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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	14/09/2018 16:40
Date Of Accident	13/09/2018 22:55
Exact Location Of Accident	ALONG JALAN SULTAN ROAD INFRONT OF HOTEL BOSS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM5447U
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD AFFENDY BIN MOHAMAD
NRIC No	S7509171J
Email Address	ARFFENDY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96996895
Alternative Phone No	OFFICE-96996895
Vehicle Particulars	
Manufacturer	HONDA
Model	CB190X-184CC
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	P2049248
Cover Note Number	
Driver	

Name of Driver MOHAMAD AFFENDY BIN MOHAMAD

 NRIC No
 \$7509171J

 Date Of Birth
 02/03/1975

 Occupation
 INDOOR

 Date Of Driving Pass
 21/05/2015

Driving Experience 3 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96996895

Fax Number

Contact Number OFFICE-96996895

EMail Address ARFFENDY@GMAIL.COM

Address BLK 731 WOODLANDS CIRCLE

#02-13

Postcode 730731

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 Vehicle

_

Insurance Company of Driver's Own Vehicle

_

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD

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?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NUR KHIZELNA BINTE ABAS

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING,

POSTCODE: 319194, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20180914/2016. STATEMENT RECORDED BY SOO - PROGRESSIVE AUTOMOTIVE PTE LTD (6741 5336)

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHB7663K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name FBM5447U

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM5447U

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name NUR KHIZELNA BINTE ABAS

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM5447U

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.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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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:
 - 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 Signature

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

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

ECLARATION We declare the foregoing pa ease be advised that your insurer n om the day of occurrence. Kindly cl	rticulars are true in every nay have a fourteen (14) days c heck your policy for more deta	respect. lause whereby the claim against ils.	own policy must be made within	by stipulated timeframe
ECLARATION				7
	<u> </u>	A III		
			The state of the s	
Refer to po	lice report	no: 12018	2914/2016.	
SCRIBE CIRCUMSTANCE	S OF THE ACCIDENT			
~ ²				Vehicle Motorcycle
		1//	7	Legend A
	A	5	-defiblie marro servin.	
			CT MATERIAL TO A STATE OF THE S	
		15/1B)	No contract of the contract of	
	1	,	2	B - SHB 7663
			The appropriate is a second of the second of	A-FBM 544

Date & Time:

NRIC/FIN No.:

POLICE REPORT Pg. 1





F/20180914/2016

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa

93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194

Tel No: 1800-2519999

1 of 4 Report No. T/20180914/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report I 14/09/2018 03:28	Made:	Vide Report No.:	Station Diary No.: 22			
Informant's Partic	ulars					
Name of Informant MOHAMAD AFFEN		Address: APT BLK 731 WOODLANDS (CIRCLE #02-13 SINGAPORE			
MOHAMAD .		730731	5/100LL #02 10 011(5) (1 01)			
ID Type / ID No.:		Contact No.:				
NRIC NO / S75091	71J	Home/Office: Mobile: 96996895				
Nationality:		Email:				
SINGAPORE CITIZ	ZEN					
Sex: Age:	Date of Birth:	Type of Informant:				
Male 43	02/03/1975	Rider				
Race:		Language:	Institution / School Name:			
Malay		English				
Occupation:		Driving Licence Information:				
ENVIRONMENT C	FFICER	Class: 2B	Date of Expiry:			

General Informati	ion of the Accident					
Type of Accident:	Injury Others		Drink Drive: No	Date/Time of Accident: 13/09/2018 22:55		Type of Location: Straight Road
Location: Along Road 1 JALAN SULTAN Along Jalan Sulta	ın Road after turning ri	iaht fron	n Rohor Ca	nal Road		
Weather: Clear			Surface:		Roa	d Speed Limit:
Traffic Flow: Two Way		1	Control: ontrolled		Traff Ligh	îc Volume: t
Type of Collision: Between Moving	Vehicles - Head To Si	de				one conveyed by ulance:

Details of V	ehicle Involve	1				delices to
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM5447U	Motorcycle	HONDA	CB190X MANUAL	Black	Seriously Damaged	1
SHB7663K	Car	CHEVROLET		Red	Slightly Damaged	1

Details of Vi	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5447U	AXA INSURANCE SINGAPORE PTE	P2049248	12/12/2017	11/12/2018
	LTD			





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

2 of 4 Report No. T/20180914/2016

Details of Perso	n Involved				
Any Pedestrian Ir					• • • • • • • • • • • • • • • • • • •
No. of Pedestrian		Use of Peo	destrian	Cross	ing: NA
Pillion				1	
Name	NUR KHIZELNA BINTE ABAS		ID No.		S8712002C
Related Vehicle	FBM5447U (Motorcycle)		Contac	ct No.	93666772
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of ; e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	1	NIL	
	ted Medical Leave 05	Degree of			
Rider		19	7-7		
Name	MOHAMAD AFFENDY BIN MOHAMAD		ID No.		S7509171J
Related Vehicle	FBM5447U (Motorcycle)			ct No.	96996895
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL			of J e & Date	Class: 2B Date of Expiry: NIL ,
Date Treatment	NIL	Date Disc	harge	NIL	
	ted Medical Leave 07	Degree of		Slight	
Driver					•
Name	GOH GIM PEOW		ID No.		S6848961Z
Related Vehicle	SHB7663K (Car)		Contac	ct No.	81809669
Hospital/Clinic	NIL		Class Driving Licenc Expiry	j e &	Class: NIL Date of Expiry: NIL
Date Treatment	NIL.	Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 13/09/2018 at about 2255hrs, I was riding my motorcycle (black coloured Honda, bearing vehicle registration number FBM5447U) with one pillion along Rochor Canal Road and turned right onto Jalan Sultan. It is a two-way road and there are two lanes each. I was on the right lane.

When I was travelling straight, a taxi (Transcab, red coloured Chevrolet, bearing vehicle registration number SHB7663K) suddenly turned right from the opposite direction into Hotel Boss. I was unable to stop and the taxi's front left collided into the front right portion of my motorcycle. The taxi had already gone past the give way line.

POLICE REPORT Pg. 1





3 of 4

Report No. T/20180914/2016

Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 Tel No: 1800-2519999

CONTINUATION OF REPORT

The collision impact caused my motorcycle to fall to the left. Due to the accident, my motorcycle's fairing was damaged and the foot rest, hand guard and box were broken. I exchanged particulars with the taxi driver and took photographs of the accident scene.

No Traffic Police or ambulance came to the accident scene. My motorcycle was then towed away. Due to the accident, my left back shoulder area was swollen and sustained bruises. My right knee, right shin and right foot sustained abrasions. My left foot toe was injured. I also felt giddiness. My friend pillion and I went to Mount Alvernia Hospital for a check-up and I was given Medical Certificate for 7 days from 14/09/2018 to 20/09/2018.

I do not have any recording equipment on my motorcycle. There were two cars who had witnessed the accident and their installed car camera had captured the accident occurrence. I did not get their particulars but I have the contact numbers (Sean HP: 96715177, female driver HP: 81013537) of the drivers.

POLICE REPORT





Police Station Of Origin: Toa Payoh N.P.C 93 Toa Payoh Central #01-02 Toa Payoh Community Building SINGAPORE 319194 CONTINUATION OF REPORT Tel No: 1800-2519999

4 of 4 Report No. T/20180914/2016

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: E / Sgt 2 WEE SHUN QIANG, JOSEPH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 14/09/2018 03:28
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED	Classification Of Case:
MOHD SAID Contact No.: 65476172 SINGAPORE POLICE FORCE	SN 168
Authentication Stamp NP168 SIGNAT	URE

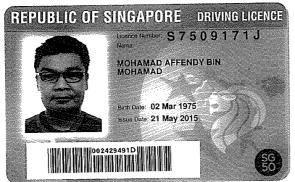
Common Statement Pg. 1

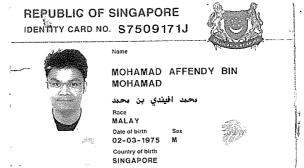
ACCIDENT STAT					
his is NOT an admission of blame / nd facts which will speed up the set	tlement of claims				To be signed by BOTH drivers
	2 Exact location o	faccident	- 1 0 %	C Hant	3 Injuries even if slight
13/9/18 2255	1 Along ?	Johan Saltan	Rd Enfront	07 11012	Yes *
Material damage	•	· I II51	Witness' name, address a	nd tel no. (to be	underlined if he/she , Vehicle Video
To vehicles other than vehicles A a	}	· · · · · · · · · · · · · · · · · · ·	is passenger in vehicle A or	vehicle B)	Camera Available
No Yes *	No	Yes *			No Yes
Registration No. FBW (VEHICLE A) FBW Insured /policyholder (see iris	1544711	Put a cross (X) in	MSTANCES each of the relevant	(VI	stration No. SHB 76631 EHICLE B) ared /policyholder (see insurance cert.)
ame Mohamad A	Ffendy A	намер афинса	sle to <u>your</u> vehicle	В	neu / poncynoider (see inspiance cert.)
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Idraca	□3	Collided Inte	o Motorcyclist	3□ Address	i
ldress		Collided Into	Parked Vehicle	4D AGG: 633	
0258S	91717 05	Collided In	to Pedestrian	50	
RIC / Passport no.	G6	Collided I	nto Property	e□ NRIC/	Passport no.
el no. (from 9am till 5pm)	D7		ange/Cross Lane		(from 9am till 5pm)
96996	39_5 08		Crass Junction	8D HP	
Vehicle			ead on Collision	9□ Z Vehi	icle
ake, type	□ 10		Head to Rear	10∐ Make t	
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Insurance company	1 12	·	ing Door of Vehicle		ігапсе сотрапу
AXR OC ZTE	¥		Roundabout	130	C TPFT TPC
oes the policy cover damage to vel No Yes	hicle A?		n – U-Turn / Drug Influence	14D Does th	e policy cover damage to vehicle 8? Yes
B20497			on or Lightning	160	
olicy No.	017		lood	Policy N	lo. (ıf available)
Driver S	ame as Owner □18		n / Damaged whilst Parked		er (See driving licence)
ه کیا ه	anie as Owner =19		ce / Other Objects		ifferent from insured B above)
ame			ollision	20□ Name (capital	tolenes
apital letters)	a21	Side	: Swipe	210	
RIC / Passport no.		ĭ	heft		Passport no.
	j				licence
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ender Male Female		boxes mark	ed with a cross	Gender	Male remale
GIndicate the point of initial impact with	Please inducat 3. their positions	[13] Sketch of accident v at 1, layout of the road - 2, at the time of impact - 4, ti	when impact occurred [13] the direction of vehicles A and he road signs - 5, names of the	d B with arrows - e streets or roads	10 Indicate the point of initial impact with
an arrow (ॐ)		<u> </u>			an arrow(->)
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Individual Statement

To be completed and	AL STATEMENT submitted within 24 hours to yo	our insurer or Idac or a	ppointed worksh	Own Workshop op (Use a sepan	ate shee	t of pape	er where a				
Insured	1 Occupation (if more than one,	state all)		Em	GTA ADDRESS	en i reconstruire	ndy (gmai	1.Co	m	
	2 Vehicle registration no.	CC.		If commercial permissible car				0			
Of which vehicle are	3 3s driver the owner? Yes No If no, State Restronship of state the vehicle number and name of insurer of driver's own vehicle (where applicable)										
you the owner?	4 Exact purpose for which vehicle was being used at time of accident Private use Commercial use Hire & reward Private Hire Others - please specify										
-	5 Is the vehicle still in use? Yes		no, state where it		_	7		Tel no.	_		
[_] B	6 Are you claiming under your or				No.						
	If no, state action to be taken	☐ Third Party [Reporting Onl	V Third	Party	(Own V	Vorksho	ob)			
	7 Date of birth Occupation		Date of license			e driven Es permi		Was driver of the insu company?		loyee	
Driver or person in	Indoor	Outdoor		Yes	5	No		Yes	No	1	
charge of vehicle at the time of accident (including insured)	8 Give details of any pre-existing	Impairment of sight or he	aring and of any of	her disability _						-	
	9 Full details of all driving convic	tions including pending pr	osecutions in the la	st 36 months							
	Date Offence							Penalty			
								_			
	10 Name(s), address(es) and approximate age(s) Injuries sustained					Were seat belts being yom?			Was injured conveyed to hospital by ambulance?		
Injured persons	Nor Khizelun Mohamad Affen	Clark &	your FB	IN SYYAU	Yes :	N	:/	Yes :	No	11/	
	mohumad Affen	dy lu	1	L	Yes :	10	5: /	Yes	No		
	- A A A A A A A A A A A A A A A A A A A	J			Yes	76	0 :	Yes	No	1	
					Yes	10	9	Yes	No		
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Wrhicle registration or details of propert		damage				rer's name nown)	and add	iess	
	12 Was the accident reported to If yes, please state which Pol	The state of the s	No			Ton	Pa	yoh	NP	c,	
Police action	13 Was notice of intended proses If yes, against whom?	cution given? Yes	No _	7							
	14 Weather conditions	lear	Raining		Oth	ers					
				7	-						
	15 Road surface	Wet	Dry	J	COR	iors					
	16 Speed of vehicles A	km/hr	В		kmyhr						
Accident	17 What warnings were given by	driver or other party?									
details	18 Were street lights illuminated		No								
	19 What lights were displayed or	Landard L									
	20 If your vehicle is commercial,			nt							
	21 State how accident happened			tsched) (-)	Nu	rK	hite	nn B	inte		
	22 State number of Passengers	(Including Driver)	2.		A	BAS	hite (F))			
Declaration	1/We declare the foregoing partic	ulars are true in every res	pect flef.	2	Da	te					
	Bullianda alamana atta att		1								
	Driver's signature (if driver is	not the policyholder).			Da	te					

DRIVER IC/DL Pg. 1





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

Class 2B Motorcycles =< 200 cc

NP 428A

21 May 2015

№ S7509171J Date of issue 11-05-2004 APEBLK 731 WOODLANDS CIRCLE #02-13 SINFAPORE 730731 NRIC Nos S750917.1J Date: 14/03/2017 No: 6767165 Date: 14/03/2011

3547315

