

## 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	18/08/2020 15:16
Date Of Accident	17/08/2020 13:20
Exact Location Of Accident	UPPER BUKIT TIMAH AFTER L/P 40
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ9953C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR HAFIRSHAH BINTE ZULKANAIN
NRIC No	SXXXX902H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96462073
Alternative Phone No	OFFICE-96462073

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MT15
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	AN3181560
Cover Note Number	

### Driver

Name of Driver	NUR HAFIRSHAH BINTE ZULKANAIN
NRIC No	SXXXX902H
Date Of Birth	25/03/1997
Occupation	INDOOR
Date Of Driving Pass	08/01/2020
Driving Experience	0 YEAR AND 7 MONTH
Gender	FEMALE
Mobile Number	+65-96462073
Fax Number	
Contact Number	OFFICE-96462073
EEmail Address	NOEMAIL

Address	BLK 137 MARSILING ROAD #07-2002
Postcode	730137
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?	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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT: T/20200817/7034.

#### 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	SLZ899U
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	NUR HAFIRSHAH BINTE ZULKANAIN
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBQ9953C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

SKETCH PLAN

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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.

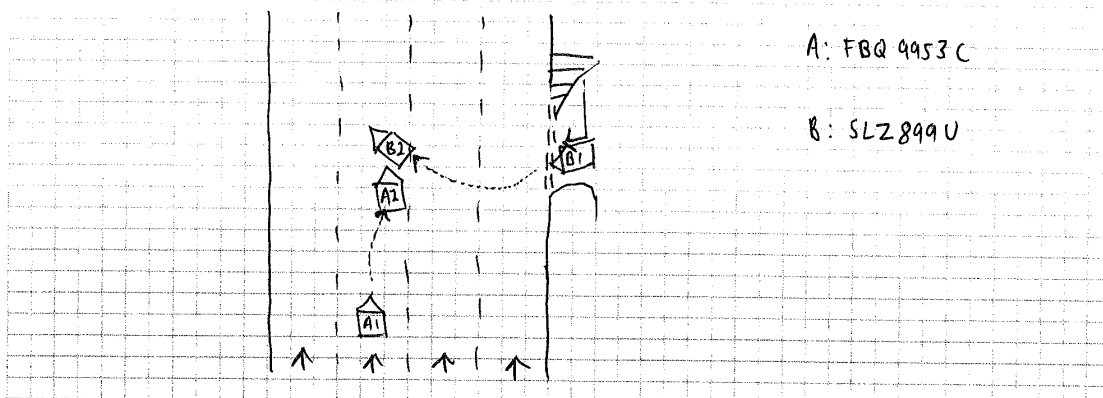
Policyholder's Signature  
Date & Time:

18/8/20

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

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

### SKETCH PLAN



**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

Refer to attached police report.

## 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.:

## LETTER OF UNDERTAKING

I/We, NUR HAFIRSHAH BINTE ZULKARNAIN, the owner of vehicle no. FBO 9953C

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, \_\_\_\_\_

Signed and Acknowledge by:

.....  
Nric no. & signature of policyholder

.....  
Company stamp

.....  
Date



**SINGAPORE  
POLICE FORCE**



T/20200817/7034

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

1 of 3

Report No. T/20200817/7034

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/08/2020 22:58	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: NUR HAFIRSHAH BINTE ZULKANAIN			Address: 137 MARSILING ROAD #07-2002 SINGAPORE 730137	
ID Type / ID No.: NRIC NO / S9710902H			Contact No.: Home/Office: Mobile: 96462073	
Nationality: SINGAPORE CITIZEN			Email: hafirshah@outlook.com	
Sex: Female	Age: 23	Date of Birth: 25/03/1997	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Human resource consultant (excluding executive search consultant)			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/08/2020 13:20	Type of Location: Straight Road
Location:  UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ9953C	Motorcycle	YAMAHA	MT15+MAN UAL	Silver	Slightly Damaged	0
SLZ899U	Car	MERCEDES BENZ		Silver	Slightly Damaged	1

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**SINGAPORE  
POLICE FORCE**



T/20200817/7034

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

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Report No. T/20200817/7034

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ9953C	AXA INSURANCE SINGAPORE PTE LTD	AN3181560	22/01/2020	21/01/2021

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	NUR HAFIRSHAH BINTE ZULKANAIN		ID No. S9710902H
Related Vehicle	FBQ9953C (Motorcycle)		Contact No. 96462073
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	17/08/2020		Date 17/08/2020
No. of Days granted Medical Leave	05	Degree of	Slight

Brief Details.

I was riding along on the third lane of the 4 lane road after lamp post 40, when a car from the opposite direction made a discretionary u turn and caused a collision between the head of my motorcycle and the rear of his car. I was conveyed to the hospital for my injuries on the spot and was awarded 5 days of medical leave and 14 days of light duty.

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**SINGAPORE  
POLICE FORCE**



T/20200817/7034

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

3 of 3

Report No. T/20200817/7034

**CONTINUATION OF REPORT**

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
MOHAMMED FEROZ BIN HUSSEIN  
Contact No.: 65476206

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
17/08/2020 22:58

Classification Of Case:

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REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S9710902H



Name

NUR HAFIRSHAH BINTE  
ZULKANAIN

Race

MALAY

Date of birth

Sex

25-03-1997

F

Country of birth

SINGAPORE

S9710902H

REPUBLIC OF SINGAPORE

DRIVING LICENCE



Licence Number:

Name:

S9710902H

NUR HAFIRSHAH BINTE  
ZULKANAIN

Birth Date: 25 Mar 1997

Issue Date: 08 Jan 2020



003015287G

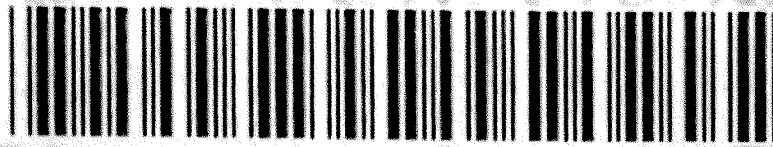
Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: FBQ 9953C

Date of Accident: 17/08/20

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4875239



NRIC No. S9710902H

Date of issue  
22-08-2012

Address

APT BLK 137 MARSILING ROAD  
#07-2002  
SINGAPORE 730137

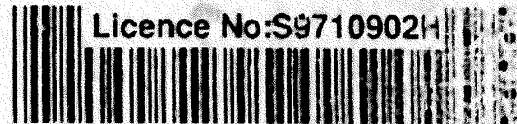
**YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)**

**EFFECTIVE DATE**

**Class 2B Motorcycles =< 200 cc**

**08 Jan 2020**

NP 428A



Licence No: S9710902H

Usage for Insurance Motor Accident Reporting  
and Claims Purposes Only

Vehicle no: FBQ 9953C

Date of Accident: 12/02/20

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1/22/2020

AXA Insurance Motor Cover Notes System

**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01 AXA Tower  
 Singapore 068811  
 Customer Service Centre #B1-01  
 Tel: 6338 7238 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M



Original

A/c No: 03375

Policy No (if any):

New Business

SmartDrive Quote Ref:

**MOTOR COVER NOTE**No. **AN3181560 ( )**

- 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	NUR HAFIRSHAH BINTE ZULKANAIN
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA MT15 MANUAL
VEHICLE REGISTRATION NO.	FBQ9953C
YEAR OF MANUFACTURE	2019
ENGINE NO.	G3K9E0029067
CHASSIS NO.	MH3RG5610KK004228
ENGINE CAPACITY/TONNAGE	155
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	EXCEL CYCLE CENTRE PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 22-Jan-2020 TO: 21-Jan-2021
EXCESS (\$)	300
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 22-Jan-2020 2:55:06 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 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.

MTR/CNOTE/001/03

<https://www.anda.com.sg/motor/AXA.asp>

1/1

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Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Addendum Sheet Pg. 1



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500206 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MSME00070386 Vehicle Registration No: TBQ 9953C  
Name(as shown in NRIC) : NUK HAFIRAH BINTI ZULKARNAIN NRIC/FIN/Passport No : S 9710902H  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : BLK 137 MARBILANG RD # 07-2002 Singapore 730137  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 9646 2073  
Email Address : \_\_\_\_\_  
Date of Accident : 17/08/20 Time of Accident : 13:20  
Place of Accident : UPPER BUELT TIRAH AFTER L/P 40  
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- ADD IN PAGE 2. POLICE REPORT.

Policyholder / Driver's Signature  
Date:

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