

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	11/03/2019 13:51
Date Of Accident	10/03/2019 00:00
Exact Location Of Accident	150 JURONG EAST AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN3796U
Insured/Policyholder	
Name Of Registered Owner	AHMAD FAIZ BIN KASIM
NRIC No	S9422236B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87486399
Alternative Phone No	OFFICE-87529256

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER-150CC
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/P2212984
Cover Note Number	

Driver

Name of Driver	AHMAD FAIZ BIN KASIM
NRIC No	S9422236B
Date Of Birth	16/06/1994
Occupation	INDOOR
Date Of Driving Pass	28/08/2017
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	+65-87486399
Fax Number	
Contact Number	OFFICE-87529256
Email Address	NOEMAIL

Address	BLK 904 JURONG WEST ST 91 #05-145
Postcode	640904
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 ATTACH 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 INJURED PERSON 1

Name	
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN3796U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan

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
11/03/19
1330

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

COMFORTDELORO ENGINEERING PTE LTD
EXTERNAL BUSINESS DIV. TANGKAT BRANCH
NAME & SIGNATURE: *Cheong*
DESIGNATION: _____ DATE: 11/3/19

Reporting Centre Personnel's Signature
Name: *Chen Chen Keng*
NRIC / Fin No.: *G261172K*

CERTIFICATION OF INSURANCE Pg. 1

INSURANCE PTE LTD
 3 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

YEW 805

M1

■ 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. : VMZ/P2212984 Account No. : 03375
 Coverage : Third Party Fire & Theft Only
 Sum Insured : Market Value At The Time Of Loss
 Name of Policy Holder : AHMAD FAIZ BIN KASIM
 Vehicle Registration No. : FBN3796U
 Period of Insurance : From 24/09/2018 To 23/09/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
 (b) 1. AHMAD FAIZ BIN KASIM

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)

Fire&Theft - Insured&Named Dr. : SGD 300.00

THEFT OUTSIDE SINGAPORE : SGD 600.00

* 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 28/11/2018

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.

WARRANTED ALL
 ACCIDENT REPAIRS
 MUST BE CARRIED
 OUT ONLY AT OUR
 AUTHORIZED
 WORKSHOPS

ADDENDUM FORM WITH DESCRIBE CIRCUMSTANCES OF THE ACCIDENT



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: S66550020G / 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 : _____ Vehicle Registration No: FBN 3796V
Name (as shown in NRIC) : Ahmad Faiz Bin Kasim NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Block 904 Jurong West St 91 #05-145 Singapore (640904)
Contact (Tel) : _____ Mobile No. : 874
Email Address : Faiz 9f9f@gmail.com
Date of Accident : 10/03/19 Time of Accident : 12 midnight
Place of Accident : Jurong East - Ave1
Insurance Company : AXA

(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:

At this time at 12 midnight, 10 March 19, I was riding on Jurong East Ave as I was slowing down to make a right turn a car hit me from the rear. When I fell down driver got out of their car said sorry cause he was checking on his gps and not focusing on the road.

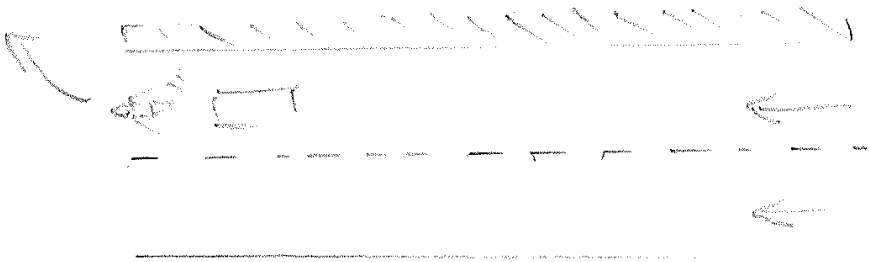
* To Addend sketch plan

COMFORTDELTA ENGINEERING PTE LTD
EXTERNAL ROBERT CHU, RANDAN BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: _____ DATE: 12/3/19

Faiz
Policyholder / Driver's Signature
Date: 12/03/19

Reporting Centre Personnel's Signature
Name: Chen Chay Kong
NRIC/FIN No.: 612601726
Date: 12/3/19

SSB
Sketch



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



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COMFORTDELORO ENGINEERING PTE LTD
EXTERNAL REPORTS DIV. PANDAN BRANCH
NAME & SIGNATURE: [Signature]
DESIGNATION: _____ DATE: 12/3/19

Faiz
Policyholder / Driver's Signature
Date: 12/03/19

Reporting Centre Personnel's Signature
Name: Chen Chay Kong
NRIC/FIN No.: 612611726
Date: 12/3/19