

## 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 11:52
Date Of Accident	23/06/2019 20:00
Exact Location Of Accident	WOODLANDS AVENUE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY2822D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ITHNAIN B JUNIED
NRIC No	S1641819F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85227321
Alternative Phone No	OTHERS-85227321

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	AN3175074
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD IQBAL BIN ITHNAIN
NRIC No	S9235633G
Date Of Birth	07/10/1992
Occupation	INDOOR
Date Of Driving Pass	25/03/2015
Driving Experience	4 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85227321
Fax Number	
Contact Number	
Email Address	IQBALITHNAIN@GMAIL.COM

Address	BLK 130 YISHUN ST 11 #11-261
Postcode	760130
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	4
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)	2
Passenger 1	NAME: : NUR FAZLEEN GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

#### 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	SJP5217G
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SKR9528K  
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 OTHER VEHICLE PROPERTY 3

Vehicle Registration Number GQ4876R  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 NUR FAZLEEN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FY2822D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name MUHAMMAD IQBAL B ITHNAIN  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FY2822D  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance?  
Address  
Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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:

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

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

27/6/19

## Sketch Plan #2

### SKETCH PLAN

**Vehicle**

A - FY2822D

B - SJP5217G

C - SKR9528K

D - GQ4876R

**Legend**

Vehicle

Motorcycle

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer To Attach Police report.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.  
 Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

\_\_\_\_\_  
 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.:

27/6/19.



# Common Statement

Photo taken on 28/6

## ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident Time 23/6/19 2000		2 Exact location of accident Woodlander Ave 2		To be signed by BOTH drivers	
4 Material damage To vehicles other than vehicles A and B No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)		3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>				Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **FY2877D**

6 Insured / policyholder (see insurance cert.)  
Name **Ithnain B. Juned.**  
Address  
NRIC / Passport no. **S1641819F**  
Tel no. (from 9am till 5pm)  
HP

7 Vehicle  
Make, type **Honda CB400**

8 Insurance company  
**AXA** ☐ C ☒ TPFT ☐ TPO  
Does the policy cover damage to vehicle A?  
No ☒ Yes ☐  
Policy No. **AN3175074**

9 Driver ☐ Same as Owner  
Name **Muhammad Ghal.**  
(capital letters) **Bia Ithnain**  
NRIC / Passport no. **312A 128.**  
Class of licence **3/2A 128.**  
HP **8522 1321**  
Gender Male ☒ Female ☐

12 CIRCUMSTANCES  
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Chain Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcyclist
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Cross Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Major/Minor R/L
<input type="checkbox"/>	Collision - Opening Door of Vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. **SJP 5717 K**

6 Insured / policyholder (see insurance cert.)  
Name  
(capital letters)  
Address  
NRIC / Passport no.  
Tel no. (from 9am till 5pm)  
HP

7 Vehicle  
Make, type

8 Insurance company  
☐ C ☐ TPFT ☐ TPO  
Does the policy cover damage to vehicle B?  
No ☐ Yes ☐  
Policy No. (if available)

9 Driver (See driving licence)  
(if different from insured B above)  
Name  
(capital letters)  
NRIC / Passport no.  
Class of licence  
HP  
Gender Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred  
Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

Alternatively, please make reference to one of the sketches on page 4

15 Signatures of drivers

A

*[Signature]*

B

14 My remarks

\* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

For insured's Individual Statement (Part II) see overleaf →

# Individual Statement

INDIVIDUAL STATEMENT (Part II)					
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)					
Insured	1 Occupation (if more than one, state all) _____ Email: _____				
	2 Vehicle registration no. _____ C.C. _____		If commercial vehicle, state permissible carrying capacity _____		
	3 Is driver the owner? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, State Relationship of Driver with owner _____		state the vehicle number and name of insurer of driver's own vehicle (where applicable) _____		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify _____				
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present _____ Tel no. _____				
	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)				
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth _____		Occupation _____	Date of license pass _____	Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	7/10/92		Indoor	Outdoor	25/3/15
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability _____				
	9 Full details of all driving convictions including pending prosecutions in the last 36 months				
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle	Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
	Nur. Muhammad		Iqbal		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage	Insurer's name and address (if known)
	Veh C - Veh D		SKR9528K 6Q4P76R		
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station _____ TP. 670				
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom? _____				
Accident details	14 Weather conditions Clear <input checked="" type="checkbox"/> Raining <input type="checkbox"/> Others _____				
	15 Road surface Wet <input type="checkbox"/> Dry <input checked="" type="checkbox"/> Others _____				
	16 Speed of vehicles A _____ km/hr B _____ km/hr				
	17 What warnings were given by driver or other party? _____				
	18 Were street lights illuminated? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
	19 What lights were displayed on your vehicle/the other vehicle(s)? _____				
	20 If your vehicle is commercial, state weight of load carried at time of accident _____				
Declaration	21 State how accident happened, width of roads, speed limits, etc (Refer to attached)				
	22 State number of Passengers (including Driver) <input type="checkbox"/> 2 Nur Fazleen. (P)				
Declaration	I/We declare the foregoing particulars are true in every respect				
	Policyholder's signature _____ Date _____				
	Driver's signature (if driver is not the policyholder) _____ Date _____				



**SINGAPORE  
POLICE FORCE**



T/20190625/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20190625/2038

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/06/2019 12:53		Vide Report No.: L/20190623/0141		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD IQBAL BIN ITHNAIN			Address: APT BLK 130 YISHUN STREET 11 #11-261 SINGAPORE 760130		
ID Type / ID No.: NRIC NO / S9235633G			Contact No.: Home/Office: Mobile: 85227321		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 07/10/1992	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/06/2019 20:00	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 2  EXIT FROM SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY2822D	Motorcycle	HONDA	CB400 SFHV M	Yellow		1
GQ4876R	Van	NISSAN	URVAN 4 DOOR SWB (D)	Silver		0
SJP5217G	Car	HYUNDAI	HD AVANTE 1.6 A	Red		0
SKR9528K	Car	HONDA	CITY 1.5 SV CVT	Brown		0





**SINGAPORE  
POLICE FORCE**



T/20190625/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20190625/2038

**CONTINUATION OF REPORT**

**Brief Details.**

On the above mentioned date time and location

I was travelling on the extreme right of the 3 lanes road. Out of a sudden, I noticed the involved vehicle encroached onto my path. I wasn't able to stop on time and thus, resulting in a head to side accident.



**SINGAPORE  
POLICE FORCE**



T/20190625/2038

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20190625/2038

**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: TP / NG JIN SHENG	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 25/06/2019 12:53
Officer In Charge Of Case: TP / GIT / Sgt 3 MOHAMED RIZWAN BIN BRAHIM Contact No.: 93265045	Classification Of Case:
Authentication Stamp NP168	 SINGAPORE POLICE FORCE Signature: _____

## Driving License & IC

**REPUBLIC OF SINGAPORE DRIVING LICENCE**

License Number: **S9235633G**

Name: **MUHAMMAD IQBAL BIN ITHNAIN**

Birth Date: **07 Oct 1992**

Issue Date: **21 Apr 2011**

1001957913B



**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S9235633G**

Name: **MUHAMMAD IQBAL BIN ITHNAIN**


Race: **JAVANESE**

Date of birth: **07-10-1992**

Country of birth: **SINGAPORE**

Sex: **M**

4923221



*iqbalithnain@gmail.com*

**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES**

Class	Description	Effective Date
Class 1B	Motorcycles < 200 CC	11 Apr 2011
Class 2A	Motorcycles between 201 CC and 400 CC	15 May 2015
Class 2	Motor cars < 2000 kg with < 7 passengers, vehicles of the driven and motor tractors/vehicles < 2500 kg	13 Feb 2019

S / No. 9000320249

NP 528A

License No: **S9235633G**



4923221

**S9235633G**

Date of issue: **24-12-2012**

Address: **APT BLK 130 YISHUN STREET 11  
#11-261  
SINGAPORE 760130**



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo

