

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	23/04/2019 12:39
Date Of Accident	18/04/2019 17:40
Exact Location Of Accident	PIE TOWARDS TUAS AFTER EUNNOS EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH299P
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD KHAIRUL JOHARI BIN JUMAHAT
NRIC No	S8530200J
Email Address	MDKJOHARI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-85968701
Alternative Phone No	OTHERS-85968701

Vehicle Particulars

Manufacturer	SYM
Model	JOYMAX 300I-278CC
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	P2221130
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIRUL JOHARI BIN JUMAHAT
NRIC No	S8530200J
Date Of Birth	30/09/1985
Occupation	INDOOR
Date Of Driving Pass	02/02/2010
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85968701
Fax Number	
Contact Number	OTHERS-85968701
EEmail Address	MDKJOHARI@GMAIL.COM

Address	BLK 560 CHOA CHU KANG NORTH 6 #05-74
Postcode	580560
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	COLLIDED INTO MOTORCYCLIST
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 [OTHER]	T/20190418/2148
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On the above mentioned date, time and location, I was travelling on the 1st line. While riding, another bike collided onto my rear left side. Subsequently, I braked. After I heard a loud bang. I saw the bike at the first lane and there were few people trying to assist the rider. The rider was badly injured thus I did not take down his particulars and only took down the vehicle number. thereafter, the rider was conveyed to hospital via ambulance. I wish to state that i did not observe what resulted the rider to hit my bike. I am not injured. I was advised by TP to lodge report.

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	FBN4498Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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:

23/04/19
1230

Driver's Signature

(If driver is not the policyholder)

Date & Time:

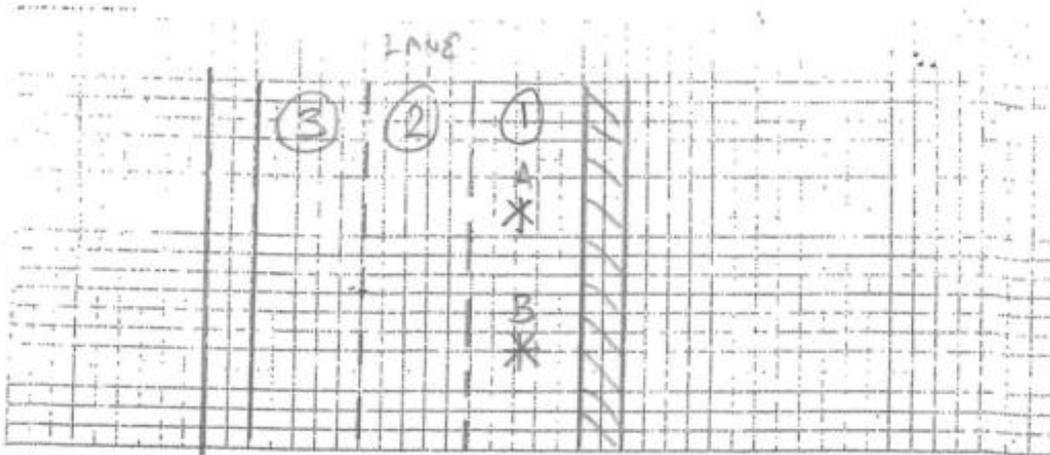


Reporting Centre Personnel's Signature

Name: LILIA CHUA

NRIC/FIN No.: S800422

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE MENTIONED DATE, TIME & LOCATION. I WAS TRAVELLING ON THE 1ST LANE. WHILE RIDING, ANOTHER BIKE COLLIDED ONTO MY REAR LEFT SIDE. SUBSEQUENTLY, I BRAKED. AFTER THAT I HEARD A LOUD BANG. I SAW THE BIKE AT THE FIRST LANE & THERE WAS A FEW PEOPLE TRYING TO ASSIST THE RIDER. THE RIDER WAS BADLY INJURED THUS I DID NOT TAKE DOWN HIS PARTICULARS & ONLY TOOK DOWN THE VEHICLE NUMBER. THEREAFTER THE RIDER WAS CONVEYED TO HOSPITAL VIA AMBULANCE.

I WISH TO STATE THAT I DID NOT OBSERVE WHAT RESULTED THE RIDER TO HIT MY BIKE. I AM NOT INJURED. I WAS ADVISED BY TP TO LODGE A REPORT.

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: LILIAN CHIA
NRIC/FIN No.: S82010942

Accident Photo



Accident Photo



Accident Photo

