## SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

EMail Address

- 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 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. 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.

	ACCIDENT STATEMENT
Date Of Report	12/10/2018 10:14
Date Of Accident	27/09/2018 15:35
Exact Location Of Accident	ALONG PIE TWDS CHANGI AFT CTE EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBB7176X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AMIRUL BIN ISKANDAR
NRIC No	S9510606D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98568843
Alternative Phone No	HOME-98568843
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P2007213
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AMIRUL BIN ISKANDAR
NRIC No	S9510606D
Date Of Birth	04/04/1995
Occupation	INDOOR
Date Of Driving Pass	21/09/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98568843
Fax Number	
	HOME-98568843

NOEMAIL

Address

113 TECK WHYE LANE #02-660 SINGAPORE 680113

Postcode

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

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)

2

Passenger 1

NAME:

: ABDUL RAHEEM

GENDER:

: MALE

**Details of Police Action** 

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

10 UBI AVENUE 3

Police Station Address

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact Was notice of intended Prosecution given? TEL NO: - FAX NO:

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT/ SKETCH PLAN

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

**SLE3311P** 

Vehicle Make/Model/Colour

KIA CAREN

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

QIU XUAN GUAN

NRIC/Passport Number

S8741314D

Contact Number

90250024

Address

Postcode

Page 2 of 27

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

# Name ABDUL RAHEEM Approximate Age Injuries Sustain Injured person in which vehicle? FBB7176X Were seat belts worn? Was this injured conveyed to hospital by ambulance? Address Postcode

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

\*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

: VMO/P2007213

Account No. : 03375

Coverage

: Third Party Only

Sum Insured

· NIL

Name of Policy Holder : MUHAMMAD AMIRUL BIN ISKANDAR

Vehicle Registration No. : FBB7176X

Period of Insurance : From 29/09/2017 To 28/09/2018 (Both Dates Inclusive)

#### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE+

(a) The Policyholder

MUHAMMAD AMIRUL BIN ISKANDAR
 ISKANDAR BIN MOHAMED LAH

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

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 - SGRAN04 on 23/10/2017

PROFESTANT AND ADDRESS ARE WARNED THAT ON THE SALE OF A MOTOR VEHICLE THEY MUST SUFFERED THE CERTIFICATE OF INSURANCE AND THE PROFESTANT OF THE SALE O

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.





# SKETCH PLAN Bite DESCRIBE CIRCUMSTANCES OF THE ACCIDENT · Refer to police report -Reporting Only You have been advised by the workshop that in the event that you wish to Claim OD claim against your own policy (OD CLAIM), There is a FOURTEEN (14) Claim TP DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame Claim OD/ TP at other workshop from the day of the occurrence.

DECLARATION

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

Policyholder's signature

Date & Time

12/10/18 1003 hrs

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

#### 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
- 7. By the ladgment 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

- 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 perional 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
- (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

12/10/18 1003 ms

Driver's Signature (If driver is not the policyholder)

Date & Time:

Page 7 of 27

re Personnel's Signature





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

Report No. T/20180927/7024

1 of 4

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 27/09/2018 22:21		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars - L	SPEKEDING BESTATION		
Name of	f Informant: IMAD AMIR		Address: APT BLK 113 TECK WHY 680113	YE LANE #02-660 SINGAPORE	
ID Type	/ ID No.: D / S95106	D6D	Contact No.: Home/Office:	Mobile: 98568843	
National	ity: ORE CITIZ	EN	Email: mirulmccreery@gmail.com	m	
Sex: Male	Age: 23	Date of Birth: 04/04/1995	Type of Informant: Rider		
Race: Malay		Language: English	Institution / School Name:		
Occupat	ion: Service Fu	II Time	Driving Licence Information Class: 2B	on: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2018 14:35	Type of Location: Straight Road
PAN ISLAND	EXPRESSWAY			
		AND THE RESIDENCE AND ADDRESS OF THE PARTY O		
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
		CONTRACTOR STREET		AND THE RESERVE THE PROPERTY OF THE PROPERTY O

Vehicle No.	Type	Make	Modeli	Color	Condition	No of Passenge
FBB7176X	Motorcycle	YAMAHA	T135	White		0
SLE3311P	Car	KIA	Carens	White	Slightly	0

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBB7176X	AXA INSURANCE SINGAPORE PTE	AN3159558	29/09/2017	28/09/2018





Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Report No. T/20180927/7024

2 of 4

Tel No: 65470000

CONTINUATION OF REPORT

Any Pedestrian I	nvolved: No				
No. of Pedestrian		Use of	Pedestria	n Cross	sing: NA
Rider	Anna St. Carlotte Contraction			NO ST	A STATE OF STATE
Name	MUHAMMAD AMIRUL BIN	ISKANDAR	ID No	).	S9510606D
Related Vehicle	FBB7176X (Motorcycle)			ct No.	98568843
Hospital/Clinic	NIL			of g ce & y Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	ischarge	NIL		
	ted Medical Leave NIL		of Injury		1
Pillion	10-17 1 000 7 0 1002	Pintal address.	-	Alexander of	
Name	ABDUL RAHEEM BIN ABDUL KARIM		ID No	-	S9840838Z
Related Vehicle	FBB7176X (Motorcycle)			ct No.	94268471
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			of g ce & y Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/09/2018	ischarge	/2018		
No. of Days gran	ed Medical Leave 06		of Injury		
Driver			BOY BEN		
Name	QIU XUANGUAN		ID No		S8741314D
Related Vehicle	SLE3311P (Car)		Conta	ct No.	90250024
Hospital/Clinic	NIL			of g ce & / Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date D	-	NIL	
	ed Medical Leave NIL		of Injury	NIL	

### Brief Details.

Incident took place at PIE. Travelling towards changi airport. Was headed to bedok reservoir. Before exit of Toa Payoh under the flyover was where the incident took place.

Car in front of me jam brake due to the car in front of him jam braking. Couldn't stop in due time. Wanted to avoid the car by trying to swerve to the left side, but was too close to the car hence hitting the left rear of vehicle.

Video evidence sent by the person driving the car involved in the accident.



Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000



3 of 4

Report No. T/20180927/7024

CONTINUATION OF REPORT





4 of 4 Report No. T/20180927/7024

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

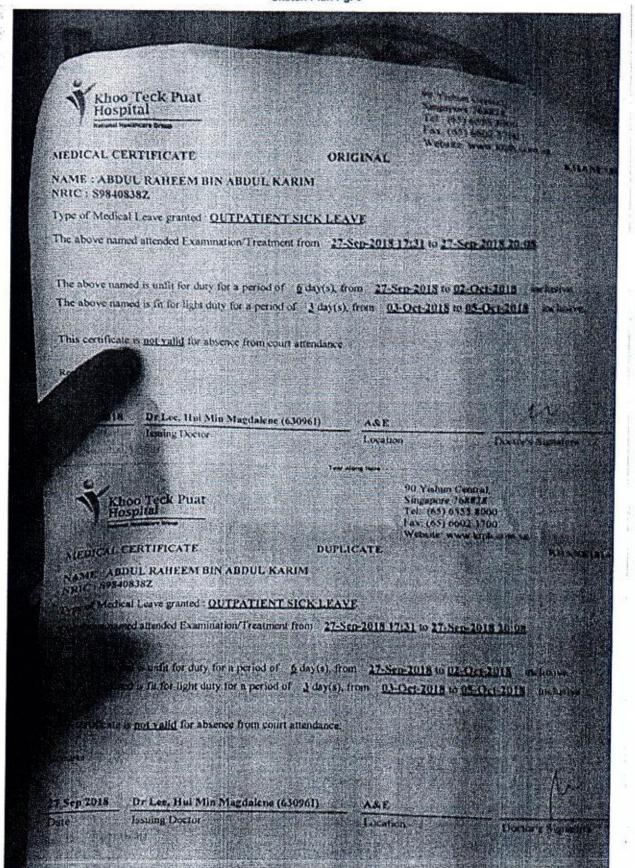
Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Informant: The identity of the person making this report has Signature Of Officer Recording The Report: Not applicable been authenticated by SingPass. No signature is required. Date/Time: Signature Of Interpreter: 27/09/2018 22:21 Not applicable Classification Of Case: Officer In Charge Of Case: TP / TPHQ / NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236



# > Back to OneMotoring

nquire Transfer Fee Vehicle Details		0.00	1000	
Vehicle No.:	FBB7176X			design to be a provening a recovery of
Vehicle Type:	P00 - Passenger Motorcyc	le/Autocycle/Moped		
Vehicle Attachment 1:	No Attachment			
Vehicle Scheme :	Normal			
Vehicle Make :	YAMAHA	W = - W		
Vehicle Model:	T135	to it is considered and pro-		* - 11 *** - 11 * 1 * - 1-11 ***
Chassis No.:	5YP719386			
Propellant:	Petrol			
Engine No.:	5YP719386			
Engine Capacity:	135 cc			(1)
Maximum Power Output:				
Maximum Laden Weight:				
Unladen Weight:	101 kg			
Year Of Manufacture :	2007	in the second second		
Original Registration Date:	03 Jul 2007		-1	
Lifespan Expiry Date :	•			
COE Category:	D - Motorcycle			
POP Paid:	\$3,234,00			
COE Expiry Date :	02 Jul 2022			THE SECTION OF THE PROPERTY OF THE PARTY OF
Road Tax Expiry Date :	20 Mar 2019			
Inspection Due Date :	20 Sep 2019	*		the control of the co
Intended Transfer Date :	12 Oct 2018			
CO2 Emission :				
CO Emission :	The state of the same of the s		1-6-10 11714 15-14-110 1111 1	
HC Emission:				
NOx Emission :				
PM Emission :				
Late renewal fee(s) will be impose	ed if road tay / lay up has evnired	Please use Enquire Po	and Tay Payable for feels) nava	ble
Road tax, Including Over Paymen Amount Payable	The same to the first to be seen to be seen a second to the first of the	colory of \$1884 - Acres on the strong of the regards of the section	and the first of the first property of the second state of the sec	A THE RESIDENCE OF THE PARTY OF
A STATE OF THE PARTY OF THE PAR	Amount Before	GST	GST Amount	Amount After GST
	938000000000000000000000000000000000000	(S\$)	(S\$)	(\$\$)
Transfer Fee:	2	5.00		25.00
Total Amount Payable : Message				25.00
Please note that the 5-year COE I vehicle reaches its statutory lifes			must be de-registered upon CO	E expiry or when the

You may print this page for reference.

OK Print











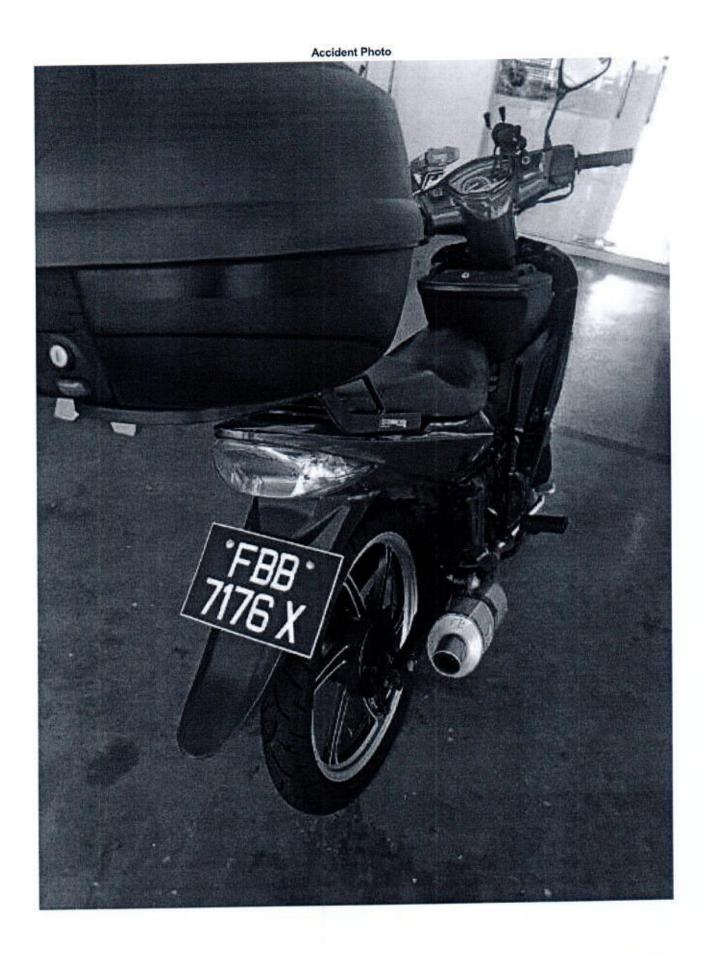




















# **Accident Photo**



