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 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	15/09/2018 10:51
Date Of Accident	14/09/2018 14:05
Exact Location Of Accident	26 MAJU CAMP
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FT5721T
Insured/Policyholder	
Name Of Registered Owner	HASYAFIQ BIN RAZALI
NRIC No	S9627062C
Email Address	SYAFIQRAZALI07@ICLOUD.COM
Mobile Phone No	(LOCAL) +65-91718111
Alternative Phone No	OFFICE-91718111
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	AN3164721
Cover Note Number	
Driver	

Name of Driver HASYAFIQ BIN RAZALI

NRIC No S9627062C Date Of Birth 07/08/1996 Occupation **INDOOR Date Of Driving Pass** 30/04/2018

Driving Experience 0 YEAR AND 4 MONTH

Gender MALE

Mobile Number (LOCAL) +65-91718111

Fax Number

Contact Number OFFICE-91718111

EMail Address SYAFIQRAZALI07@ICLOUD.COM Address BLK 332 JURONG EAST AVENUE 1

#02-1758

Postcode 600332

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 Vegistration Number of Briver's Own

_

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?

NO

NO

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name JURONG WEST NPC

Police Station Address ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

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 SLE5399Z

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver KWEK JING PING

NRIC/Passport Number S8214659H Contact Number 98397652

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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 (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")
- 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.:

KETCH PLAN		
	† +	Vehicle A-FT57217 B-SLE53992
	B B B	Legend Vehicle Motorcycle
ESCRIBE CIRCUMSTANCES	STATE OF THE STATE	
when I ride to	maju camp there was a want to make U turn i ide back Door	Signal A SLESSANZ Overtake
DECLARATION TWO declare the foregoing particlesse be advised that your insurer may not the day of occurrence. Kindly che to the control of t		Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

POLICE REPORT

Jurong West NPC 700 Corporation Road Singapore 649818 Tel: 62689999 Fax: 62672438



Traffic Police Department Charge Office 10 Ubi Avenue 3 Singapore 408865

Traffic Police Annex D

NOTICE OF REPORTING

Informant Name

: Hasyafiq Bin Razali

Identity Card No

S9627062C

Age / Sex

: 22 yrs/ Male

Address

: B/332 Jurong East Avenue 1 #02-1758

Nationality and Race

: Malay

Occupation

: Unemployed

Telephone No

91718111

This is to confirm that the above informant, driver of vehicle registration number, FT5721T, has reported to the Police a traffic accident which occurred on the 14/09/2018 at 1405Hrs along 26 Maju Camp (entrance) involving the following vehicle/s:

VI : FT5721T V2 : SLE5399Z

If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Issuing Officer

: SGT T160385 Chia Shun Zheng

Date / Time

14/09/2018

Station Diary No

: 152

Police Post

: Jurong West NPC

Signature of Informant

Signature of Issuing Officer:

- to be issued to/informant

Original Duplicate

- to be submitted to Traffic Police

JURONG WEST NPC 700 Corporation Rd Tel: 6268 9999 Fax: 6267 2438

Common Statement

	location of accident	1100 (C. 25.			-		by BOT yen if s		ers
149/18/1402	26 magn	carp.			No	Z	Yes		
Material damage To vehicles other than vehicles A and B To other Yes No	bjects other than vehicles Yes	[5] Witness' name, address a is passenger in vehicle A or			lined if	he/she		e Video a Availal Yes	ble
an arrow (**)	Put 3 of book A	2 CIRCUMSTANCES TOSS (X) in each of the relevant as applicable to your vehicle Chan Collider Collided into Bicyclist Collided into Reductrian Collided into Reductrian Collided into Reductrian Collider Tons Juriston Collider - Cross Juriston Collider - Read to Rear Collider - Read to Rear Collider - Read to Rear Collider - Dening Dary of Vehicle Collider - Dening Dary of Vehicle Collider - Read to Rear Collider - Spening Dary of Vehicle The Dark Vanidation / Darwaged whits Farked Hit by Fallen Time / Other Objects No Collider She Salpe Theft State TOTAL number of Exception of vehicles A and any act of the road - 2, the direction of vehicles A and any act - 4, the road signs - 5, names of the	d B with	(capital fetter NRIC / Paisp Class of licen HP Gender M	/policy rs) 9am til 29am til	pany C cer damas	(see inst	FT Direction of the state of th	
" U L RI								a seed of balls	
Visible damage to vehicle A					11Vis	ible dar	mage to	venice	e E
Visible damage to vehicle A	LASI	Signatures of drivers 135		14My rema		ible dar	mage to	vence	e E

Individual Statement

Diver or preson is the vehicle state in users Yes No If no, state where it is at present Tell no	To be completed and	submitted within 2	24 hours to you	r insurer or Idac or a	ppointed worksh							
State Stat	insured								9/107	victory		
Section Part		2 Vehicle registrati	ion no.	c.c.								
4 Sout purpose for which vehicle was being used at time of accident. Africate use Commercial use Inc. Others - please specify St. is the which satil in use? Yes No If no, state where it is at present. Tell no No. State vehicles state in use? Yes No If no, state accident to be taken Third Party Effective or person in Inc. State or the state Third Party Effective or person in Inages of vehicle at the first of or other desirable or the state in which call in used? Yes No No Yes No No Yes No No No No No No No N						1000000	state the webicle cumber and name of					
6 Are you claiming under your own insurance policy for repair to your vehicles	ou the owner?]Private Hire				
6 Are you claiming under your own insurance policy for repair to your vehicles Yes No If no, state action to be taken Third Party Property Third Party Own Workshop) 7 Date of bith Cocupation Date of license pass Was vehicle driven with house of welfale at he time of accident recording insured) 8 Give details of all driving convictions including panding prosecutions in the last 35 months Date Offerce Penalty 9 Full details of all driving convictions including panding prosecutions in the last 35 months Date Offerce Penalty 10 Name(b), address(es) and approximate age(s) Inquiries sustained If vehicle occupants, state in which vehicle Ves No Ves 10 Name(c), address(es) and approximate age(s) Ves Ves No Ves 10 Name(c) and address(es) of Ves Ves No Ves Ves No Ves 10 Name(c) and address(es) of owner(s) Ves Ves No Ves 11 Name(c) and address(es) of owner(s) Ves Ves Ves No Ves 12 Was the accident reported to the Patice Ves No Ves 13 Was orkice of intended prosecution given? Ves No Ves 14 Weather conditions Ceex Raining Others 15 Road aurface Wat Dry Others 16 Speed of vehicles A Inquiries substance No 17 What ights veries depend on your vehicles for ode carried at time of accident 20 If your vehicle is commencially No 17 What tights veries depending particulars are true in every respect. Policyhotder's signature Date Date Date Date Date Dat												
If no, state action to be taken	_ B											
7 Date of birth Occupation Date of license pass Was vehicle driven with the insured's permission? Indoor Outdoor Yes No Yes No Yes Indiange of vehicle at the time of excision of excisio		If no, state actio	in to be taken	Third Party	Reporting On	y Thir	rd Party (Own Works	hop)			
B Give details of any pre-existing impairment of sight or hearing and of any other disability 9 Full details of all driving convictions including pending prosecutions in the last 36 months Date Offence Penalty 10 Name(s), address(es) and Injuries sustained If vehicle occupants, state in which vehicle approximate age(s) 110 Name(s), address(es) and Injuries sustained If vehicle occupants, state in which vehicle ventry 110 Name(s), address(es) and Injuries sustained If vehicle occupants, state in which vehicle ventry 111 Name(s) and address(es) of Ves Into Insure of teamurge Information on Ves Into Insure of ventry 111 Name(s) and address(es) of vehicle registration no. or details of property ventrices (other buse existed which Police station 112 Was the accident reported to the Police? Ves Into Insure of damage Information of ventry Information (it is nown) 113 Was notice of intended prosecution given? Ves Into Insure of teamurge Information Intended		7 Date of birth			Date of license				of the in			
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Driver's signature (if driver is not the policynology)		Driver's signatur	re (if driver is n	ot the policyholder)_			Dat	e				

AXA INSURANCE PTE LTD

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01 AXA Tower
Singapore 068811
Customer Service Centre #B1-01
Tel: 6338 7288 Fax: 6338 2522
Website: www.axa.com.sg
GST Registration Number 199903512M



Original

A/c No: **03375**

Policy No (if any):

New Business

SmartDrive Quote Ref:

MOTOR C VER NOTE

No. AN3164721 ()

The Motof Vehicle (Third Party Risks and Compensation) Act (C 189) - Republic of Singapore; or

- The Road Transport Act 1987 of Malaysia; or The Agreement between the Minister of Linance (Singapore) and 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 insuran in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVI RED under the terms of the Company's usual formial 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 1/art of the annual premium otherwise payable for such a surance will be charged for the time the Company has been on risk.

NR-MUHAMAD HIRFEE BIN

SCHEDULE

SAHIR	The St. D. East and St.			
THE COMPANY	AXA INSUFANCE PTE LTD			
INSURED	HASYAFIQBIN RAZALI			
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA RXZ			
VEHICLE REGISTRATION NO.	FT5721T _			
YEAR OF MANUFACTURE	2001			
ENGINE NO.	3BS260002			
CHASSIS NO.	ZMC260002			
ENGINE CAPACITY/TONNAGE	133			
COVER TYPE	THIRD PARTY ONLY			
HIRE PURCHASE	ATAN MOTORING SUPPLY PTE LTD			
VALUE (S\$)	-			
PERIOD OF INSURANCE	FROM: 8-May-2018 TO: 7-May-2019			
EXCESS (S\$)	NIL			
AXA PREMIUM WORKSHOP?	No			

EWE 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) ACTICHAPTER 1891 AND PARTIY OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PL. on 8-May-2018 5:34:03 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 \$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

DRIVER IC/DL Pg. 1

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9627062C



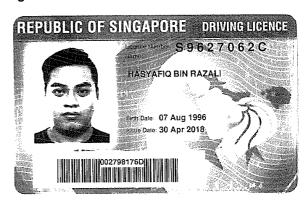


HASYAFIQ BIN RAZALI

MALAY

Date of birth Sex 07-08-1996 M Country of birth SINGAPORE

898270620



4797874



NRIC No. S9627062C

Date of issue 30-11-2011

APT BLK 332 JURONG EAST AVENUE 1 #02-1758 SINGAPORE 600332

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

30 Apr 2018

NP 428A



Accident Photo



Accident Photo



Accident Photo

