

## 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	24/12/2019 11:50
Date Of Accident	23/12/2019 18:30
Exact Location Of Accident	ALONG RD 1 UPPER CHANGI RD EAST TOWARDS SIMEI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ2423S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AHMAD SUHAIMI BIN ABDUL RAHIM
NRIC No	S9404207J
Email Address	AHMADDSUHAIMI94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96653571
Alternative Phone No	OFFICE-96653571

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J M
Exact Purpose for which vehicle was being used at time of accident	SENDING ORDER
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	AN3175757
Cover Note Number	AN3175757

### Driver

Name of Driver	AHMAD SUHAIMI BIN ABDUL RAHIM
NRIC No	S9404207J
Date Of Birth	07/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/02/2016
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96653571
Fax Number	
Contact Number	OFFICE-96653571
Email Address	AHMADDSUHAIMI94@GMAIL.COM

Address	BLK 201B TAMPINES ST-21 #03-1073 SINGAPORE
Postcode	522201
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	RAINING
Road Surface	WET

#### 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 [OTHER]	T/20191223/2168
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT

#### 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	SLL650T
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	AHMAD SUHAIMI BIN ABDUL RAHIM
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FZ2423S
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 201B TAMPINES ST-21 #03-1073 SINGAPORE
Postcode	522201

## Sketch Plan

### 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: 24/12/19  
110hr3



Driver's Signature

(If driver is not the policyholder)  
Date & Time: 24/12/19  
1110hr3



Reporting Centre Personnel's Signature

Name: Lilian Chia  
NRIC/FIN No.: S8001094Z

### Sketch Plan #2

### SKETCH PLAN

Diagram illustrating the layout of the upper Changi Road East towards Lim21:

The diagram shows a road layout with three vertical lanes. The top lane contains three upward-pointing arrows. The middle lane contains the text "A \* B". The bottom lane is empty.

Labels on the right side of the diagram:

- A - SLL 650T
- B - FZ 2423S

UPPER CHANGI ROAD EAST  
TOWARDS LIM21

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT

## DECLARATION

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

Policyholder's Signature

Date & Time: 24/4/19  
1110h-3

GLARMC SketchPlanForm V3

Driver's Signature

(If driver is not the policyholder)

Date & Time: 24/12/19

1110hrs



Reporting Centre Personnel's Signature

Name: Lilian Chia

NRIC/FIN No.: S8001094Z

Driving License


**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**


Licence Number: **S9404207J**

Name: **AHMAD SUHAIMI BIN ABDUL RAHIM**

Birth Date: **07 Feb 1994**

Issue Date: **19 Feb 2016**



 002539297K

**REPUBLIC OF SINGAPORE**

IDENTITY CARD NO. **S9404207J**



Name: **AHMAD SUHAIMI BIN ABDUL RAHIM**

Race: **INDIAN**

Date of birth: **07-02-1994**

Sex: **M**

Country of birth: **SINGAPORE**









Identification Card

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

Class 2B	Motorcycles =< 200 CC	EFFECTIVE DATE	
Class 2A	Motorcycles between 201 CC and 400 CC	19 Feb 2016	
		02 May 2018	6

S9404207J

S / No.9000314230

NP 428A

Licence No:S9404207J

4357098

NRIC No. S9404207J

Date of issue  
18-02-2009

APT BLK 201B TAMPINES STREET 21 #03-1073  
SINGAPORE 522201  
NRIC No: S9404207J Date: 02/05/2018

# INSURANCE

## AXA Insurance Motor Cover Notes System

Page 1 of 2

**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>Renewal</b>
SmartDrive Quote Ref:

### MOTOR COVER NOTE

No. **AN3175757 ( )**

- 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.

**NR-MUHAMMAD FADHLY BIN  
MOHTAR**

### SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	AHMAD SUHAIMI BIN ABDUL RAHIM
MAKE AND DESCRIPTION OF VEHICLE	HONDA CB400 SUPERF
VEHICLE REGISTRATION NO.	FZ2423S
YEAR OF MANUFACTURE	2004
ENGINE NO.	NC23E2066855
CHASSIS NO.	NC391056704
ENGINE CAPACITY/TONNAGE	399
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	WING FUAT PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 7-Jul-2019 TO: 6-Jul-2020
EXCESS (\$)	500
AXA PREMIUM WORKSHOP?	Yes

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

Issued by ANDA INSURANCE AGENCIES PL on 25-Jun-2019 2:22:15 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 \$553.50 (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.



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191223/2168

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

1 of 3

Report No. T/20191223/2168

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/12/2019 21:30		Vide Report No.: G/20191223/0162		Station Diary No.: 96	
<b>Informant's Particulars</b>					
Name of Informant: AHMAD SUHAIMI BIN ABDUL RAHIM			Address: APT BLK 201B TAMPINES STREET 21 #03-1073 SINGAPORE 522201		
ID Type / ID No.: NRIC NO / S9404207J			Contact No.: Home/Office: Mobile: 96653571		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 07/02/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: WAREHOUSE ASSISTANT			Driving Licence Information: Class: 2B,2A Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 23/12/2019 18:30	Type of Location:
Location: Along Road 1 UPPER CHANGI ROAD EAST  TOWARDS SIMEI Lamp Post Number: 9				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

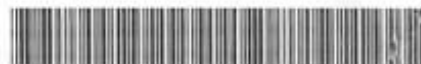
<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ2423S	Motorcycle	HONDA	CB400SF4J M	Silver	Seriously Damaged	0
SLL650T	Car					1

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191223/2168

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

2 of 3

Report No. T/20191223/2168

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ2423S	AXA INSURANCE SINGAPORE PTE LTD	P2141353	07/07/2019	06/07/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD SUHAIMI BIN ABDUL RAHIM	ID No.	S9404207J
Related Vehicle	NIL	Contact No.	96653571
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 23/12/2019 at about 1830hr, I was riding my motorcycle FZ2423S along Upper Changi Rd East towards Simei on the second lane. I was checking my side mirror and when I look up, the vehicle in front had came to a stop. I applied the brakes however could not stop in time and collided into the rear of the front vehicle bearing SLL650T. Due to the collision, my front bender, meter and headlights are badly damaged. I managed to exchanged particulars with the other driver and she was conveyed to the hospital. Traffic police also came and gave me a case card vide G/20191223/0162.

I wish to state that I do not have any camera and I was advise to lodge a police report. That is all.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20191223/2168

Police Station Of Origin:  
Tampines N.P.C  
6 Tampines Avenue 4 SINGAPORE 529682  
Tel No: 1800-5871999

3 of 3

Report No. T/20191223/2168

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 SIM FAWWAZ BIN SIM HASHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 PHUA TIAK YEE

Contact No.: 65472077

Signature Of Informant:

Date/Time:

23/12/2019 21:30

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE  
POLICE FORCE

SIGNATURE

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo

