Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 24/07/2019 15:08

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 witholding 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	24/07/2019 14:53
Date Of Accident	09/07/2019 17:15
Exact Location Of Accident	TAMPINES STREET 81
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBD9863Y
Insured/Policyholder	
Name Of Registered Owner	AEDY MAHADHIR BIN IDROS
NRIC No	S8809770Z
Email Address	AEDY.MAHADHIR88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87483937
Alternative Phone No	OTHERS-87483937
Vehicle Particulars	
Manufacturer	YAMAHA
Model	Y125Z-124CC
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
Fleet Policy	NO
Policy Number	AN3170487
Cover Note Number	
Driver	
Name of Driver	AEDY MAHADHIR BIN IDROS
NRIC No	S8809770Z
Date Of Birth	25/03/1988
Occupation	INDOOR
Date Of Driving Pass	05/07/2007
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87483937
Fax Number	
Contact Number	OTHERS-87483937
EMail Address	AEDY.MAHADHIR88@GMAIL.COM

Address	BLK 575 PASIR RIS STREET 53 #02-14 SINGAPORE
Postcode	510575
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?	NO
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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

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	SLS981B
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)	

SKETCH PLAN

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. 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:

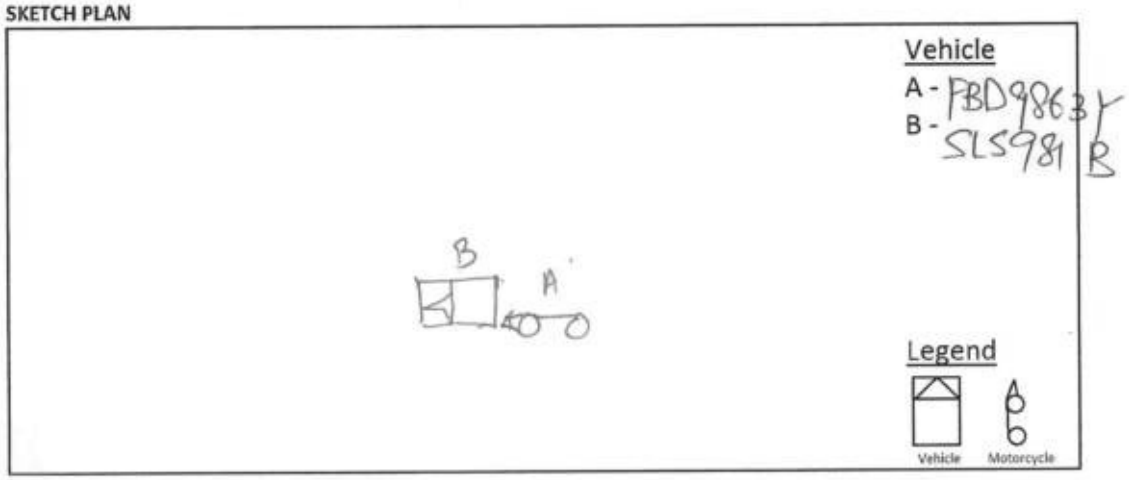
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 24/7/19 2:54pm	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Perwen

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the day of event. I was delivering food and was on the way to the customer house. As it was a sunny day I didn't realised the front car was signalling right towards the carpark and couldn't brake on time.

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: 2:54pm 24/7/19	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.: PRNKM

Common Statement

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: 9/7/19 Time: 1715

2 Exact location of accident: Tampines St 81

To be signed by BOTH drivers

3 Injuries even if slight: No ☐ Yes ☐ *

4 Material damage
To vehicles other than vehicles A and B: No ☐ Yes ☐ *
To objects other than vehicles: No ☐ Yes ☐ *

5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B)

Vehicle Video Camera Available: No ☐ Yes ☐

Registration No. (VEHICLE A) FBD 9863Y

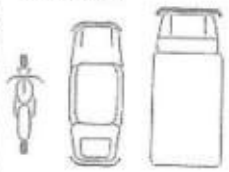
6 Insured / policyholder (see insurance cert.)
Name (capital letters): Aedy Mahadhir Bin Idrus
Address:
NRIC / Passport no.: S8809770Z
Tel no. (from 9am till 5pm):
HP: 8748 3937

7 Vehicle
Make, type: Yamaha Y125

8 Insurance company: AXA ☐ C ☐ TPFT ☐ TPO
Does the policy cover damage to vehicle A? No ☐ Yes ☐
Policy No.: AN3170487

9 Driver ☐ Same as Owner
Name (capital letters):
NRIC / Passport no.:
Class of licence: 3
HP:
Gender: Male ☐ Female ☐

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



11 Visible damage to vehicle A

14 My remarks

12 CIRCUMSTANCES

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

	A	B
Chain Collision	☐1	1☐
Collided into Bicyclist	☐2	2☐
Collided into Motorcyclist	☐3	3☐
Collided into Parked Vehicle	☐4	4☐
Collided into Pedestrian	☐5	5☐
Collided into Property	☐6	6☐
Collision – Change/Cross Lane	☐7	7☐
Collision – Cross Junction	☐8	8☐
Collision – Head on Collision	☐9	9☐
Collision – Head to Rear	☐10	10☐
Collision – Major/Minor Rd	☐11	11☐
Collision – Opening Door of Vehicle	☐12	12☐
Collision – Roundabout	☐13	13☐
Collision – U-Turn	☐14	14☐
Drink Driving / Drug Influence	☐15	15☐
Fire, Explosion or Lightning	☐16	16☐
Flood	☐17	17☐
Hit and Run / Vandalism / Damaged whilst Parked	☐18	18☐
Hit by Fallen Tree / Other Objects	☐19	19☐
No Collision	☐20	20☐
Side Swipe	☐21	21☐
Theft	☐22	22☐

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred 13
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 15

A

B

Registration No. (VEHICLE B) SLS8981B

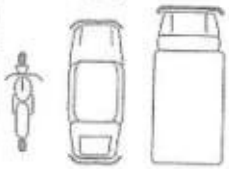
6 Insured / policyholder (see insurance cert.)
Name (capital letters):
Address:
NRIC / Passport no.:
Tel no. (from 9am till 5pm):
HP:

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 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)

Own Workshop Email / Fax (if any) _____

To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)

Email: Aedy-manadhir@gmail.com

Insured

1 Occupation (if more than one, state all) _____

2 Vehicle registration no. | C.C. | If commercial vehicle, state permissible carrying capacity

3 Is driver the owner? Yes ☑ No ☐ If no, State Relationship of Driver with owner | state the vehicle number and name of insurer of driver's own vehicle (where applicable)

Of which vehicle are you the owner?

☑ A

☐ B

4 Exact purpose for which vehicle was being used at time of accident ☐ Private use ☐ Commercial use ☐ Hire & reward ☐ Private Hire

☐ Others - please specify _____

5 Is the vehicle still in use? Yes ☐ No ☐ 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 ☐ No ☑

If no, state action to be taken ☐ Third Party ☑ Reporting Only ☐ 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?		Was driver an employee of the insured's company?	
25/3/88	Indoor	Outdoor	5/7/2007	Yes ☑	No ☐	Yes ☐	No ☑

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

Date	Offence	Penalty

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?		Was injured conveyed to hospital by ambulance?	
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No
			Yes	No	Yes	No

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)

Police action

12 Was the accident reported to the Police? Yes ☐ No ☑

If yes, please state which Police station _____

13 Was notice of intended prosecution given? Yes ☐ No ☑

If yes, against whom? _____

Accident details

14 Weather conditions Clear ☑ Raining ☐ Others ☐

15 Road surface Wet ☐ Dry ☑ 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 ☐ No ☐

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 _____

21 State how accident happened, width of roads, speed limits, etc (Refer to attached)

22 State number of Passengers (Including Driver) 1

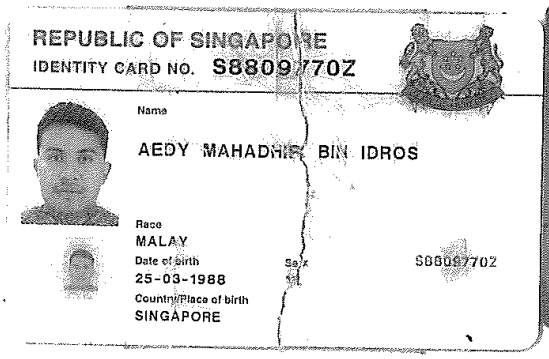
Declaration

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** _____

DRIVER NRIC & LICENSE Pg. 1



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8809770Z

Name
AEDY MAHADHIR BIN IDROS

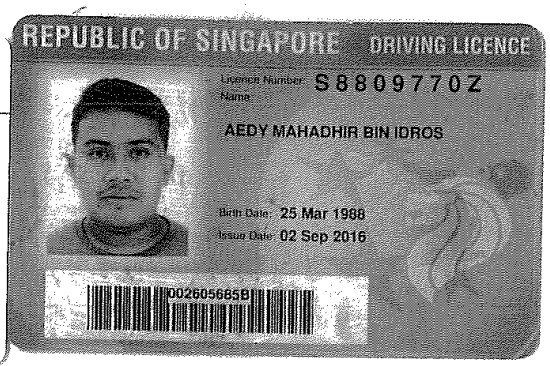
Race
MALAY

Date of birth
25-03-1988

Sex
M

S8809770Z

Country/Place of birth
SINGAPORE

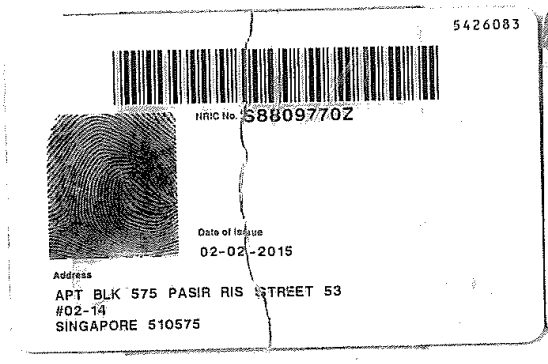


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S8809770Z
Name
AEDY MAHADHIR BIN IDROS

Birth Date 25 Mar 1988
Issue Date 02 Sep 2016

002605685B

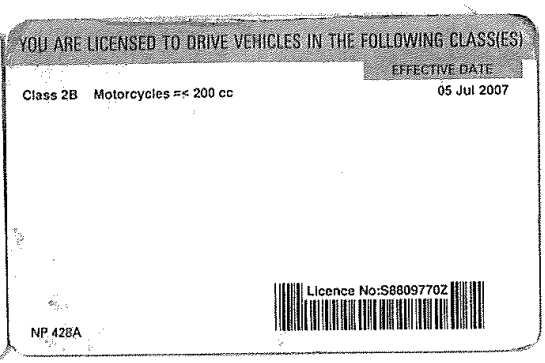


5426083

NRIC No. S8809770Z

Date of Issue
02-02-2015

Address
APT BLK 575 PASIR RIS STREET 53
#02-14
SINGAPORE 510575



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

	EFFECTIVE DATE
Class 2B Motorcycles =< 200 cc	05 Jul 2007

Licence No:S8809770Z

NP 428A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo