

## 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 Submission	14/12/2020 15:55 (SGT)
Date of Accident	12/12/2020 19:40 (SGT)
Exact Location of Accident	Kaki Bukit Rd 4, Singapore
Additional Location Information	KAKI BUKIT ROAD 4 TOWARDS KAKI BUKIT AVE 1.
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9227K
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#### INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	MOHAMED WASEEM
NRIC No	SXXXX934C
Email Address	mohdwaseem047@gmail.com
Mobile Phone No	(Phone) +65-93854081
Alternative Phone No	+65-93854081

#### VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Mtn155
Variant	-
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 - Claiming third party
Vehicle Category	Motorcycle

#### INSURANCE COMPANY

Name of Insurance Company	Axa
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	AN3189047
Cover Note Number	-

#### DRIVER

Name of Driver	MOHAMED WASEEM
NRIC No	SXXXX934C
Date Of Birth	07/03/1997
Occupation	Indoor

Date Of Driving Pass	12/01/2019
Driving experience	1 YEAR AND 11 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93854081
Alt. Phone Number	+65-93854081
Email Address	mohdwaseem047@gmail.com
Address	BLK 352 HOUGANG AVE 7 #02-729
Address complement	-
Postcode	530352
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Collision - Change/cross lane
Weather Conditions	Raining
Road Surface	Wet

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	No
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED TIME AND DATE, I WAS RIDING MY BIKE BEARING CAR PLATE (VEHICLE A- FBR9227K) ALONG KAKI BUKIT ROAD 4 TOWARDS AVE 1. I WAS RIDING SLOWLY ON LANE 1. SUDDENLY A VEHICLE (VEHICLE B SJP1282T) SWERVE RIGHT ABRUPTLY ON MY LANE WITHOUT CHECKING AND COLLIDED ONTO ME. I FALL DOWN AND INJURED, AFTER THAT, I CONSULT A CGH AND GIVEN 10 DAYS MC

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	SJP1282T
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	-
Address complement	-

Postcode -  
Insurance Company Name -  
Nature Of Damage -  
Details of property damaged in accident -  
No. Of Passenger (Including Driver) -

### INJURED PERSONS DETAILS

INJURED 1

Name of injured person ..... MOHAMED WASEEM  
Address ..... -  
Address Complement ..... -  
Post Code ..... -  
Approximate Age Years Old ..... -  
Injuries Sustained ..... -  
Injured person in which vehicle? ..... FBR9227K  
Were seat belts worn? ..... -  
Was this injured conveyed to hospital by ambulance? ..... -

SKETCH PLAN

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8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

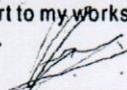
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop EP CAR via email / fax.

Signature:  \_\_\_\_\_

I hereby authorise SME Motor Pte Ltd to send my accident report to my workshop \_\_\_\_\_ via email / fax.

Signature: \_\_\_\_\_



LETTER OF UNDERTAKING

I/We, MOHAMED WASEEM, the owner of vehicle no. FB1227K

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, EPICAR

Signed and Acknowledge by:

MOHAMED WASEEM   
.....  
Name no. & signature of policyholder      Company stamp      Date







IMAGES #4







Singapore 160811  
 Customer Service Centre 811-01  
 Tel: 6338 2288 Fax: 6338 3322  
 Website: www.axa.com.sg  
 GST Registration Number: 199903123A



A/c No **03375**  
 Policy No (if any)  
**New Business**  
 SmartDrive Quote Ref

**MOTOR COVER NOTE**

No. **AN3189047 ( )**

- 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	MOHAMED WASEEM
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA MTN155
VEHICLE REGISTRATION NO.	FBR9227K
YEAR OF MANUFACTURE	2020
ENGINE NO.	G3R1E0002343
CHASSIS NO.	MH3RG711000001144
ENGINE CAPACITY/TONNAGE	155
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	BIKE PRODUCTION PTE LTD
VALUE (S\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 30-Nov-2020 TO: 29-Nov-2021
EXCESS (S\$)	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)

**Please note that this vehicle is under hire purchase with Bike Production Pte Ltd and transfer or endorsement is allowed unless with our written consent**

AXA INSURANCE PTE LTD

Authorised Signature

**BIKE PRODUCTION PTE LTD**  
 Co Reg No: 200007407G  
 610 Serangoon Road  
 Singapore 218216  
 Tel: 63922555 Fax: 62975400

Issued by ANDA INSURANCE AGENCIES PTE LTD on 30-Nov-2020 5:40:31 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 S\$6.75 (inclusive of GST) will be charged if cover note is void and cancelled before inception.
- Returning the old registration number for a new vehicle insuring with AXA.

PREMIUM WARRANTY