

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	30/04/2019 13:33
Date Of Accident	25/04/2019 15:15
Exact Location Of Accident	OLD CHOA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD249E
Insured/Policyholder	
Name Of Registered Owner	SYED AMEER BIN SYED KAMAL
NRIC No	S9804109E
Email Address	S.K.AMEER@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98245542
Alternative Phone No	OTHERS-98245542

Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ400SMK8-398CC
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	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	AN3169915
Cover Note Number	

Driver

Name of Driver	SYED FAIZAL BIN KAMAL
NRIC No	S9631669J
Date Of Birth	14/09/1996
Occupation	INDOOR
Date Of Driving Pass	29/06/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87480316
Fax Number	
Contact Number	
Email Address	S.FAIZAL@HOTMAIL.COM

Address	BLK 348 UBI AVE 1 #02-1047
Postcode	400348
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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

KINDLY REFER TO 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	SMA4103B
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	OW JUN HAN
NRIC/Passport Number	S9201028G
Contact Number	98183078
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

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. The 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 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:

 30/04/2019

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



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

Track 4

Bus

Bird

FBD 249E

CAR


SMA 4103B

Syed

On 25 April 2019 At about 5.15pm, along Old chug chu kang Road. I was making a left When had a collision with another vehicle. I was not able to see the oncoming vehicle as there was a bus stopped in the left most lane. No injuries were obtained.

Signed

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



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



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 30/04/2019

To: Owner of Vehicle Number: FBD249E

The following has been advised to you via your workshop, ETHOZ PPROTECT PTE LTD through their staff, JACKSON TEO

Please tick the applicable box if you had been advised on any of the following:

- () 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 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 or under warranty with a local distributor, your insurance company will use only original parts to repair your vehicle.
- For vehicles above three (3) years old and no longer under warranty with a local distributor, your insurance company will be carrying out repairs where any damaged part that can be repaired will be repaired and any part that needs to be replaced will be replaced using **any combination** of original parts and/or original equipment manufacturer (OEM) parts and/or second-hand 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 acknowledged by:

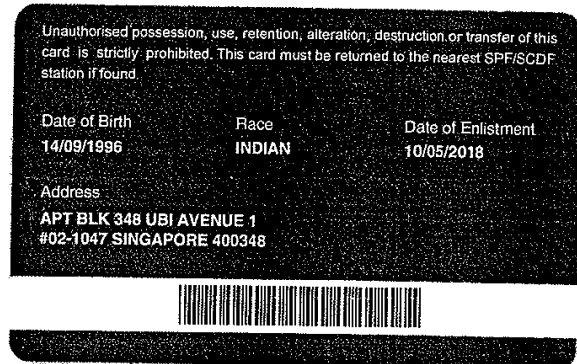
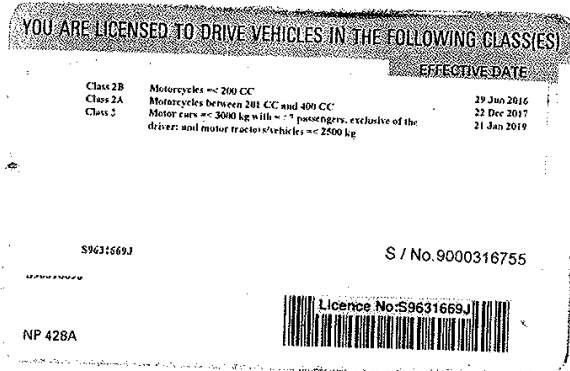
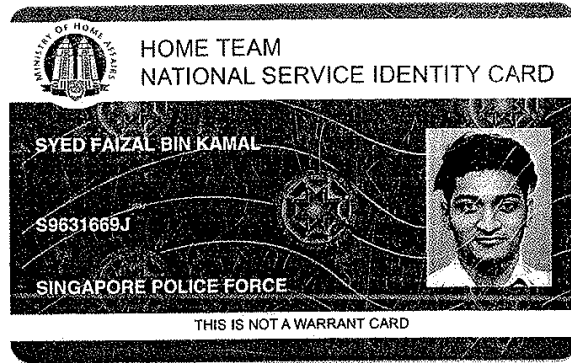
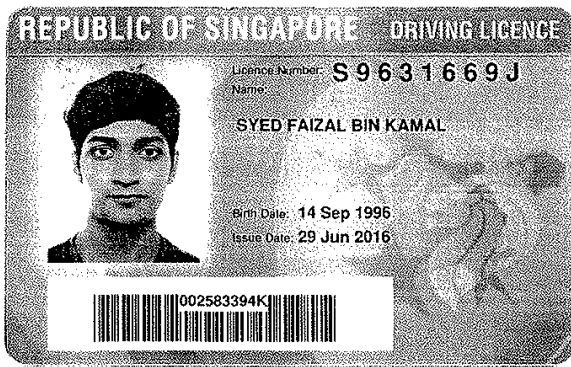
Syed Faizal Syed

Name and signature of policyholder/ authorized driver* and company stamp (where applicable)

*authorized driver to either the named drivers as per motor insurance policy or in the case of commercial vehicles, permitted drivers who are permitted to drive the insured Vehicle.

[Signature]
Name and signature of workshop personnel including company stamp





I, Syed Ameer, S9804109E owner of this
car No. F80 249E authorize the driver Syed Faizal
S9681 6693 to file accident report which happened on
25/04/2019 at old choa chuan kang Road.

Driver name: Syed Ameer bin Syed Kamal

Signature: ~~Ameer~~

MOTOR COVER NOTE**AN3169915**

- The Motor Vehicle (Third Party Risk and Compensation) Act (Chapter 187) of the 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 1992, or
 The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 22 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 **ACCEPTED** 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 proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.


NR-SYED FAIZAL BIN KAMAL		SCHEDULE
THE COMPANY		AXA INSURANCE PTE LTD
INSURED		SYED AMEER BIN SYED KAMAL
MAKE AND DESCRIPTION OF VEHICLE		SUZUKI DRZ-400M
VEHICLE REGISTRATION NO.		FBD249E
YEAR OF MANUFACTURE		2008
ENGINE NO.		K419181263
CHASSIS NO.		SK44A10S234
ENGINE CAPACITY/TONNAGE		398
COVER TYPE		THIRD PARTY ONLY
HIRE PURCHASE		NA
VALUE (\$)		-
PERIOD OF INSURANCE		FROM: 15-Nov-2018 TO: 14-Nov-2019
EXCESS (\$)		NIL
AXA PREMIUM WORKSHOP?		No

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 187) AND PART IV OF THE ROAD TRANSPORT ACT (1987) (MALAYSIA)

ANDA INSURANCE AGENCIES PTE LTD
 (MOTOR DEPARTMENT)
 1 King George's Avenue
 #06-00 Rehau Building, Singapore 208557
 Tel: 6554 2288 Fax: 6453 4466
 Email: thomson@anda.com.sg

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PTE LTD on 15-Nov-2018 5:09:27 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 \$853.50 (inclusive of GST) if the policy is cancelled after the inception date.
 - An administrative fee of \$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 (unless stated to the contrary) and the premium in full should be paid before the period of cover is for more than 12 days.

For Non-Individual Customers

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

