

## 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	13/05/2019 17:56
Date Of Accident	12/05/2019 15:30
Exact Location Of Accident	BLK 641 BUKIT BATOK CENTRAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN7858Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HISYAM BIN MOHAMED OSMAN
NRIC No	S9538479Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98590700
Alternative Phone No	OFFICE-98590700

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MX KING
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	AN3170710
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HISYAM BIN MOHAMED OSMAN
NRIC No	S9538479Z
Date Of Birth	23/10/1995
Occupation	INDOOR
Date Of Driving Pass	19/11/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98590700
Fax Number	
Contact Number	OFFICE-98590700
Email Address	NOEMAIL

Address	BLK 296C CHOA CHU KANG AVE 2 #13-44
Postcode	680296
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?	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

I MADE A LEFT TURN. VEHICLE B SUDDENLY MADE A SHARP LEFT TURN. OUR VEHICLES GOT INTO CONTACT.

#### 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	GX9699R
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	PRIVATE CAR
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	MUHAMMAD HISYAM BIN MOHAMED OSMAN
------	-----------------------------------

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBN7858Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan Pg. 1

SKETCH PLAN

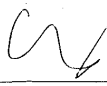
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

#### 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

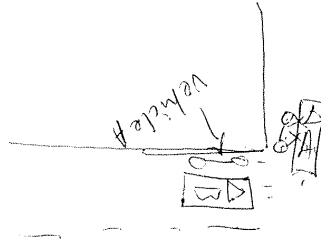
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

NEWHAM



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I made a left turn. vehicle B suddenly made a sharp left turn. our vehicle got into contact.



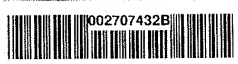
## DECLARATION




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.:

<b>REPUBLIC OF SINGAPORE</b> <b>IDENTITY CARD NO. S9538479Z</b>			<b>REPUBLIC OF SINGAPORE</b> <b>DRIVING LICENCE</b>
	<b>Name</b> <b>MUHAMMAD HISYAM BIN MOHAMED OSMAN</b>		<b>Licence Number</b> <b>S9538479Z</b> <b>Name</b> <b>MUHAMMAD HISYAM BIN MOHAMED OSMAN</b>
<b>Race</b> <b>BOYANESE</b>	<b>Date of birth</b> <b>23-10-1995</b>	<b>Sex</b> <b>M</b>	<b>Birth Date:</b> 23 Oct 1995 <b>Issue Date:</b> 26 Jul 2017
<b>Country of birth</b> <b>SINGAPORE</b>			

	<b>4 5 9 6 3 6 6</b>															
	<b>NRIC No. S9538479Z</b>															
<b>Date of issue</b> <b>30-06-2010</b>	<b>YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)</b>															
<b>Address</b> <b>APT BLK 296C CHOA CHU KANG AVENUE 2</b> <b>#13-44</b> <b>SINGAPORE 680296</b>	<table border="1"> <thead> <tr> <th colspan="2"></th> <th><b>EFFECTIVE DATE</b></th> </tr> </thead> <tbody> <tr> <td><b>C</b></td> <td><b>Class 2B</b></td> <td><b>Motorcycles =&lt; 200 CC</b></td> </tr> <tr> <td></td> <td><b>Class 3</b></td> <td><b>Motor cars =&lt; 3000 kg with =&lt; 7 passengers, exclusive of the driver; and motor tractors/vehicles =&lt; 2500 kg</b></td> </tr> <tr> <td></td> <td></td> <td><b>19 Nov 2018</b></td> </tr> <tr> <td></td> <td></td> <td><b>26 Jul 2017</b></td> </tr> </tbody> </table>			<b>EFFECTIVE DATE</b>	<b>C</b>	<b>Class 2B</b>	<b>Motorcycles =&lt; 200 CC</b>		<b>Class 3</b>	<b>Motor cars =&lt; 3000 kg with =&lt; 7 passengers, exclusive of the driver; and motor tractors/vehicles =&lt; 2500 kg</b>			<b>19 Nov 2018</b>			<b>26 Jul 2017</b>
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<b>S9538479Z</b>	<b>S / No.9000319803</b>															
<b>NP 428A</b>	<b>Licence No: S9538479Z</b> 															

# Sketch Plan #4 Pg. 1

13-12-2018 14:50 FROM-  
13-DEC-2018 14:50  
13-12-2018 15:44 FROM-  
13-DEC-2018 15:44

T-808 P0001/0002 F-505  
T-804 P0001/0002 F-500



**AXA INSURANCE PTE LTD**  
8 Sbeaton 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: <b>03375</b>
Policy No (if any): <b>New Business</b>
SmartDrive Quote Ref:

## **MOTOR COVER NOTE**

No. **AN3170710 ()**

- 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.

## **SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	MUHAMMAD HISYAM BIN MOHAMED OSMAN
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA JUPITER T150 <i>mx king t150 manual</i>
VEHICLE REGISTRATION NO.	FBN7858Z
YEAR OF MANUFACTURE	2018
ENGINE NO.	G3E6E044833
CHASSIS NO.	MH3UG0710JK280893
ENGINE CAPACITY/TONNAGE	150
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	SPEEDWAY MOTOR PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>13-Dec-2018</b> TO: <b>12-Dec-2019</b>
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	No

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 13-Dec-2018 1:41:54 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\$53.50 (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 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.

Accident Photo





Accident Photo



Accident Photo



Accident Photo

