

## 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 ..... 05/06/2021 13:19 (SGT)  
Date of Accident ..... 26/05/2021 15:40 (SGT)  
Exact Location of Accident ..... PIE, Singapore  
Additional Location Information ..... -  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBN4811C

#### INSURED/POLICYHOLDER

Is company? ..... No  
Name Of Registered Owner ..... MUSTAFA BIN KUSIN  
NRIC No ..... S1595236I  
Email Address ..... nurulbintemustafa.09@gmail.com  
Mobile Phone No ..... (Phone) +65-82882506  
Alternative Phone No ..... +65-82882506

#### VEHICLE PARTICULARS

Manufacturer ..... Honda  
Model ..... CBF190X  
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 ..... 190

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... No  
Policy Number ..... AN3187856  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... NURUL'AIN BINTE MUSTAFA  
NRIC No ..... S9227873E

Date Of Birth .....	04/08/1992
Occupation .....	Indoor
Date Of Driving Pass .....	24/09/2018
Driving experience .....	2 YEARS AND 8 MONTHS
Gender .....	Female
Mobile Number .....	(Phone) +65-90256234
Alt. Phone Number .....	-
Email Address .....	nurulbintemustafa.09@gmail.com
Address .....	BLK 405 PASIR RIS DRIVE 6 #02-489
Address complement .....	-
Postcode .....	510405
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Child
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 - Head to Rear
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? .....	Yes
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 POLICE REPORT: T/20210605/7000.

#### 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 .....	SJQ8023Z
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 .....	VEHICLE B
No. Of Passenger (Including Driver) .....	-

## INJURED PERSONS DETAILS

### INJURED 1

Name of injured person .....	NURUL'AIN BINTE MUSTAFA
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	LACERATION ON LEFT ARM AND HIP
Injured person in which vehicle? .....	FBN4811C
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	Yes

## 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

5/6/21 124 hms

Sketch Plan


REFER TO ATTACH

## Describe Circumstances of the Accident

Report to Police Report.

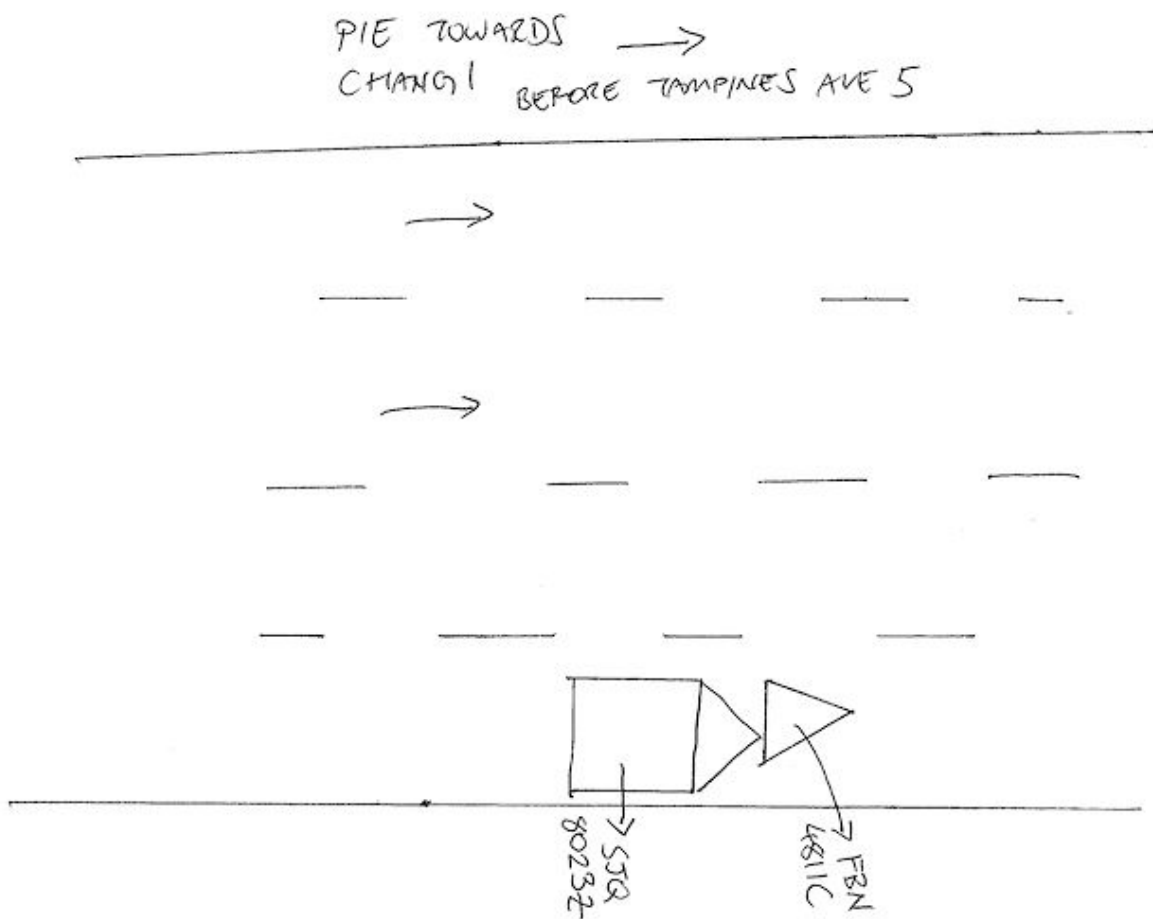
## Declaration

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

Witnessed by Reporting Centre  
Personnel




## LETTER OF UNDERTAKING

I/We, MUSTAFA BIN KUSIN, the owner of vehicle no. FBN 4811C

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, Revology Bikes

I/We read and Acknowledge by:

✓ S1595236 I   
 Iric no & signature of policyholder

Company stamp

Date







































**SINGAPORE  
POLICE FORCE**



T/20210605/7000

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

1 of 3

Report No. T/20210605/7000

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 05/06/2021 05:08		Vide Report No.: T/20210528/7037		Station Diary No.:
<b>Informant's Particulars</b>				
Name of Informant: NURUL'AIN BINTE MUSTAFA		Address: 405 PASIR RIS DRIVE 6 #02-489 SINGAPORE 510405		
ID Type / ID No.: NRIC NO / S9227873E		Contact No.: Home/Office: Mobile: 90256234		
Nationality: SINGAPORE CITIZEN		Email: nurulbintemustafa.09@gmail.com		
Sex: Female	Age: 28	Date of Birth: 04/08/1992	Type of Informant: Rider	
Race: Javanese		Language: English	Institution / School Name:	
Occupation: Registered nurse		Driving Licence Information: Class: 2B,3A Date of Expiry: 24/09/2018		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2021 15:40	Type of Location: Bend
Location:  PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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
FBN4811C	Motorcycle					0
SJQ8023Z	Car	KIA		White	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210605/7000

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

2 of 3

Report No. T/20210605/7000

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	NURUL'AIN BINTE MUSTAFA	ID No.	S9227873E
Related Vehicle	FBN4811C (Motorcycle)	Contact No.	90256234
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: 24/09/2018
Date	26/05/2021	Date	28/05/2021
No. of Days granted Medical Leave	10	Degree of	Slight
<b>Driver</b>			
Name	AZRIL BIN OTHMAN	ID No.	S9017453C
Related Vehicle	SJQ8023Z (Car)	Contact No.	87176401
Hospital/Clinic	NIL	Class of Driving Licence & Expiry	Class: 3 Date of Expiry: 16/05/2016
Date	NIL	Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL

**Brief Details.**

This is an amendment to my previous statement. I wish to clarify that the blackout that I experienced was due to an impact I felt on the rear of my vehicle.



**SINGAPORE  
POLICE FORCE**

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



T/20210605/7000

3 of 3

Report No. T/20210605/7000

**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 /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

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:  
05/06/2021 05:08

Classification Of Case:





**SINGAPORE  
POLICE FORCE**

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



T/20210528/7037

1 of 3

Report No. T/20210528/7037

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/05/2021 22:44	Vide Report No.:	Station Diary No.:
--	------------------	--------------------

**Informant's Particulars**

Name of Informant: NURUL'AIN BINTE MUSTAFA			Address: 405 PASIR RIS DRIVE 6 #02-489 SINGAPORE 510405		
ID Type / ID No.: NRIC NO / S9227873E			Contact No.: Home/Office: Mobile: 90256234		
Nationality: SINGAPORE CITIZEN			Email: nurulbintemustafa.09@gmail.com		
Sex: Female	Age: 28	Date of Birth: 04/08/1992	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Registered nurse			Driving Licence Information: Class: 2B,3A Date of Expiry: 24/09/2018		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/05/2021 15:40	Type of Location: Bend
Location:  PIE near to tampines ave 5 exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
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
FBN4811C	Motorcycle	HONDA	CBF190X	White	Seriously Damaged	0
SJQ8023Z	Car	KIA	FORTE	White	Slightly Damaged	2



**SINGAPORE  
POLICE FORCE**



T/20210528/7037

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

2 of 3  
Report No. T/20210528/7037

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN4811C	AXA INSURANCE SINGAPORE PTE LTD	AN3187856	10/10/2020	09/10/2021

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	NURUL'AIN BINTE MUSTAFA		ID No.	S9227873E
Related Vehicle	FBN4811C (Motorcycle)		Contact No.	90256234
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry	Class: 2B,3A Date of Expiry: 24/09/2018
Date	26/05/2021		Date	28/05/2021
No. of Days granted Medical Leave		10	Degree of	Slight
Driver				
Name	Unknown Driver		ID No.	NIL
Related Vehicle	SJQ8023Z (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave		NIL	Degree of	NIL

**Brief Details.**

I was travelling along PIE at 90km/h on the first lane when i had a sudden blackout. The next thing I know, my bike has swerved onto the divider and i fell off my motorcycle. I managed to get up and move to the divider that was near the first lane. I landed on the first lane while my bike was at the second lane. When i was resting at the divider waiting for the ambulance to arrive, a man driving a car with plate number SJQ8023Z came up to me and said I hit the front part of his car when I fell. He took my particulars and said he will claim insurance from me. I was brought to CGH A&E and was admitted for 2 days to check for any medical issues. I was discharged on the 28th of May. I suffered lacerations on my left arm and hip. No other medical conditions has been reported.



**SINGAPORE  
POLICE FORCE**



T/20210528/7037

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

3 of 3

Report No. T/20210528/7037

**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 /  
MARIAH BINTE ZAKARIA  
Contact No.: 65476433

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:  
28/05/2021 22:44

Classification Of Case:

**AXA INSURANCE PTE LTD**  
 8 Silken Way, #24-01 AXA Tower  
 Singapore 068814  
 Customer Service Centre 981-01  
 Tel: 6335 7288 Fax: 6338 2522  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M



Original

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

**MOTOR COVER NOTE**No. **AN3187856 ()**

- 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-NURUL'AIN BINTE MUSTAFA****SCHEDULE**

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	MUSTAFA BIN KUSIN
MAKE AND DESCRIPTION OF VEHICLE	HONDA CBF190X MANUAL
VEHICLE REGISTRATION NO.	FBN4811C
YEAR OF MANUFACTURE	2018
ENGINE NO.	SDH161FMKH3209191
CHASSIS NO.	LALPJL703H3344325
ENGINE CAPACITY/TONNAGE	184
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	H I, CYCLE PTE LTD
VALUE (\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 10-Oct-2020 TO: 9-Oct-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 RISKS AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by ANIDA INSURANCE AGENCIES PL on 30-Sep-2020 1:06:04 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 \$553.50 (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 (unless otherwise stated). For all other cases, the premium in full should be paid before inception.

AEDR47-NO312-101 03