

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	27/06/2019 11:34
Date Of Accident	27/05/2019 08:15
Exact Location Of Accident	ALONG JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AN9139P
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD ZAKI BIN JUNAIDI
NRIC No	S8704575G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87861170
Alternative Phone No	OFFICE-87861170

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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	REPORTING ONLY
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	P2170720
Cover Note Number	27/06/2018-26/06/2019

Driver

Name of Driver	MUHAMAD ZAKI BIN JUNAIDI
NRIC No	S8704575G
Date Of Birth	01/03/1987
Occupation	INDOOR
Date Of Driving Pass	25/11/2008
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87861170
Fax Number	
Contact Number	OFFICE-87861170
EEmail Address	NOEMAIL

Address	BLK 661C JURONG WEST STREET 64 14-444
Postcode	643661
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	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	HONG KAH SOUTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 510 JURONG WEST STREET 52 , POSTCODE: 640510 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5648999 - FAX NO: 66655797
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	SMA4129C
Vehicle Make/Model/Colour	B
Details Of Properties	
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

MUHAMAD ZAKI BIN JUNAIDI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

AN9139P

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

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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.

(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.

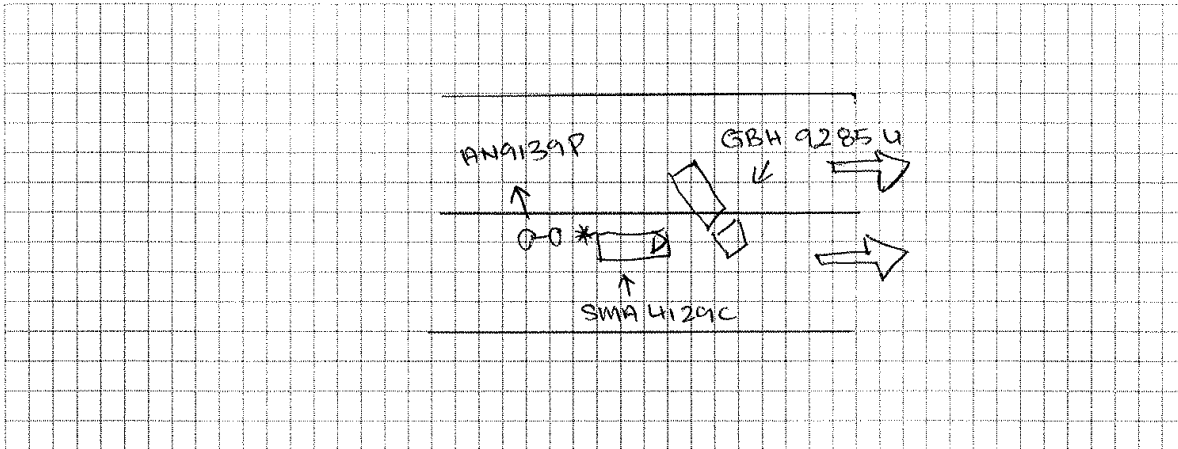
(d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.

(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.

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS TRAVELLING ALONG THE 2 LANE ROAD ON THE RIGHT LANE. ~~THERE IS A CAR~~ (~~SMA 4129C~~) WHILE TRAVELLING, A LORRY (GBH 9285 U) MADE AN ABRUPT LANE CHANGE FROM THE LEFT TO MY LANE. THERE IS A CAR (SMA 4129 C) IN FRONT OF ME AND THE SAID CAR JAMMED BRAKE TO AVOID COLLISION. I JAMMED MY BRAKES AS WELL BUT COULD NOT STOP IN TIME AND HIT ONTO THE REAR BUMPER OF THE CAR. I FELL FORWARD AND COULD NOT MOVE AS A RESULT OF THE PAIN FROM THE IMPACT. THE DRIVER OF THE SAID CAR ASSISTED ME AND AMBULANCE CAME SHORTLY AFTER. I SUFFERED ABRASIONS AND BRUISING ON MY ABDOMEN AND TRAUMA FROM THIS ACCIDENT.

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.

Jan 27/06/2014
11:07 AM

Policyholder's signature
Date & Time

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

[Signature]

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



**SINGAPORE
POLICE FORCE**



T/20190602/2043

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20190602/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/06/2019 12:55		Vide Report No.:		Station Diary No.: 7	
Informant's Particulars					
Name of Informant: MUHAMAD ZAKI BIN JUNAIDI			Address: APT BLK 661C JURONG WEST STREET 64 #14-444 SINGAPORE 643661		
ID Type / ID No.: NRIC NO / S8704575G			Contact No.: Home/Office: Mobile: 87861170		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 32	Date of Birth: 01/03/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Other heavy truck and lorry drivers			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/05/2019 08:15	Type of Location: Straight Road
Location: Along Road 1 JALAN AHMAD IBRAHIM				
Towards Tuas				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AN9139P	Motorcycle	YAMAHA	SNIPER T150	Green	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AN9139P	AXA INSURANCE SINGAPORE PTE LTD	P2170720	27/06/2018	26/06/2019



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T/20190602/2043

Police Station Of Origin:
Hong Kah South NPP
510 Jurong West Street 52 #01-90
SINGAPORE 640510
Tel No: 1800-5648999

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Report No. T/20190602/2043

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMAD ZAKI BIN JUNAIDI	ID No.	S8704575G
Related Vehicle	AN9139P (Motorcycle)	Contact No.	87861170
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	27/05/2019	Date Discharge	01/06/2019
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the above mentioned date, time and location, I was travelling along the 2 lane road on the right lane. While travelling, a lorry (Unknown reg num) made an abrupt lane change from the left to my lane. There is a car (Unknown reg num) in front of me and the said car jammed brake to avoid collision. I jammed my brakes as well but could not stop in time and hit onto the rear bumper of the car. I fell forward and could not move as a result of the pain from the impact. The driver of the said car assisted me and ambulance came shortly after. I suffered abrasions and bruising on my abdomen and trauma from this accident. I got 14 days MC as a result of the accident. I do not know what happened after the accident and I have yet to see the condition of my m/cycle.



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T/20190602/2043

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Report No. T/20190602/2043

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: J / Sgt 2 MUHAMMAD ADNAN BIN MOHAMED IBRAHIM	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 02/06/2019 12:55
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:

Authentication Stamp
NP168



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 27/6/19

To: Owner of Vehicle Number: AN 9139P

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



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:

[Signature]
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.

Kenneth
Name and signature of workshop personnel including company stamp

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Identification Card

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8704575G



Name

MUHAMAD ZAKI BIN JUNAIDI

Race

MALAY

Date of birth

01-03-1987

Sex

M

Country/Place of birth

SINGAPORE



Identification Card



Driving License

REPUBLIC OF SINGAPORE **DRIVING LICENCE**

Licence Number: **S8704575G**
Name: **MUHAMAD ZAKI BIN JUNAIDI**

Birth Date: **01 Mar 1987**
Issue Date: **20 Jun 2012**



 **002079484K**

Driving License

