

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	08/10/2020 17:18
Date Of Accident	07/10/2020 18:40
Exact Location Of Accident	BEDOK NORTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5332C
Insured/Policyholder	
Name Of Registered Owner	KHAIRIL SHAFIQ BIN SURANI
NRIC No	S9307930B
Email Address	KHAIRIL_SHAFIQ@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96434505
Alternative Phone No	OTHERS-96434505

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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	P2387467
Cover Note Number	

Driver

Name of Driver	KHAIRIL SHAFIQ BIN SURANI
NRIC No	S9307930B
Date Of Birth	13/03/1993
Occupation	INDOOR
Date Of Driving Pass	09/03/2020
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96434505
Fax Number	
Contact Number	OTHERS-96434505
Email Address	KHAIRIL_SHAFIQ@OUTLOOK.COM

Address	BLK 121 BEDOK NORTH ROAD #08-161 SINGAPORE
Postcode	460121
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	SIDE SWIPE
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?	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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
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	SMR6655Y
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	KHAIRIL SHAFIQ BIN SURANI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBK5332C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

8/10/2020

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


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

PN

Sketch Plan #2

SKETCH PLAN

Vehicle

A - FBK5332 C

B - SMR665TY

Legend

Vehicle

Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report.

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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature




Name:

NRIC/FIN No.:

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 Time: 7/10/2018 1840		2 Exact location of accident Bedok North Ave 3		To be signed by BOTH drivers 3 Injuries even if slight No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
6 Insured / policyholder (see insurance cert.) Name: Khairil Shafiq (capital letters) Bm Surani Address: B1/1 Bedok North Road #108-161 S 4601 NRIC / Passport no. S93079308 Tel no. (from 9am till 5pm) _____ HP 96434505		12 CIRCUMSTANCES Put a cross (X) in each of the relevant boxes applicable to your vehicle Chain Collision Collided into Bicyclist Collided into Motorcyclist Collided into Parked Vehicle Collided into Pedestrian Collided into Property Collision - Change/Cross Lane Collision - Cross Junction Collision - Head on Collision Collision - Head to Rear Collision - Major/Minor Rd Collision - Opening Door of Vehicle Collision - Roundabout Collision - U-Turn Drink Driving / Drug Influence Fire, Explosion or Lightning Flood Hit and Run / Vandalism / Damaged whilst Parked Hit by Fallen Tree / Other Objects No Collision Side Swipe Theft			
7 Vehicle Make, type: Honda CB400 SE ABS					
8 Insurance company AXA <input type="checkbox"/> C <input type="checkbox"/> TPFT <input type="checkbox"/> TPO Does the policy cover damage to vehicle A? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Policy No. P2387467					
9 Driver <input checked="" type="checkbox"/> Same as Owner Name: _____ (capital letters) NRIC / Passport no. _____ Class of licence: 2 A, 2 B HP _____ Gender: Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>					
10 Indicate the point of initial impact with an arrow (→) 		← State TOTAL number of boxes marked with a cross →			
11 Visible damage to vehicle A _____ _____ _____		13 Sketch of accident when impact occurred 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 			
14 My remarks _____ _____ _____					
15 Signatures of drivers A: 		15 Signatures of drivers B: _____			
14 My remarks _____ _____ _____		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)				
Insured	1 Occupation (if more than one, state all)			Email: <u>Kimiri-Shafiq@outlook.com</u>
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity	
	3 Is driver the owner?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	If no, State Relationship of Driver with owner	state the vehicle number and name of insurer of driver's own vehicle (where applicable)
	4 Exact purpose for which vehicle was being used at time of accident	<input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify		
	5 Is the vehicle still in use?	Yes <input type="checkbox"/> No <input type="checkbox"/>	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 <input type="checkbox"/> No <input checked="" type="checkbox"/>	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> 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?
	<u>13/3/93</u>	Indoor	<u>9/3/2020</u>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	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			
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?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input checked="" type="checkbox"/> No <input type="checkbox"/>			
	If yes, please state which Police station			
Accident details	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
	If yes, against whom?			
	14 Weather conditions	Clear <input checked="" type="checkbox"/>	Raining <input type="checkbox"/>	Others
	15 Road surface	Wet <input type="checkbox"/>	Dry <input checked="" type="checkbox"/>	Others
	16 Speed of vehicles	A <input type="text"/> km/hr	B <input type="text"/> km/hr	
	17 What warnings were given by driver or other party?			
Declaration	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>			
	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) <u>1</u>			
	I/We declare the foregoing particulars are true in every respect. Policyholder's signature <u>XIA</u> Date _____ Driver's signature (if driver is not the policyholder) _____ Date _____			



**SINGAPORE
POLICE FORCE**



T/20201007/2133

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

1 of 3

Report No. T/20201007/2133

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2020 23:05	Vide Report No.:	Station Diary No.: 115
--	------------------	---------------------------

Informant's Particulars

Name of Informant: KHAIRIL SHAFIQ BIN SURANI			Address: APT BLK 121 BEDOK NORTH ROAD #08-161 SINGAPORE 460121		
ID Type / ID No.: NRIC NO / S9307930B			Contact No.: Home/Office: Mobile: 96434505		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 13/03/1993	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: LOGISTICS COORDINATOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2020 18:40	Type of Location: X-Junction
Location: BEDOK NORTH AVENUE 3				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK5332C	Motorcycle	HONDA	CB400 SF ABS	White	Slightly Damaged	0
SMR6655Y	Car	HONDA	CIVIC 1.8L A	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK5332C	AXA INSURANCE SINGAPORE PTE LTD	P2387467	23/03/2020	22/03/2021



**SINGAPORE
POLICE FORCE**



T/20201007/2133

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

2 of 3

Report No. T/20201007/2133

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHAIRIL SHAFIQ BIN SURANI	ID No.	S9307930B
Related Vehicle	FBK5332C (Motorcycle)	Contact No.	96434505
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	07/10/2020	Date Discharge	07/10/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	CHERN LING JYE	ID No.	S1764671J
Related Vehicle	NIL	Contact No.	93200522
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 travelling along Bedok North Avenue 3 heading towards Tampines, however coming to the traffic light I was at the middle of the lane 2 and lane 3 waiting for the traffic light to turn green directly beside a black vehicle which is on the 2nd lane. When the Traffic light turns green, I slowly moved off and my intention was to turn right onto (PIE towards Changi) but however I did not noticed that the Black Vehicle on my right had went straight instead. As such my motorcycle side swiped onto the vehicle and resulting me falling off from my motorcycle. The driver came down and exchange particulars and we assess our damages then subsequently left the location.

I had some injuries but however I am still able to ride my motorcycle, I went to Changi General Hospital to check on my injuries and was given 3 days of MC. Me and the driver also come to an agreement to settled it thru insurance.



SINGAPORE
POLICE FORCE



T/20201007/2133

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

3 of 3

Report No. T/20201007/2133

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 TAY WEI LI

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
07/10/2020 23:05

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65476414

Classification Of Case:

Authentication Stamp
NP168



The image displays four Singapore government identification cards arranged in a 2x2 grid. The top-left card is a green Driving Licence for Khairil Shafiq Bin Surani, issued on 04 Jan 2016. The top-right card is a pink Identity Card for the same individual, also issued on 04 Jan 2016. The bottom-left card is a grey Vehicle Licence for Class 2A motorcycles, effective from 09 Mar 2020. The bottom-right card is a pink Vehicle Registration Card for a motorcycle, registered on 13-03-2008 at 460121, Bedok North Road. All cards feature the holder's portrait and the Singapore coat of arms.

REPUBLIC OF SINGAPORE DRIVING LICENCE
Licence Number: **S9307930B**
Name: **KHAIRIL SHAFIQ BIN SURANI**
Birth Date: **13 Mar 1993**
Issue Date: **04 Jan 2016**
Barcode: 002515490A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S9307930B**
Name: **KHAIRIL SHAFIQ BIN SURANI**
Race: **MALAY**
Date of birth: **13-03-1993**
Country of birth: **SINGAPORE**
Sex: **M**
Barcode: S9307930B

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)
Class 2A Motorcycles between 201 CC and 400 CC
Class 2B Motorcycles <= 250 CC
EFFECTIVE DATE: 09 Mar 2020 / 04 Jan 2016
S / No. 900033934
Licence No: S9307930B
NP 428A

4168503
Barcode: 4168503
MOTC No. **S9307930B**
Date of issue: **13-03-2008**
Address: **APT BLK 121 BEDOK NORTH ROAD #08-161 SINGAPORE 460121**

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

