

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	28/01/2019 16:17
Date Of Accident	25/01/2019 11:40
Exact Location Of Accident	ALONG TELOK PAKU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM319P
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SHAJIDILLAH BIN MOHAMED SALLEH
NRIC No	S9047382D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86661796
Alternative Phone No	OFFICE-86661796

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150
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/P1962228
Cover Note Number	17/06/2018-16/06/2019

Driver

Name of Driver	MOHAMED SHAJIDILLAH BIN MOHAMED SALLEH
NRIC No	S9047382D
Date Of Birth	05/12/1990
Occupation	OUTDOOR
Date Of Driving Pass	08/06/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86661796
Fax Number	
Contact Number	OFFICE-86661796
EEmail Address	NOEMAIL

Address	290B COMPASSVALE CRESCENT 06-54
Postcode	542290
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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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 THE 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	GBD2294K
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMED SHAJIDILLAH
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBM319P
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

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B. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that

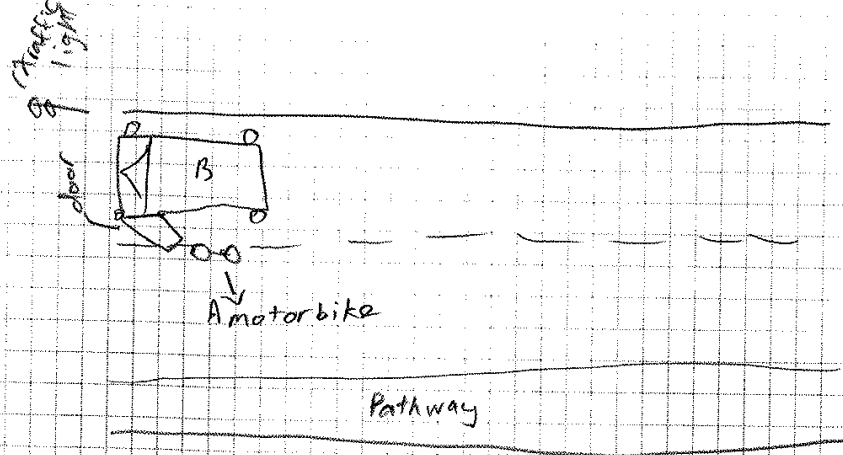
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: Kenneth
NRIC/FIN No.:

SKETCH PLAN



A - FBM319P

B - GBD 2294K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to TP Report


Important:


You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.


- | | |
|---|---------------------------------|
| | - Reporting Only |
| | - Claim OD |
| | - Claim TP |
| ✓ | - Claim OD/TP at other workshop |

DECLARATION

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


 Policyholder's signature
 Date & Time


 Driver's Signature
 (if driver not the policyholder)
 Date & Time


 Reporting Centre Personnel's Signature
 Name: **Kenneth**
 Nric/Fin No.



**SINGAPORE
POLICE FORCE**



T/20190125/2119

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20190125/2119

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/01/2019 18:41	Vide Report No.:	Station Diary No.: 98
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Informant's Particulars

Name of Informant: MOHAMED SHAJIDILLAH BIN MOHAMED SALLEH			Address: APT BLK 290B COMPASSVALE CRESCENT #06-54 SINGAPORE 542290		
ID Type / ID No.: NRIC NO / S9047382D			Contact No.: Home/Office: Mobile: 86661796		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 05/12/1990	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TRAINER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/01/2019 11:40	Type of Location: Straight Road
Location: TELOK PAKU ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM319P	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	0
GBD2294K	Van					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM319P	AXA INSURANCE SINGAPORE PTE LTD	P1962228	17/06/2018	16/06/2019



**SINGAPORE
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T/20190125/2119

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190125/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED SHAJIDILLAH BIN MOHAMED SALLEH	ID No.	S9047382D
Related Vehicle	FBM319P (Motorcycle)	Contact No.	96661796
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/01/2019	Date Discharge	25/01/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the 25/01/2019 at about 1140hrs I was travelling (riding my motorcycle) along Telok Paku Road towards Loyang Avenue on my way back home when I came nearing a traffic light at the said road. The road condition was normal and the road surface was dry. It was a two lane road and my motorcycle was position in between the two lanes. While my motorcycle was slowing down nearing the traffic light, suddenly a van that was on the right lane (front passenger door) swung towards me and I collided onto the said van door.

I lose control of my motorcycle and fell to the left of the road. I was still conscious at that point of time and the next moment I remembered, there was an ambulance came and convey me to the Changi General Hospital. The doctor from the hospital then made assessment on my injury and informed that I have a injured on my right shoulder, and right knee. The movement of my shoulder and knee is very minimal as I could not lift up my right hand. However there is no fractured bone but there is further follow/check up with the hospital

Later in the evening I received a call from traffic police to collect my motorcycle at the traffic police compound. The only contact I have for now is the passenger contact number that is 84277044. I am not sure of my damage on my motorcycle. The accident only involving my motorcycle and the said van. There is no government property damage.



**SINGAPORE
POLICE FORCE**



T/20190125/2119

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Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20190125/2119

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: F / Staff Sgt MUHAMMAD FADHLULLAH BIN SHARIFFUDIN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 25/01/2019 18:41
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case:
Authentication Stamp NP168 Singapore Police Force	

Sketch Plan Pg. 6



redefining / insurance

Date: 28/11/19

To: Owner of Vehicle Number: _____



The following has been advised to you via your workshop, _____ through their staff, Kenneth.

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:

MDSHAJIDILLAH

Name and signature of policyholder/authorised driver



Kenneth

Name and signature of workshop personnel including company stamp

Sketch Plan Pg. 7

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9047382D



Name

MOHAMED SHAJIDILLAH BIN
MOHAMED SALLEH

محمد شجيد الله بن محمد صالح

Race

MALAY

Date of birth

05-12-1990

Sex

M

S9047382D

Country/Place of birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S9047382D

Name MOHAMED SHAJIDILLAH BIN
MOHAMED SALLEH

Birth Date: 05 Dec 1990

Issue Date: 08 Jun 2017

002691910H

5763138



NRIC No. S9047382D



Date of issue

15-06-2017

Address

APT BLK 290B COMPASSVALE CRESCENT
#06-54
SINGAPORE 542290

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

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

08 Jun 2017

NP 428A



Licence No: S9047382D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

