

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	14/08/2019 15:03
Date Of Accident	13/08/2019 09:15
Exact Location Of Accident	AT NEWTON FLYOVER BEFORE SHELL PETROL KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2094J
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD HASNI BIN HUSSEIN
NRIC No	S7500390J
Email Address	PHANTOM4357@GMAIL.COM
Mobile Phone No	(LOCAL) +65-84999034
Alternative Phone No	OTHERS-84999034

Vehicle Particulars

Manufacturer	SUZUKI
Model	UH200AL5 BURGMAN 200 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	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	AN3174784
Cover Note Number	

Driver

Name of Driver	MUHAMAD HASNI BIN HUSSEIN
NRIC No	S7500390J
Date Of Birth	16/01/1975
Occupation	INDOOR
Date Of Driving Pass	13/09/1999
Driving Experience	19 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84999034
Fax Number	
Contact Number	OTHERS-84999034
Email Address	PHANTOM4357@GMAIL.COM

Address	BLK 310 BUKIT BATOK ST 32 #04-03
Postcode	350310
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 - 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	3
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

KINDLY REFER TO 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	FBK2648L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MR CHAN
NRIC/Passport Number	
Contact Number	91860920
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLN8361P
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Vehicle Make/Model/Colour	TOYOTA (RED)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MR ANAND
NRIC/Passport Number	
Contact Number	84083279
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMAD HASNI BIN HUSSEIN
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK2094J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

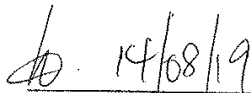
SKETCH PLAN

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6. The report will be forwarded by the insurers of the GfA Records Management Centre established by the General Insurance Association of Singapore (GfA) 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 ("GfA") 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 GfA 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.

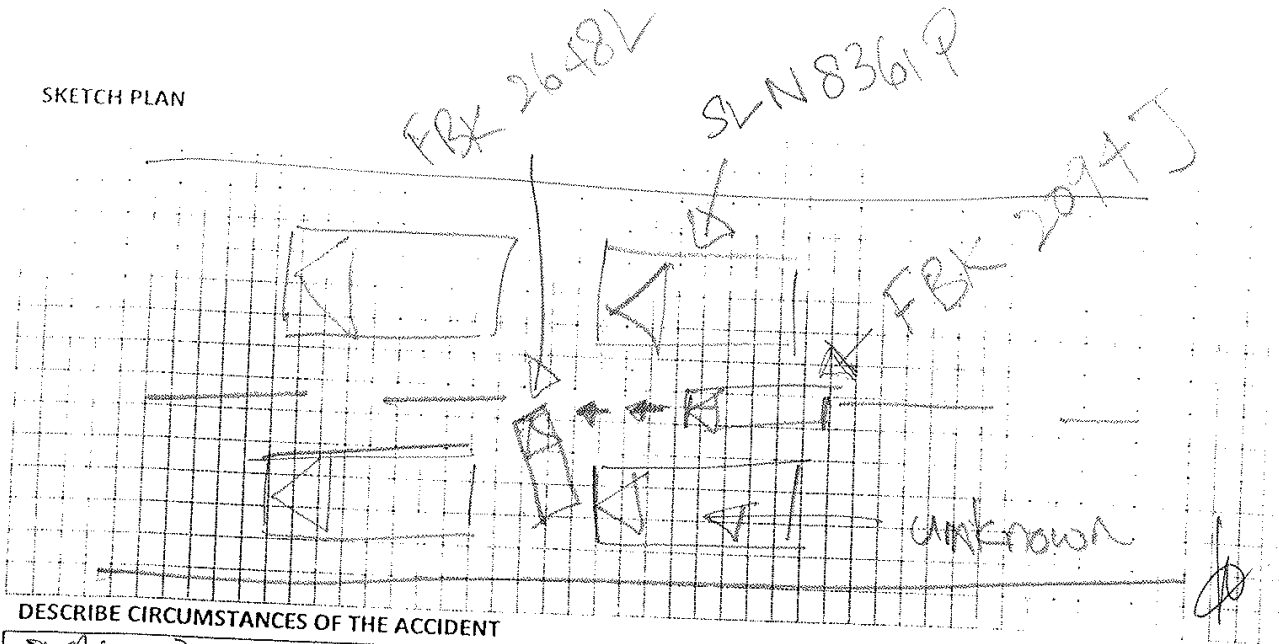

Policyholder's Signature

Date & Time:

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

WAS REFER TO ATTACHED STATEMENT

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.

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> | - Reporting Only |
| <input type="checkbox"/> | - Claim OD |
| <input type="checkbox"/> | - Claim TP |
| <input checked="" type="checkbox"/> | - Claim OD TP at other workshop |

DECLARATION


I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature
Date & Time

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

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

On 13/08/2019 about 9:15 am, I was riding my bike (FBK2094J) along Upper bukit Timah Road traffic was congested. While riding in the middle of the lane at the flyover, one motor cycle (FBK2648L) on the extreme left lane did not check for his blind overtake one unknown car from the front and suddenly dashed out where was riding at. This caused me could not stop in time at and hit onto the bike (FBK2648L) front right wheel. Subsequently I fell off and landed in front of my bike and my bike hit onto a stationary car (SLN8361P) on my right lane. i suffered pain on my right wrist, right hip, abrasion on my left arm and my left back.


14/08/19



POLICYHOLDER ACKNOWLEDGEMENT FORM

Date: 14/08/2019

To: Owner of Vehicle Number: FBK2094J

The following has been advised to you via your workshop, ETHOZ PROTECT PTE LTD through their staff, JACKSON TEO.

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:

HASNI MUHAMMAD HASNI

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.

[Signature]

Name and signature of workshop personnel including company stamp

Sketch Plan Pg. 5


REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S7500390J**

Name: **MUHAMAD HASNI BIN HUSSEIN**

Birth Date: **16 Jan 1975**
Issue Date: **27 Sep 2003**

000868092G





REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S7500390J**

Name: **MUHAMAD HASNI BIN HUSSEIN**

Race: **MALAY**
Date of birth: **16-01-1975** Sex: **M**
Country of birth: **SINGAPORE**



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

Class 2B Motorcycles \leq 200 CC
Class 2A Motorcycles between 201 CC and 400 CC


PASS DATA
13 Sep 1999
14 Apr 2009

S7500390J


S / No. 9000099420

Licence No. S7500390J


NP 428A



3827284



NRIC No. **S7500390J**



Date of issue
16-01-2006

ART. BLK 310 BUKIT BATOK STREET 32 #04-03
SINGAPORE 650310
NRIC No. **S7500390J** Date: **14/04/2012** No: **7057604**

Sketch Plan Pg. 6

5/16/2019

AXA Insurance Motor Cover Notes System

AXA INSURANCE PTE LTD
 11, Shenton Way, #11-01 AXA Tower
 Singapore 068811
 Tel: 65 6339 8888
 Fax: 65 6339 8889
 E-mail: axa@axa.com.sg
 Web: www.axa.com.sg
 AXA Insurance (Singapore) Pte Ltd



Original

Acc No: 03375
Policy No: (blank)
Renewal
SmartDrive Quote Ref: (blank)

MOTOR COVER NOTE

No. **AN3174784 ()**

- 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	MUHAMAD HASNI BIN HUSSEIN
MAKE AND DESCRIPTION OF VEHICLE	SUZUKI UH200A
VEHICLE REGISTRATION NO.	FBK2094J
YEAR OF MANUFACTURE	2015
ENGINE NO.	H405401700
CHASSIS NO.	MLCC9112100401700
ENGINE CAPACITY/TONNAGE	200
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	A.S.PHOON PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 16-May-2019 TO: 15-May-2020
EXCESS (\$)	300
AXA PREMIUM WORKSHOP?	Yes

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 16-May-2019 4:24:20 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 must be paid before inception date shown above in order for the insurance cover to be valid.
 For Non-Individual Customers:

www.anda.com.sg/motor/AXA.asp

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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