

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	11/05/2021 16:31 (SGT)
Date of Accident	08/05/2021 00:10 (SGT)
Exact Location of Accident	Balestier Rd, Singapore
Additional Location Information	-
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP3605C
-----------------------------	----------

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	GAVIN FAZAL NABI
NRIC No	SXXXX618I
Email Address	SHADOWTALENTS@GMAIL.COM
Mobile Phone No	(Phone) +65-83695639
Alternative Phone No	+65-83695639

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	SNIPER T150
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
Transmission	Manual
CC	150

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	AN3192122
Cover Note Number	-

DRIVER

Name of Driver	GAVIN FAZAL NABI
NRIC No	SXXXX618I

Date Of Birth	15/12/1975
Occupation	Indoor
Date Of Driving Pass	28/05/2009
Driving experience	12 YEARS
Gender	Male
Mobile Number	(Phone) +65-83695639
Alt. Phone Number	+65-83695639
Email Address	SHADOWTALENTS@GMAIL.COM
Address	188 BOON LAY DRIVE #06-110
Address complement	-
Postcode	640188
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 - Major/Minor Rd
Weather Conditions	Clear
Road Surface	Dry

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?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED
STATEMENT RECORDED BY LILY OF PROGRESSIVE CAR CARE PTE LTD TEL : 67415336

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	Yes
Reasons for not uploading a video of the accident	W/OWNER
Was there any audio recorded?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMX947M
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	GAVIN FAZAL NABI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBP3605C
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	-

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 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.

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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Describe Circumstances of the Accident

Refer to Police report.

Declaration

We declare the foregoing particulars are true in every respect.

If you wish to claim against your own policy, please be advised that your insurer may have a fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence. Kindly check with your insurer for more details.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel



SINGAPORE POLICE FORCE

AXA



T/20210508/7004

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

1 of 3

Report No. T/20210508/7004

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2021 02:30		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: GAVIN FAZAL NABI			Address: 188 BOON LAY DRIVE #06-110 SINGAPORE 640188		
ID Type / ID No.: NRIC NO / S7537618I			Contact No.: Home/Office: Mobile: 83695639		
Nationality: SINGAPORE CITIZEN			Email: shadowtalents@gmail.com		
Sex: Male	Age: 45	Date of Birth: 15/12/1975	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: MANAGER			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/05/2021 00:10	Type of Location: Straight Road
Location: BALESTIER ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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	Conditio	No of
FBP3605C	Motorcycle	YAMAHA	SNIPER T150	Black	Seriously Damaged	0
SMX947M	Car				Seriously Damaged	0



**SINGAPORE
POLICE FORCE**



T/20210508/7004

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

2 of 3

Report No. T/20210508/7004

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP3605C	AXA INSURANCE SINGAPORE PTE LTD	AN3192122	23/03/2021	22/03/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	GAVIN FAZAL NABI		ID No. S7537618I
Related Vehicle	FBP3605C (Motorcycle)		Contact No. 83695639
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Class: 2B Date of Expiry: NIL
Date	08/05/2021		Date 08/05/2021
No. of Days granted Medical Leave		03	Degree of Serious

Brief Details.

ON THE STATED DATE AND TIME, I VEHICLE A BEARING (FBP3605C) WAS TRAVELLING STRAIGHT ON MY LANE. SUDDENLY, VEHICLE B BEARING (SMX947M) FILTER OUT FROM SMALL ROAD TO MY LANE AND COLLIDED ONTO MY SIDE WHICH MAKES ME HAD A BAD FALL. WE THEN EXCHANGED PARTICULAR AND LEFT.

AFTER THE ACCIDENT, I WENT TO INTEMEDICAL 24 HOUR CLINIC AS I FELT PAIN ON MY NECK, BACK, KNEE, HAND AND CUTS BESIDE MY RIGHT EYE. I THEN RECEIVED 3 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20210508/7004

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

3 of 3

Report No. T/20210508/7004

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 / TPIB /
SUFYAN BIN KHAIRI
Contact No.: 65476390

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:
08/05/2021 02:30

Classification Of Case:

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Gavin Fazal Nabi

License Number: S75376181

Name: GAVIN FAZAL NABI

Birth Date: 15 Dec 1975

Issue Date: 28 May 2009

Barcode: 001746391E

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S75376181

Portrait photo of Gavin Fazal Nabi

Name: GAVIN FAZAL NABI

Race: INDIAN

Date of birth: 15-12-1975

Country of birth: SINGAPORE

Sex: M

3813088

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class 2B Motorcycles < 200 cc

NP 428A

Barcode: Licence No. S75376181

Barcode: 3813088

NRIC No. S75376181

Portrait photo of Gavin Fazal Nabi

Date of issue: 19-12-2005

ADULT 188 BOON LAY DRIVE #06-110

Date: 06/02/2009

No: 6845325

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: **03375**

Policy No (if any):

Renewal

SmartDrive Quote Ref:

MOTOR COVER NOTE

No. **AN3192122 ()**

- 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	GAVIN FAZAL NABI
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA SNIPER T150
VEHICLE REGISTRATION NO.	FBP3605C
YEAR OF MANUFACTURE	2019
ENGINE NO.	G3E6E0484184
CHASSIS NO.	MH3UG0740K0152554
ENGINE CAPACITY/TONNAGE	150
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	HENG MOTOR ENTERPRISE
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 23-Mar-2021 TO: 22-Mar-2022
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 17-Mar-2021 8:31:53 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