

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	26/10/2018 17:07
Date Of Accident	20/10/2018 10:00
Exact Location Of Accident	TESSENSON RD TOWARDS BALESTIER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5650J
Insured/Policyholder	
Name Of Registered Owner	DAWOD SHA S/O ANNEL MAIDEEN
NRIC No	S9050633A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91667949
Alternative Phone No	OFFICE-91667949

Vehicle Particulars

Manufacturer	YAMAHA
Model	NIL
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	VMZ/P2026488
Cover Note Number	

Driver

Name of Driver	ANNEL MAIDEEN
NRIC No	S1391047B
Date Of Birth	25/08/1959
Occupation	INDOOR
Date Of Driving Pass	29/09/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91667949
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	-
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
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?	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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

refer attached police report.

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	SLX5087Z
Vehicle Make/Model/Colour	
Details Of Properties	
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	ANNEL MAIDEEN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK5650J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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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:

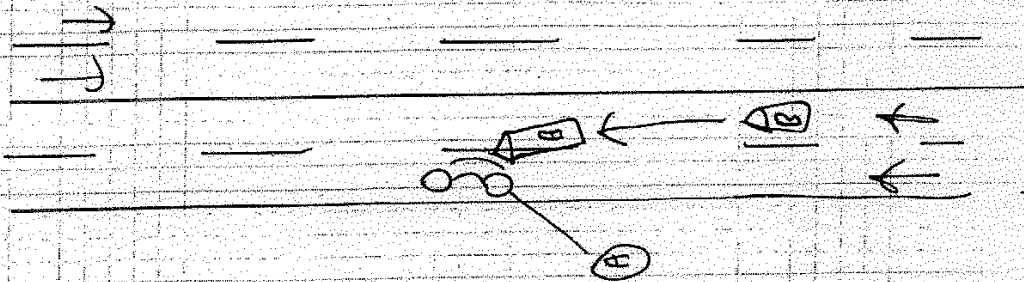
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

(A) FBK 5650 J

(B) 56x5087z

Tessensohn Road towards Agleffier Road.



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per Police report

DECLARATION

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

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.: _____



**SINGAPORE
POLICE FORCE**



T/20181021/2021

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181021/2021

REPORT OF A TRAFFIC ACCIDENT

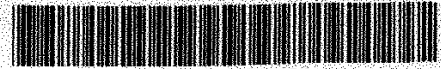
Date/Time Report Made: 21/10/2018 10:23		Vide Report No.:		Station Diary No.: 22
Informant's Particulars				
Name of Informant: ANNEL MAIDEEN		Address: APT BLK 92 HENDERSON ROAD #11-162 SINGAPORE 150092		
ID Type / ID No.: NRIC NO / S1391047B		Contact No.: Home/Office: Mobile: 91667949		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 59	Date of Birth: 25/08/1959	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: Driver		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: 20/10/2018 10:00	Type of Location: Straight Road
Location: Along Road 1 TESSENSOHN ROAD BALESTIER ROAD Tessensohn Road twds Balestier Road. (Near Race Course Rd.)				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control:		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
FBK5650J	Motorcycle				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20181021/2021

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20181021/2021

CONTINUATION OF REPORT

Brief Details.

On the above mentioned date and time, I was travelling on my motorcycle reg no:FBK5650J, on the left most lane, along Tessensohn Road (near to Race Course Rd) and heading towards Balestier Road.

Subsequently, a car appeared out of a sudden from the right lane and entered my lane. I tried to avoid the collision however, did not manage to do so as the car's front portion hit onto the right side of my motorcycle. As a result of the accident, I fell off my motorcycle. Thereafter, the driver of the said car, a male Chinese, stopped his vehicle and assisted me.

Shortly after, ambulance arrived at the location and I was conveyed to Tan Tock Seng Hospital to seek medical treatment. I was warded at TTSH for 1 day on 20/10/2018 and was discharged on the same date. I was given 4 days of MC w.e.f 20/10/2018 to 23/10/2018.

I did not manage to exchange particulars with the said driver and did not take down his car number. I could only recall that it was a dark coloured sedan car.

I am lodging this report as instructed by Traffic Police IO Indah tel: 6547 6256.



**SINGAPORE
POLICE FORCE**



T/20181021/2021

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

3 of 3

Report No. T/20181021/2021

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:

D /

Sr Staff Sgt MUHAMMAD NAUFAL BIN MOHD
DIAH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI NG CHWEE THENG

Contact No.: 65476397



SINGAPORE

SN 45

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

21/10/2018 10:23

Classification Of Case:

IDENTITY CARD NO. **S1391047B**



Name

ANNEL MAIDEEN

Race

INDIAN

Date of birth

25-08-1959

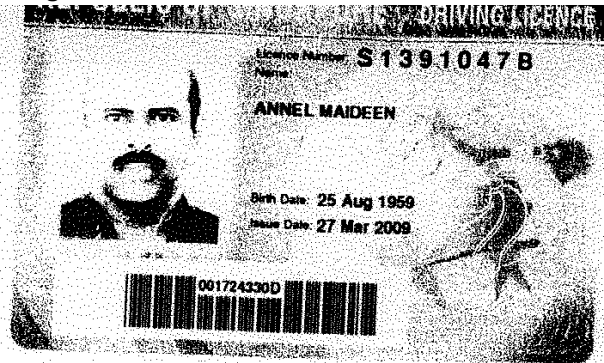
Sex

M

Country of birth

INDIA

S1391047B



4386619

NRIC No: **S1391047B**



Date of issue

27-03-2009

Address

**APT BLK 92 HENDERSON ROAD
#11-162
SINGAPORE 150092**

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

	PASS DATE
Class 2B Motorcycles =< 200 cc	29 Sep 1963
Class 3 Motor Cars=< 3000kg with =<7 passengers, exclusive of the driver; and other motor vehicles =< 2500kg	27 Sep 1977
Class 4 *Motor vehicles which are constructed to carry load or passengers and the unladen weight > 2500kg *Motor vehicles which are not constructed to carry load and the unladen weight < 7250kg	10 Sep 1981
Class 5 Motor vehicles not constructed to carry any load and the unladen weight > 7250kg	02 Nov 1982

NP 428A



Accident Sketch Plan Pg. 1



redefining / insurance

Date: 26/10/18

To: Owner of Vehicle Number: FBK5650J

The following has been advised to you via your workshop, SA H Motor through their staff, me Woy.

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:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp

Accident Sketch Plan Pg. 1

I, Pawot sha S/o Annel maideen (NRIC/Passport/FIN/WP no: S 9050633A),
owner of vehicle no, FBK 5650J, hereby authorize the driver,
Mr/Ms Annel maideen (NRIC/Passport/FIN/WP no: S 13910478) to make an
accident report on my behalf.

Pawot sha

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

