

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	14/08/2018 09:36
Date Of Accident	08/08/2018 22:30
Exact Location Of Accident	QUEENS STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4370R
Insured/Policyholder	
Name Of Registered Owner	NUR ETIQAH BINTE SARIMAN
NRIC No	S9423304F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-88628619
Alternative Phone No	OFFICE-88628619

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA
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	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3161695
Cover Note Number	

Driver

Name of Driver	NUR ETIQAH BINTE SARIMAN
NRIC No	S9423304F
Date Of Birth	04/07/1994
Occupation	INDOOR
Date Of Driving Pass	18/12/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	(LOCAL) +65-88628619
Fax Number	
Contact Number	OFFICE-88628619
Email Address	NOEMAIL

Address	BLK 808C CHOA CHU KANG AVE 1 #07-590
Postcode	683808
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 - CHANGE/CROSS LANE
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	CHOA CHU KANG NPC
Police Station Address	ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20180811/2085.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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	NUR ETIQAH BINTE SARIMAN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBC4370R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.
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.:

SKETCH PLAN



DECLARATION

Policyholder's Signature
Date & Time:

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

LETTER OF UNDERTAKING

I/We, NUR ETIQAH BINTE SARIMAN, the owner of vehicle no. 7BC 1370R

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____.

Signed and Acknowledge by:

[Signature]
Nric no. and signature of policyholder

Company Stamp

14/08/2018
Date



**SINGAPORE
POLICE FORCE**



T/20180811/2085

1 of 3

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

Report No. T/20180811/2085 -

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/08/2018 17:09	Vide Report No.:	Station Diary No.: 106
--	------------------	---------------------------

Informant's Particulars			
Name of Informant: NUR ETIQAH BINTE SARIMAN		Address: APT BLK 808C CHOA CHU KANG AVENUE 1 #07-590 SINGAPORE 683808	
ID Type / ID No.: NRIC NO / S9423304F		Contact No.: Home/Office: Mobile: 88628619	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 24	Date of Birth: 04/07/1994	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: BEAUTY ADVISOR		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: 08/08/2018 22:40	Type of Location: Straight Road
Location: Along Road 1 QUEEN STREET IN FRONT OF BUGIS PLUS				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4370R	Motorcycle	PIAGGIO	VESPA LX 150	Red		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4370R	AXA INSURANCE SINGAPORE PTE LTD	P2055937	29/12/2017	28/12/2018



**SINGAPORE
POLICE FORCE**



T/20180811/2085

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

2 of 3

Report No. T/20180811/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR ETIQAH BINTE SARIMAN	ID No.	S9423304F
Related Vehicle	FBC4370R (Motorcycle)	Contact No.	88628619
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	08/08/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 08/08/2018 at around 2230hrs, I was riding along Queens Street towards Bras Basah Road. While I was riding beside Bugis Plus, one vehicle collided into me. I fell and lost consciousness. I woke up momentarily, on the road side, and observed one passerby who inform that he witness the accident. I then lost consciousness again. I then woke up at Tan Tock Seng Hospital at around 2300hrs and was discharged on 09/08/2018. I received a letter from Traffic Police, with Officer in Charge Yus Mastari, to collect my motorcycle. I am unable to recall the accident and does not have any particulars of the other driver.



**SINGAPORE
POLICE FORCE**



T/20180811/2085

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20180811/2085

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/
Staff Sgt MUHAMMAD HASIB BIN KAMARI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
11/08/2018 17:09

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MA JUNXIANG
Contact No.: 65476251

Classification Of Case:

Authentication Stamp
NP168

Driving License



INSURANCE

AXA Insurance Motor Cover Notes System

Page 1 of 1

AXA INSURANCE PTE LTD
8 Raffles Quay, #24-01 AXA Tower
Singapore 048611
Customer Service Centre #31-01
Tel: 6358 7268 Fax: 6358 2522
Website: www.axa.com.sg
GST Registration Number: 199923512M



Original

File No: **03375**
Policy No (if any):
New Business
SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **AN3161695 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 159) – Republic of Singapore; or
- The Road Transport Act 1967 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 1962;
- 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-MUHAMMAD NUR RIDHO BIN
AHMAD JAFRI**

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	NUR ETIQAH BINTE SARIMAN
MAKE AND DESCRIPTION OF VEHICLE	PIAGGIO VESPA LX150
VEHICLE REGISTRATION NO.	H804370R
YEAR OF MANUFACTURE	2007
ENGINE NO.	M445M4511
CHASSIS NO.	7APM444000010730
ENGINE CAPACITY/TONNAGE	151
COVER TYPE	THIRD PARTY ONLY
HIRE PURCHASE	A.S.PHOON PTE LTD
VALUE (\$)	-
PERIOD OF INSURANCE	FROM: 29-Dec-2017 TO: 28-Dec-2018
EXCESS (\$)	NIL
AXA PREMIUM WORKSHOP?	No

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 159) AND PART IV OF THE ROAD TRANSPORT ACT 1967 (CAP 458A)

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES Pte. on

29-Dec-2017 10:54:40
AM

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 S\$55.50 (inclusive of GST)
- If the policy is canceled after the inception date,
- An administrative fee of S\$6.75 (inclusive of GST) will be charged:
- Cover note issued and canceled 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 coverage for more than 90 days, the premium in full should be paid within 90 days on inception or on renewal date (whichever is earlier). For all other periods, the premium in full should be paid before inception.

AXA/CN/07/01/03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

