

## 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	13/06/2019 16:23
Date Of Accident	04/06/2019 06:30
Exact Location Of Accident	SLIP ROAD OF PIE EXIT TOWARD SIMEI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP1342Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR AMIRUL BIN SALIM
NRIC No	S9610794C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90210710
Alternative Phone No	OFFICE-90210710

### Vehicle Particulars

Manufacturer	SYM
Model	JET 14 200I ABS
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	AN3172262
Cover Note Number	

### Driver

Name of Driver	NUR AMIRUL BIN SALIM
NRIC No	S9610794C
Date Of Birth	25/03/1996
Occupation	INDOOR
Date Of Driving Pass	27/11/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90210710
Fax Number	
Contact Number	OFFICE-90210710
EEmail Address	NOEMAIL

Address	BLK 525 BEDOK NORTH ST 3 #04-430
Postcode	460525
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?	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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 526 BEDOK NORTH STREET 3 #01-448 , <b>POSTCODE:</b> 460526 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4429999 - <b>FAX NO:</b> 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT : T/20190604/2091

#### 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	SBN7541L
Vehicle Make/Model/Colour	
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

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBP1342Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## DEVELOP PLAN

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)**

(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.

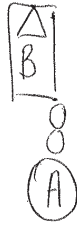
(e) the information so collected under (d) above may be shared / disclosed:

- (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 #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE 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:  
NRIC/FIN No.:

**INSURANCE CERT Pg. 1**

**AXA INSURANCE PTE LTD**  
 8 Shenton 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. **AN3172262 ()**

- 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	<b>AXA INSURANCE PTE LTD</b>
INSURED	<b>NUR AMIRUL BIN SALIM</b>
MAKE AND DESCRIPTION OF VEHICLE	<b>SYM JET 14 200I ABS</b>
VEHICLE REGISTRATION NO.	<b>FBP1342Z</b>
YEAR OF MANUFACTURE	<b>2019</b>
ENGINE NO.	<b>XS1P58QMK18010701</b>
CHASSIS NO.	<b>LXMXCA501KXA20666</b>
ENGINE CAPACITY/TONNAGE	<b>169</b>
COVER TYPE	<b>THIRD PARTY, FIRE &amp; THEFT</b>
HIRE PURCHASE	<b>MAH PTE LTD</b>
VALUE (S\$)	<b>MARKET VALUE</b>
PERIOD OF INSURANCE	<b>FROM: 12-Feb-2019 TO: 11-Feb-2020</b>
EXCESS (S\$)	<b>300</b>
<b>AXA PREMIUM WORKSHOP?</b>	<b>Yes</b>

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

**AXA INSURANCE PTE LTD****Authorised Signature**Issued by **ANDA INSURANCE AGENCIES PL** on **12-Feb-2019 4:09:08 PM**

- 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.

MTR-C-NOTE-P01-03


DRIVER IC / DL Pg. 1

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9610794C**  
Name: **NUR AMIRUL BIN SALIM**

Birth Date: **25 Mar 1996**  
Issue Date: **27 Nov 2018**

1002874760B




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9610794C**

Name: **NUR AMIRUL BIN SALIM**

Race: **MALAY**  
Date of birth: **25-03-1996** Sex: **M**  
Country of birth: **SINGAPORE**

4774298



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE: **27 Nov 2018**

NP 428A


Licence No: **S9610794C**

4774298

NRIC No: **S9610794C**

Date of issue: **19-09-2011**

Address: **APT BLK 525 BEDOK NORTH STREET 3  
#04-430  
SINGAPORE 460525**





**SINGAPORE  
POLICE FORCE**



T/20190604/2091

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

1 of 3

Report No. T/20190604/2091

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 04/06/2019 12:42		Vide Report No.: G/20190604/0069		Station Diary No.: 9
<b>Informant's Particulars</b>				
Name of Informant: NUR AMIRUL BIN SALIM		Address: APT BLK 525 BEDOK NORTH STREET 3 #04-430 SINGAPORE 460525		
ID Type / ID No.: NRIC NO / S9610794C		Contact No.: Home/Office: Mobile: 90210710		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 23	Date of Birth: 25/03/1996	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: Registered nurse		Driving Licence Information: Class: 2B Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/04/2019 06:30	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY slip road of PIE exiting towards Simei				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1342Z	Motorcycle	SYM	JET 14 200I ABS	White	Slightly Damaged	1
SBN7541L	Car	BMW		Grey	Slightly Damaged	1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP1342Z	AXA INSURANCE SINGAPORE PTE LTD	P2252490	12/02/2019	11/02/2020





SINGAPORE  
POLICE FORCE



T/20190604/2091

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20190604/2091

CONTINUATION OF REPORT

**Brief Details.**

On the 06/04/2019 as I was exiting PIE towards Simei along the sliproad, I was not travelling at a fast speed and in front of me was a grey BMW. Next I checked on my right to see if there was any oncoming vehicle and when I turned back to the front, I saw the car in front of me had emergency break. I could not react in time and so I collided onto the rear of his car and fell off my bike and slide forward. The driver of the other vehicle then alighted from his vehicle to help me onto the road side, subsequently someone called for the police and ambulance. We did managed to exchange particulars before the ambulance came. After the ambulance and traffic police came, they made a check on me and brought me to the hospital. I wish to inform that I do not have any camera on my vehicle. I am lodging this report for record purpose and insurance claims.



SINGAPORE  
POLICE FORCE



T/20190604/2091

Police Station Of Origin:  
Kaki Bukit NPP  
526 Bedok North Street 3 #01-448  
SINGAPORE 460526  
Tel No: 1800-4429999

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Report No. T/20190604/2091

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:

G /

Sgt 3 MUHAMMAD-SYAHIR BIN MAMAT

Sgt (1) Clarence Lim

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 LIM HONG LEE

Contact No.: 65476438

Signature Of Informant:

Date/Time:

04/06/2019 12:42

Classification Of Case:

Authentication Stamp

NP168



SIGNATURE



T/20190604/2098

1 of 3

Report No. T/20190604/2098

**Case Summary Form (CSF For NP168)**

Manual NP168 Form Serial No -

Report Number T/20190604/2098

Vide Report Number T/20190604/2091

Date/Time of Report Made 04/06/2019 13:13

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant Nur Amirul Bin Salim

ID Type / ID No. NRIC NO / S9610794C

Home/Office

Mobile 90210710

Email

Type of Accident Injury / Attended by Police

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 04/06/2019 06:30

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP1342Z	Motorcycle	SYM	JET 14 200I ABS	White	Slightly Damaged	1
SBN7541L	Car	BMW	X3 XDRIVE20I ABS 4WD HID DSC SR NAV	Grey	Slightly Damaged	1



T/20190604/2098

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Report No. T/20190604/2098

**Continuation of CSF For NP168**

**Brief Facts.**

Ammendments to report number T/20190604/2091, the correct date in the brief details should be 04/06/2019 instead of 06/04/2019. That's all.



T/20190604/2098

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Report No. T/20190604/2098

**Continuation of CSF For NP168**

**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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / MOHAMED RIZWAN BIN IBRAHIM
Classification of Case	1) INJURY / ATTENDED BY POLICE

  
**Kaki Bukit NPP**

Block 526 Bedok North Street 3  
#01-448 Singapore 460526  
Tel: 1800-4429999

# LETTER OF UNDERTAKING

I/We, NUR AMIRUL BIN SALIM (S9610794C), the owner of vehicle no. FBP 13422

My/Our Insurance is under M/s AXA Insurance Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

S9610794C *Salim*

.....  
Nric no. & signature of policyholder

.....  
Company stamp

.....  
Date

Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo

