

## 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	15/02/2020 11:05
Date Of Accident	14/02/2020 19:00
Exact Location Of Accident	TPE TOWARDS CHANGI AIRPORT BEFORE LOYANG AVE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ9284A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KHAIRIL IQMAL BIN MASRI
NRIC No	S9526463H
Email Address	KHAIRILIQMAL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92977619
Alternative Phone No	OTHERS-92977619

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T150
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	AN3181259
Cover Note Number	13/01/2020 - 12/01/2021

### Driver

Name of Driver	KHAIRIL IQMAL BIN MASRI
NRIC No	S9526463H
Date Of Birth	30/07/1995
Occupation	INDOOR
Date Of Driving Pass	01/08/2019
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92977619
Fax Number	
Contact Number	OTHERS-92977619
E-Mail Address	KHAIRILIQMAL@HOTMAIL.COM

Address	BLK 144 PASIR RIS STREET 11 #03-87
Postcode	510144
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	CHAIN COLLISION
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?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	PASIR RIS N.P.C
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

#### 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	SH9749Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SUBI'AT BIN SALLEH
NRIC/Passport Number	S0640164C
Contact Number	91007244
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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	KHAIRIL IQMAL BIN MASRI
Approximate Age	
Injuries Sustain	NECK & BACK PAIN
Injured person in which vehicle?	FBQ9284A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

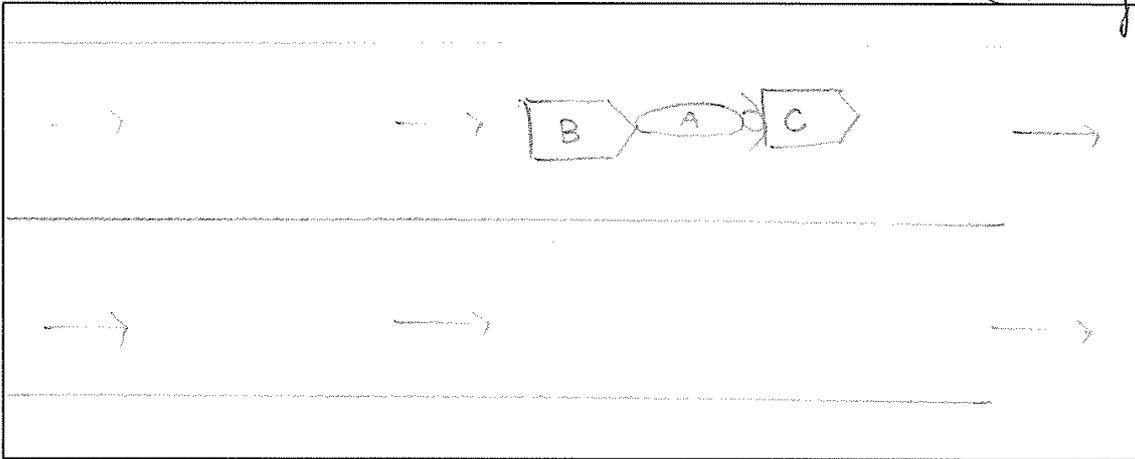
Sketch Plan Pg. 1

ALONG TPE TOWARDS CHANGI

Date of accident: 14/02/20 Time: 19:00 Location: AIRPORT BEFORE LOYANG AVENUE EXIT  
 My Vehicle A: FBQ9284A Vehicle B: SH9749Y Vehicle C: unknown

SKETCH PLAN

(Lorry)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT No. T/20200214/2112

- Claim OD/TP at Ah Lim Motor   
  Claim OD/TP at other workshop   
  Reporting Only

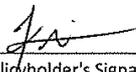
Remarks : Please forward a copy of my efile accident report to :

My workshop :  
 Email address :  
 & myself :  
 Email address :

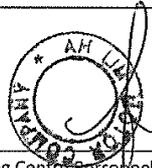
Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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.:

AH LIM MOTOR COMPANY

## Sketch Plan Pg. 2

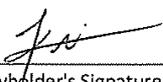
### SKETCH PLAN

#### IMPORTANT NOTICE

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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)**

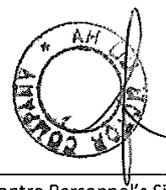
I understand, acknowledge, agree and consent that:

- (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.:





**SINGAPORE  
POLICE FORCE**



T/20200214/2152

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20200214/2152

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHAIRIL IQMAL BIN MASRI	ID No.	S9526463H
Related Vehicle	FBQ9284A (Motorcycle)	Contact No.	92977619
Hospital/Clinic	HAMID FAMILY CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/02/2020	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	SUBI'AT BIN SALLEH	ID No.	S0640164C
Related Vehicle	NIL	Contact No.	91007244
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the above mentioned date time and location I was making my way back home and was driving along TPE. At the point of time the traffic was heavy as such I ensured good proper safety distance to all other vehicles. The traffic was slow moving and I had intended to exit at Loyang Avenue. There was a jam leading towards the exit of Loyang Avenue and queued accordingly along with all other vehicles. The jam was quite bad as such my vehicle also came to a stationary.

All of a sudden I felt an impact from the rear of my motorbike. As a result of the impact my vehicle shifted to the front and eventually I cushioned myself to the vehicle in front of me which was a lorry. After the accident, the traffic started to move and as to not obstruct the traffic flow I shifted to the road shoulder. I realized that the vehicle which had collided with me was a taxi and the taxi also shifted as well to the road shoulder. My bike suffered multiple dents and scratches mainly to the coverset, license plate, the side mirrors and also misalignment of the handlebars. That was the only damages I manage to spot based on the outlook however the interior I am not too sure of. The taxi however sustained damages to the front bumper which was deep dent however I believe the said damage is not possible to be a result of the accident and may have occurred previously.

I then exchanged particulars with the taxi driver and to went for our own respective claims. As I have some aching on my body mainly to my back and neck I decided to get myself checked at the local medical clinic. I then received 4 days MC from the consultation. I do not have any cameras installed on my bike. I also am not sure if the taxi has any in-car cameras that may record the footage of the accident.



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999



T/20200214/2152

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Report No. T/20200214/2152

CONTINUATION OF REPORT



**SINGAPORE  
POLICE FORCE**



T/20200214/2152

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20200214/2152

**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 2 MUHAMMAD KHIRUL NA'EM BIN KHIRUDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 14/02/2020 22:15
Officer In Charge Of Case: TP / AEIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 65476436	Classification Of Case:
Authentication Stamp NP168	

INS 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



<b>Original</b>	
A/c No: <b>03375</b>	
Policy No (if any):	
<b>New Business</b>	
SmartDrive Quote Ref:	

**MOTOR COVER NOTE**

No. **AN3181259 ( )**

- 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-KHAIRUL SYAZWAN BIN MASRI SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	KHAIRIL IQMAL BIN MASRI
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA SNIPER T150
VEHICLE REGISTRATION NO.	FBQ9284A
YEAR OF MANUFACTURE	2019
ENGINE NO.	G3P3E0001086
CHASSIS NO.	MH3UG131000001093
ENGINE CAPACITY/TONNAGE	150
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	A S PHOON PTE LTD
VALUE (S\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: <b>13-Jan-2020</b> TO: <b>12-Jan-2021</b>
EXCESS (S\$)	300
AXA PREMIUM WORKSHOP?	No

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 11-Jan-2020 5:14:01 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.

<b>PREMIUM WARRANTY</b>	
<b>For Individual Customers:</b> Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.	
<b>For Non-Individual Customers:</b> 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/V01/03

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9526463H  
 Name: KHAIRIL IQMAL BIN MASRI  
 Birth Date: 30 Jul 1995  
 Issue Date: 01 Aug 2019

002961920J

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9526463H



Name: KHAIRIL IQMAL BIN MASRI

Race: MALAY  
 Date of birth: 30-07-1995  
 Country/Place of birth: SINGAPORE

Sex: M

*Hq: 92977619*

*Email*

KHAIRIL IQMAL @ HOTMAIL . COM

STRICTLY  
FOR WORKSHOP USAGE  
USE FOR ACCIDENT  
REPORTING ONLY

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE  
01 Aug 2019



NRIC No S9526463H



Date of issue  
27-02-2016

Address  
APT BLK 144 PASIR RIS STREET 11  
#03-87  
SINGAPORE 510144



Licence No: S9526463H

NP 428A

*dry*  
*Right Yes*  
*Need x Back*  
*pair*  
*Car: No*  
*Total: 1.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

