

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	05/11/2018 16:41
Date Of Accident	03/11/2018 18:30
Exact Location Of Accident	ANG MO KIO SWIMMING COMPLEX
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA3590P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KHIDHIR BIN MOHAMAD ZAKI
NRIC No	S9412626F
Email Address	KHIDHIRZAKI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90092851
Alternative Phone No	OTHERS-90092851

Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC (A)
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	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	P2187322
Cover Note Number	07/08/2018 - 06/08/2019

Driver

Name of Driver	MUHAMMAD KHIDHIR BIN MOHAMAD ZAKI
NRIC No	S9412626F
Date Of Birth	15/04/1994
Occupation	INDOOR
Date Of Driving Pass	26/07/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90092851
Fax Number	
Contact Number	OTHERS-90092851
E Mail Address	KHIDHIRZAKI@GMAIL.COM

Address	BLK 326 WOODLANDS T 32 #09-117
Postcode	730326
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	RAINING
Road Surface	WET

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
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN BY DRIVER

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 Witness 1

Name	
Phone Number	87484211
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJL2704H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHUNG HUI HSIEN JACQUELINE
NRIC/Passport Number	S6833865D
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

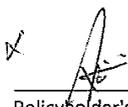
SKETCH PLAN

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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:

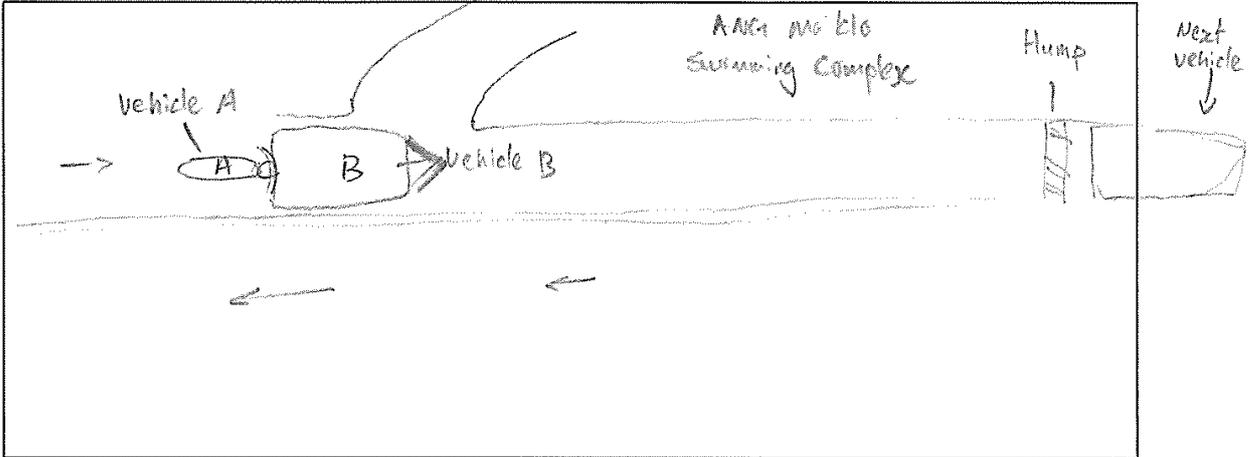
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan Pg. 2

Date of accident: 03/10/2018 Time: 1830 Location: ANCI MOBILE S Ave 1 (S569978)
 My Vehicle A: FBA3590P Vehicle B: SJL2704H Vehicle C: _____

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was riding slow when it was raining. I could not see clearly due to the rain and I was keeping a distance of 3 bike lengths. When all of the sudden the car in front of me jammed brake and I did not manage to brake and stop in time. My bike hit the rear of the front car and I fell off to the right side of her car. We exchange particulars and took a picture of the damages. While I was checking my bike, she went off without saying a word. Before that she called her husband and we talked on the phone. Her husband said it's either I pay privately while getting a quotation for me or let the insurance settle the situation.

Car B - Phung Hui Hsin Jacqueline
~~8882~~ S683365D

Claim OD/TP at Ah Lim Motor Claim OD/TP at other workshop Reporting Only

Remarks : Please forward a copy of my efile accident report to :
 My workshop : _____
 Email address : _____
 & myself : _____
 Email address : chidhir2AEI@gmail.com

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

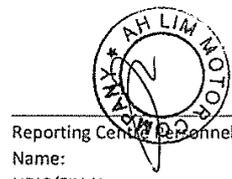
DECLARATION

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

X

Policyholder's Signature
 Date & Time: _____

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



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

AH LIM MOTOR COMPANY

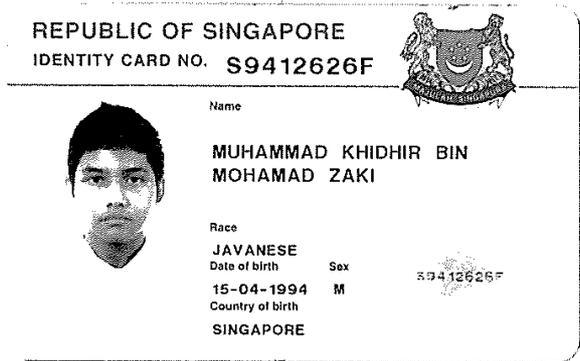
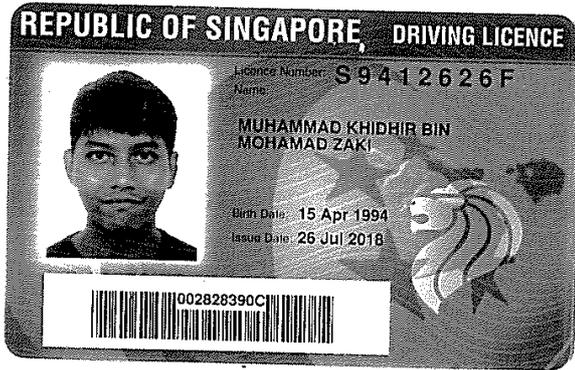
YEW FOS

AXA INSURANCE PTE LTD
 8 Shenton Way, #24-01
 AXA Tower, Singapore 068811
 Customer Centre #01-21
 Tel:1800 8804888 Fax:-
 Website:www.axa.com.sg
 GST Registration Number: 199903512M
 customer.care@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/P2187322
Account No.	03375
Coverage	Third Party Only
Sum Insured	NIL
Name of Policy Holder	MUHAMMAD KHIDHIR BIN MOHAMAD ZAKI
Vehicle Registration No.	FBA3590P
Period of Insurance	From 07/08/2018 To 06/08/2019 (Both Dates Inclusive)
PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE* (a) The Policyholder (b) 1. MUHAMMAD KHIDHIR BIN MOHAMAD ZAKI 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 (11)	
* 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 09/10/2018	
IMPORTANT : Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap. 189). 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.	



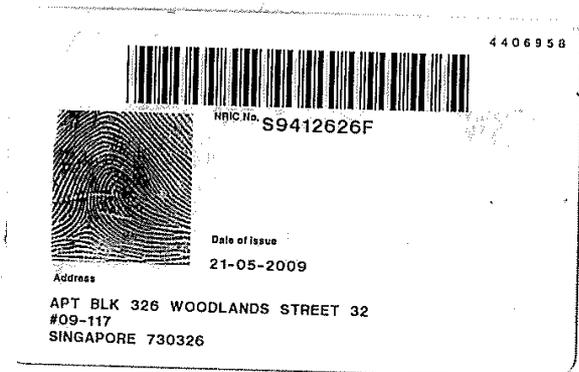
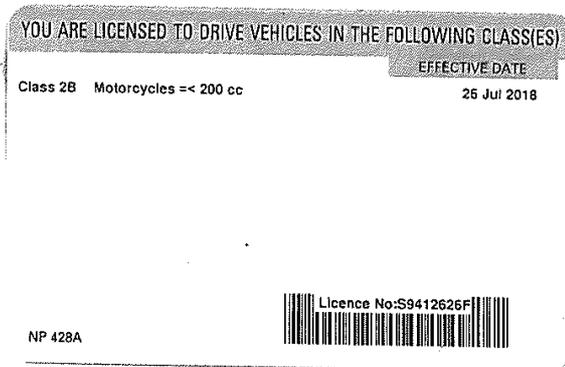
9009 2857

Kalay met.

No riding.

No sides.

IPK.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: 566550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MALM18143321 Vehicle Registration No: FBA 3290P
Name(as shown in NRIC) : Muhammad Khidhir Bin Mohamad Zaki NRIC/FIN/Passport No : 88412626F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Singapore ()
Contact (Tel) : Mobile No. :
Email Address :
Date of Accident : 3/00/18 Time of Accident : 18:30.
Place of Accident : Ang Mo Kio Swimming Complex
Insurance Company : A&A

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Amendment on the accident date
should read as 3/11/2018
And add witness hp: 87484211

Policyholder / Driver's Signature
Date: 16/11/2018

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