

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	09/01/2019 17:21
Date Of Accident	23/11/2018 19:00
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7540U
Insured/Policyholder	
Name Of Registered Owner	UMMU SAMIRAH BINTE TAHAR
NRIC No	S9602718D
Email Address	SAMIRAHTAHAR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96794356
Alternative Phone No	OTHERS-96794356

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R-149CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3163358
Cover Note Number	15/03/2018 - 14/03/2019

Driver

Name of Driver	UMMU SAMIRAH BINTE TAHAR
NRIC No	S9602718D
Date Of Birth	21/01/1996
Occupation	INDOOR
Date Of Driving Pass	25/07/2016
Driving Experience	2 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96794356
Fax Number	
Contact Number	OTHERS-96794356
Email Address	SAMIRAHTAHAR@HOTMAIL.COM

Address	BLK 203 PETIR ROAD #06-659
Postcode	670203
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
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 PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE POLICE REPORT & 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD1801H
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	UMMU SAMIRAH BINTE TAHAR
Approximate Age	
Injuries Sustain	ABRASIONS & BRUISES
Injured person in which vehicle?	FBM7540U
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


SKETCH PLAN

IMPORTANT NOTICE

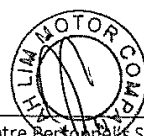
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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:

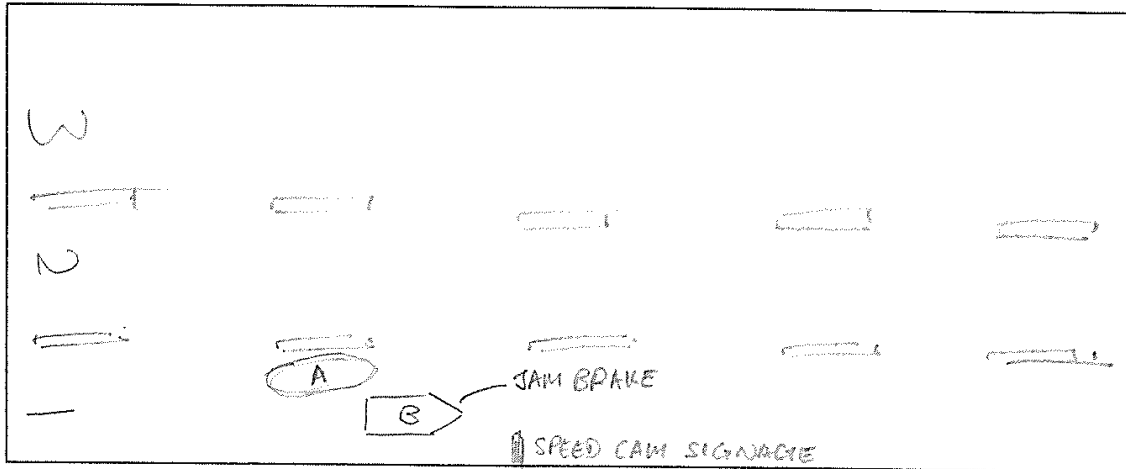
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Sketch Plan Pg. 2

Date of accident: 23/11/18 Time: 19:00 Location: My Pie towards Changi
My Vehicle A: FBM 7540U Vehicle B: SHD1801H Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☐ 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 : samirahtahar@hotmail.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.

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.:



AN LINCOLN CORPORATION



**SINGAPORE
POLICE FORCE**



T/20181124/2140

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20181124/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/11/2018 23:51		Vide Report No.:		Station Diary No.: 161	
Informant's Particulars					
Name of Informant: UMMU SAMIRAH BINTE TAHAR			Address: APT BLK 203 PETIR ROAD #06-659 SINGAPORE 670203		
ID Type / ID No.: NRIC NO / S9602718D			Contact No.: Home/Office: Mobile: 96794356		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 22	Date of Birth: 21/01/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: UNEMPLOYED			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: 23/11/2018 19:00	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY Towards Changi. After Eng Neo Exit				
Weather: Cloudy		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM7540U	Motorcycle	HONDA	CB150R MANUAL	Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM7540U	AXA INSURANCE SINGAPORE PTE LTD	P2096861	15/03/2018	14/03/2019



**SINGAPORE
POLICE FORCE**



T/20181124/2140

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20181124/2140

CONTINUATION OF REPORT

Brief Details.

On 23/11/2018 at about 1845hrs, I was riding my bike (FBM7540U) from Bukit Panjang heading to Kallang Basin. I was then riding my bike on the Pan Island Expressway towards Changi. On the same day at about 1900hrs, I was riding my bike on the first lane and I noticed a taxi was on also on the same lane but at an acceptable distance away from me. I then noticed that the taxi in front of me was driving slowly and I intended to overtake the taxi. I then checked my blind spot first to make sure that there was no cars on the second lane. However as I had checked my blind spot and looked forward, the taxi was already in front of me. I then collided with the taxi as I could not react to avoid the taxi in time.

After colliding, I was knocked towards the second lane and I was briefly unconscious. I remembered waking up and looking at the traffic and moved myself towards the first lane. Afterwards, a man came and asked if I was okay. The man also called for ambulance to the scene. Ambulance then arrived and conveyed me to Tan Tock Seng Hospital. I was then given 5 days Medical Certificate. I suffered abrasions and bruises on my arms, knee, hips and also ankles. I did not exchange particulars with the taxi driver nor did I have any interaction with him. I am unsure of the extent of the damage to my motorcycle but I did see the front part of my bike being seriously damaged.



**SINGAPORE
POLICE FORCE**



T/20181124/2140

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20181124/2140

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 / Sgt 2 NUR HAKIM BIN LOQMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 24/11/2018 23:51
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247	Classification Of Case:
Authentication Stamp NP168	Signature :

Sketch Plan Pg. 6

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01 AXA Tower
Singapore 068811
Customer Service Centre #B1-01
Tel: 6338 7288 Fax: 6338 2522
Website: www.axa.com.sg
GST Registration Number: 199903512M



Original

A/c No: 03375
Policy No (if any): New Business
SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **AN3163358 ()**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) – Republic of Singapore; or
- The Road Transport Act 1987 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 1992;
- 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 SYAHIR BIN
TAHAR**

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	UMMU SAMIRAH BINTE TAHAR
MAKE AND DESCRIPTION OF VEHICLE	HONDA CB150R MANUAL
VEHICLE REGISTRATION NO.	FBM7540U
YEAR OF MANUFACTURE	2017
ENGINE NO.	KC32E0002652
CHASSIS NO.	MLHKC2888J5002652
ENGINE CAPACITY/TONNAGE	149
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	MAH PTE LTD
VALUE (S\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 15-Mar-2018 TO: 14-Mar-2019
EXCESS (S\$)	300
AXA PREMIUM WORKSHOP?	Yes

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PL on 15-Mar-2018 2:47:25 PM

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\$33.50 (inclusive of GST) if the policy is cancelled after the inception date.
 - An administrative fee of S\$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled 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 cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

ATRC NOTE V01-03

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9602718D



Name
UMMU SAMIRAH BINTE TAHAR
ام سميرة بنت تحار

Race
MALAY

Date of birth
21-01-1996

Sex
F


Country/Place of birth
SINGAPORE

S9602718D

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9602718D
Name:
UMMU SAMIRAH BINTE TAHAR

Birth Date: 21 Jan 1996
Issue Date: 25 Jul 2016




002591979H

Clady / hct.


NO video.

ing - nde.
lpx.

5513206



NRIC No. S9602718D



Date of issue
29-07-2015

Address
APT BLK 203 PETIR ROAD
#06-659
SINGAPORE 670203

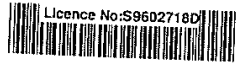
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE
25 Jul 2016

NP 428A

Licence No: S9602718D



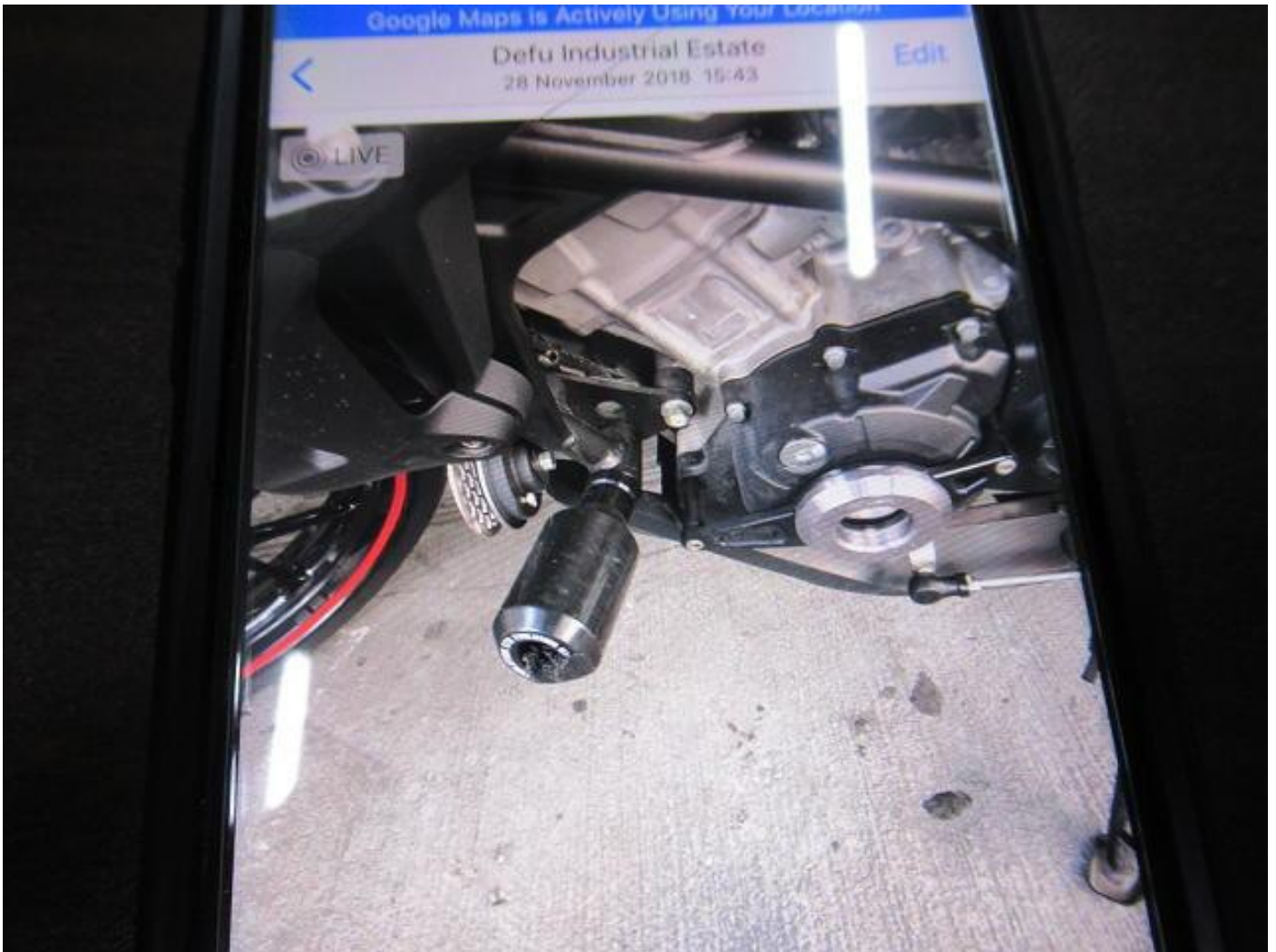
Accident Photo



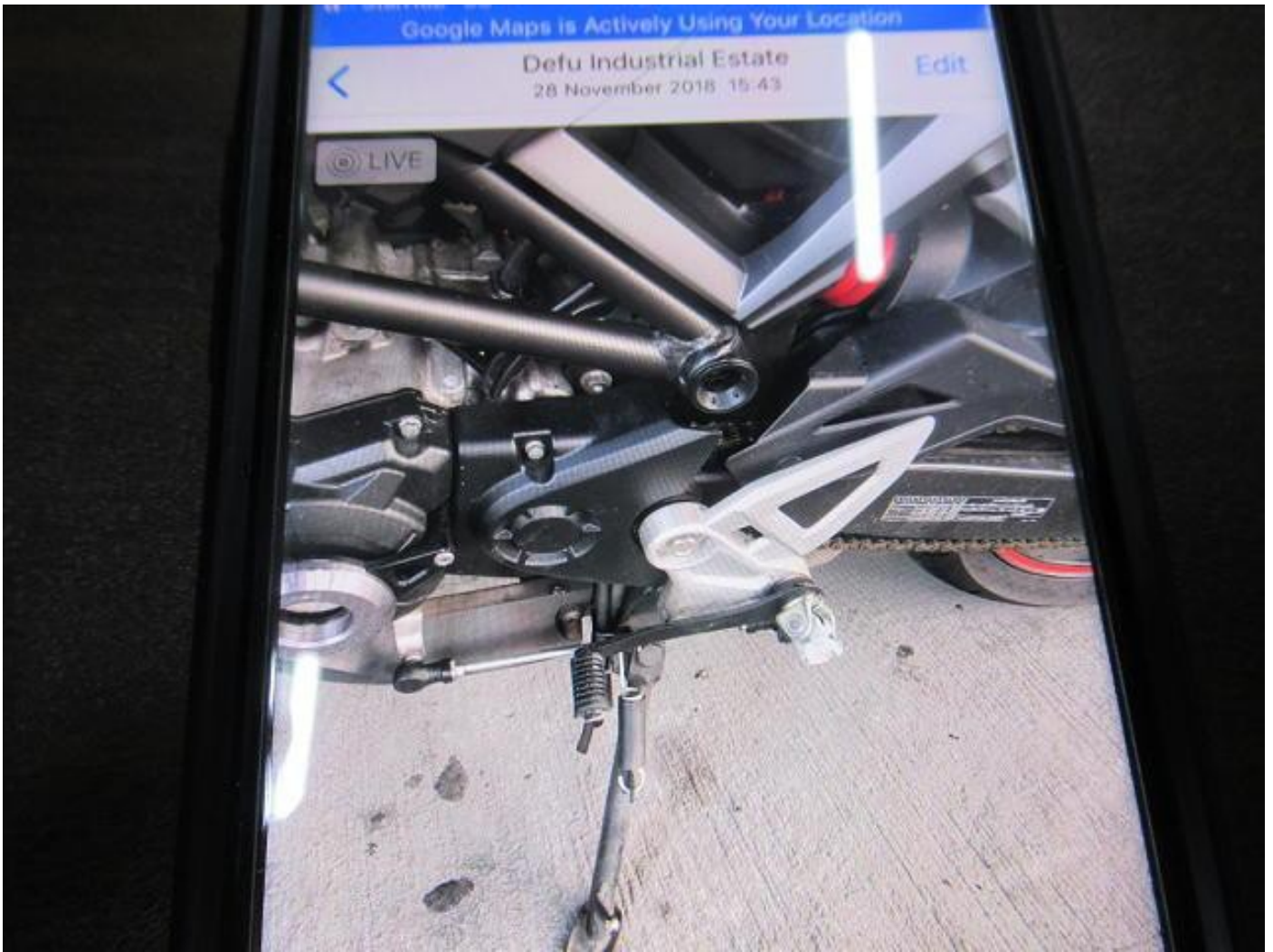
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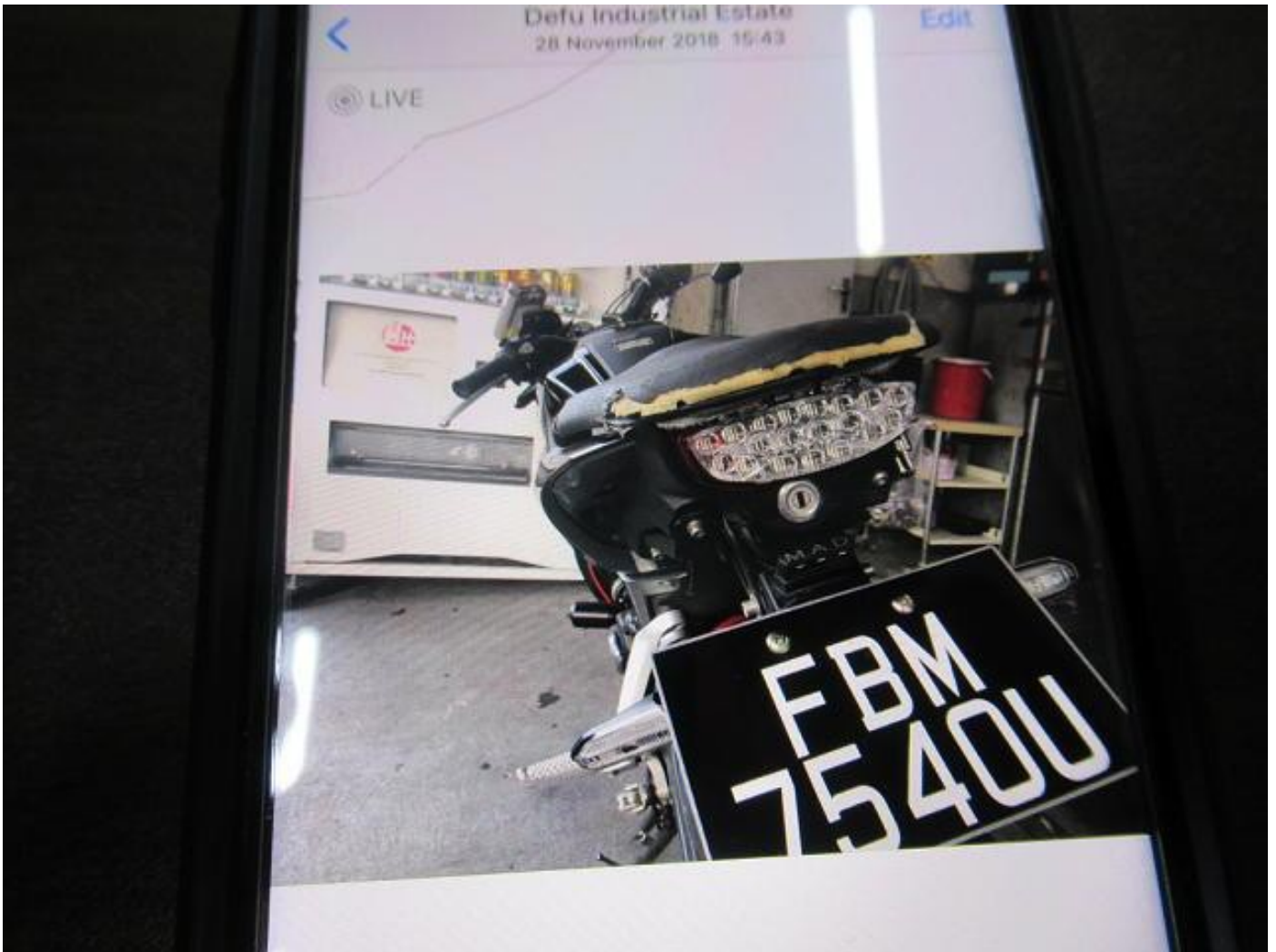
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