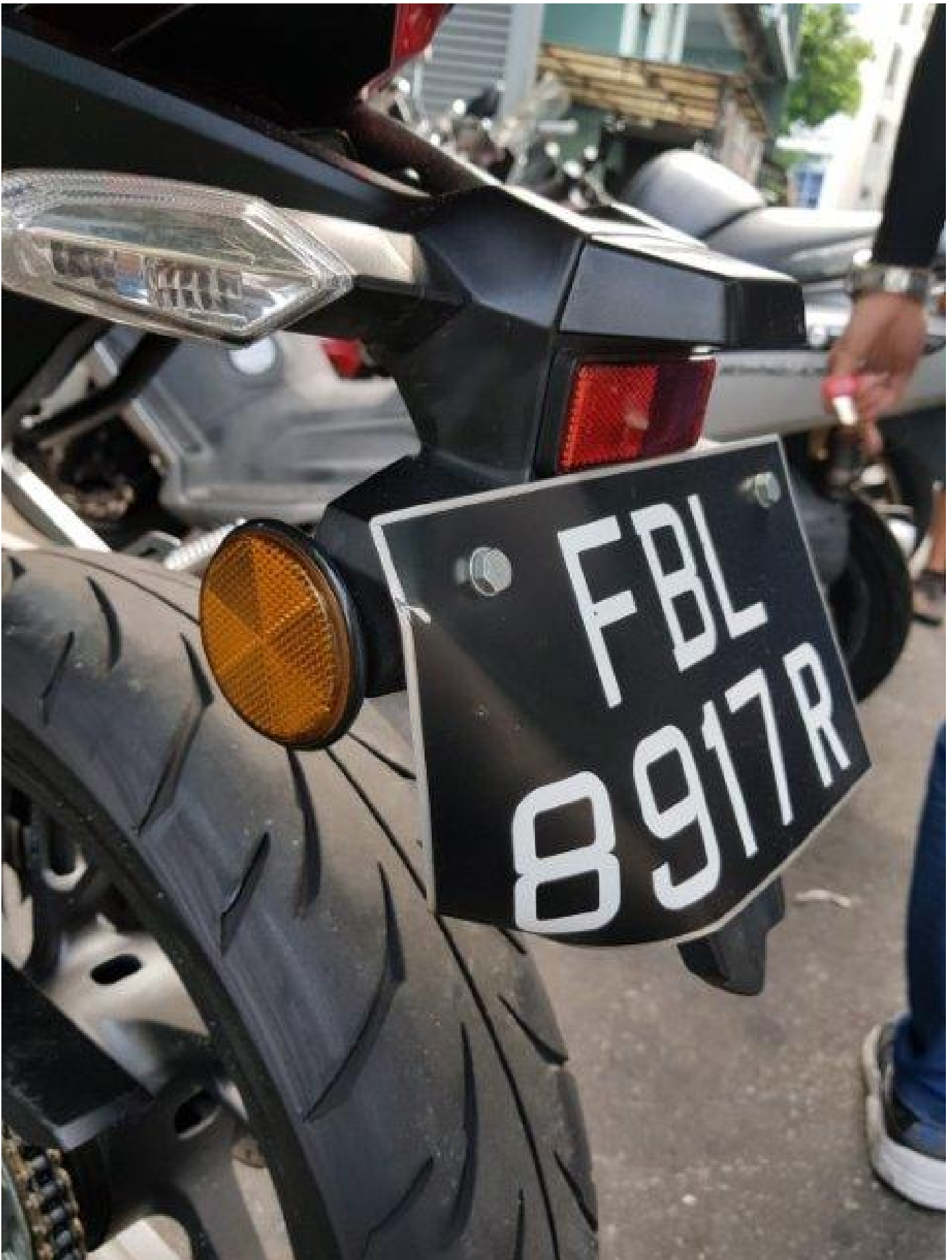
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Accident Photo





GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66SS0020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the **same** Authorized Reporting Centre With whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MOR118100075

Vehicle Registration No: FBL8917R

Name (as shown in NRIC) MUHAMMAD HANIFAH BIN KAMARUDDIN

NRIC/FIN/Passport No: S8336529C

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address: BLK 339D KANG CHING ROAD #06-354

Singapore (614339)

Contact (Tel):

Mobile No. : 91511741

Email Address:

Date of Accident: 01/08/2018

Time of Accident: 17:10


Place of Accident: PIE EXIT TOWARDS JURONG TOWN HALL LANE 2


Insurance Company:

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or Make the following amendments:

1)ADD IN DAMAGED BIKE PHOTO.


Policyholder / Driver's Signature
Date: 03/08/2018


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