

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 28/04/2021 14:28 (SGT)
Date of Accident 26/04/2021 22:40 (SGT)
Exact Location of Accident Singapore
Additional Location Information Pasir Ris Drive 1
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBP1290P

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner Mohd Syed Bin Syed Jamaludin
NRIC No S7312857I
Email Address abgrempit7841@gmail.com
Mobile Phone No (Phone) +65-81130522
Alternative Phone No +65-81130522

VEHICLE PARTICULARS

Manufacturer Yamaha
Model GDR155A (Aerox)
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 Auto
CC 155

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdPartyFireTheft
Fleet Policy No
Policy Number P2379446
Cover Note Number -

DRIVER

Name of Driver Mohd Syed Bin Syed Jamaludin
NRIC No S7312857I

Date Of Birth	15/03/1973
Occupation	Indoor
Date Of Driving Pass	19/11/1992
Driving experience	28 YEARS AND 5 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81130522
Alt. Phone Number	+65-81130522
Email Address	abgrempit7841@gmail.com
Address	Blk 558 Pasir Ris Street 51 #04-305
Address complement	-
Postcode	510558
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 - Head on collision
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?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

PASSENGER 1

Name	Muhammad Haikal Bin Mohd Syed
Gender	Male

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

Refer to sketch plan

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	FBP3352G
Vehicle Manufacturer	Yamaha
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle

Name of Driver	Filicks Wong De Shen
Contact Number	(Phone) +65-87766927
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

SKETCH PLAN**IMPORTANT NOTICE**

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

I understand, acknowledge, agree and consent that:

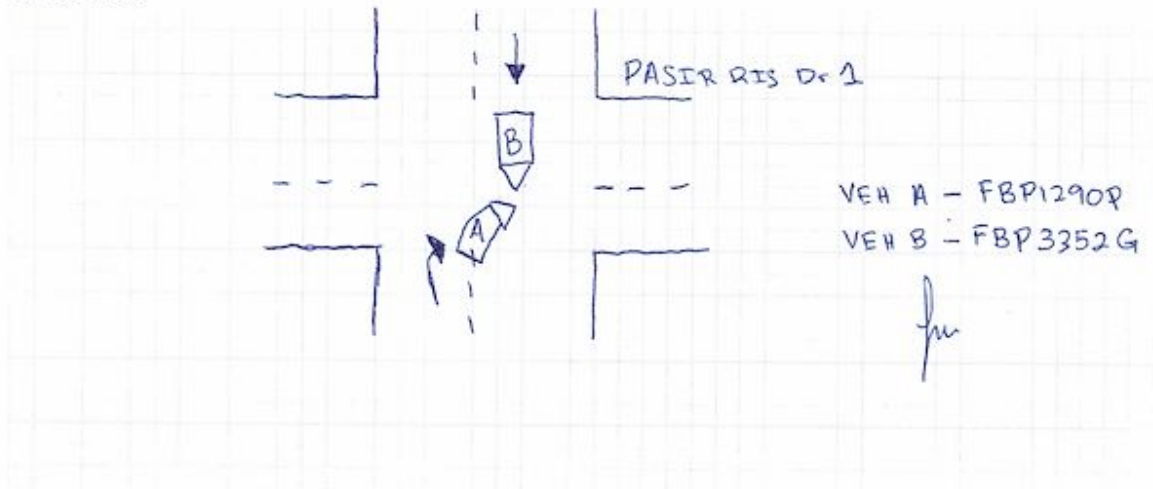
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 11.11 am

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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS turning right onto Pasir Ris Drive 1 behind a taxi and it was on a green arrow light. And the vehicle B came on towards me while ~~was~~ sounding his horn at a fast speed. Nobody was injured in the accident.

fm

DECLARATION

I/We declare the foregoing particulars are true in every respect.

fm 28 APR 2021
Policyholder's Signature
Date & Time: 11.11am

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



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





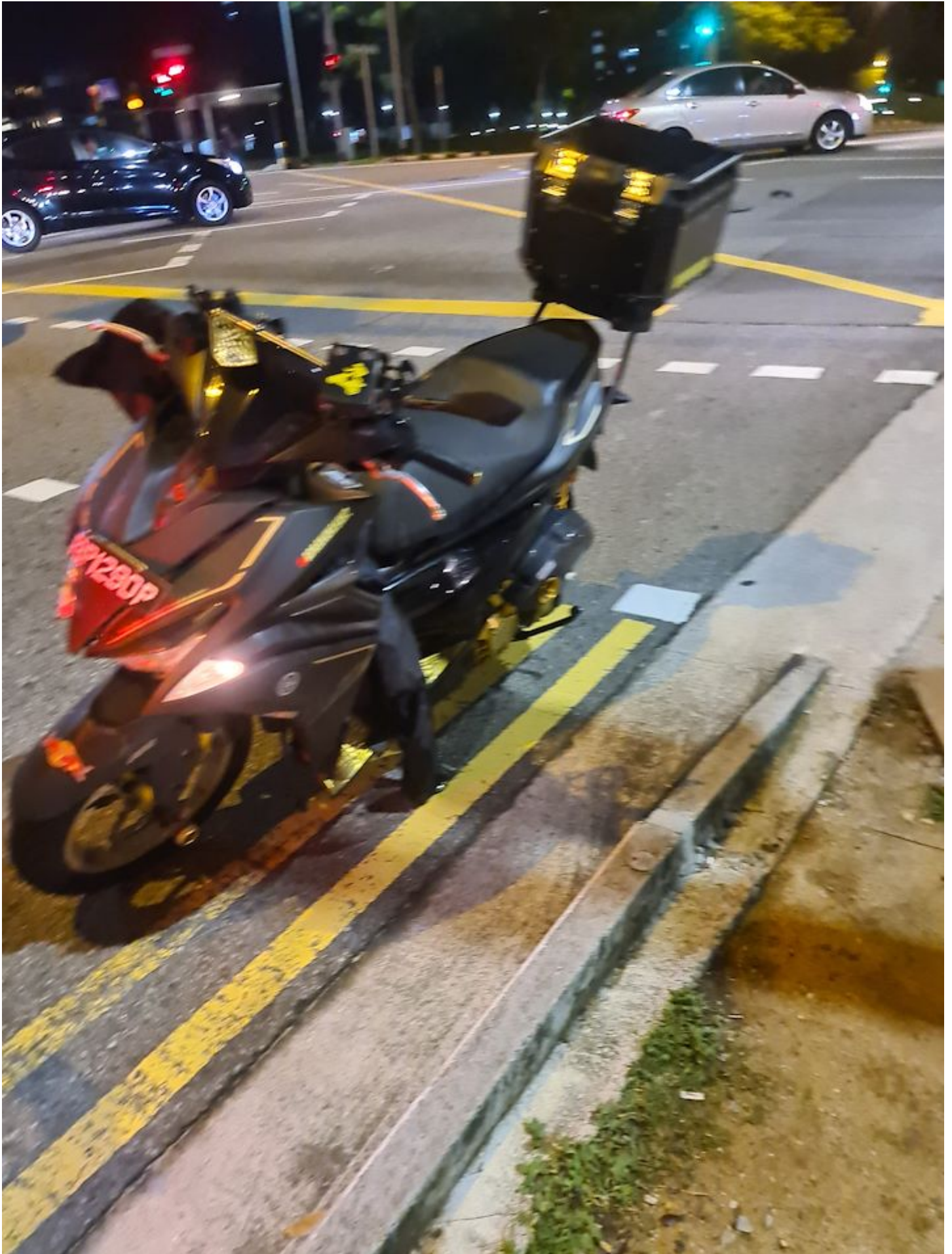




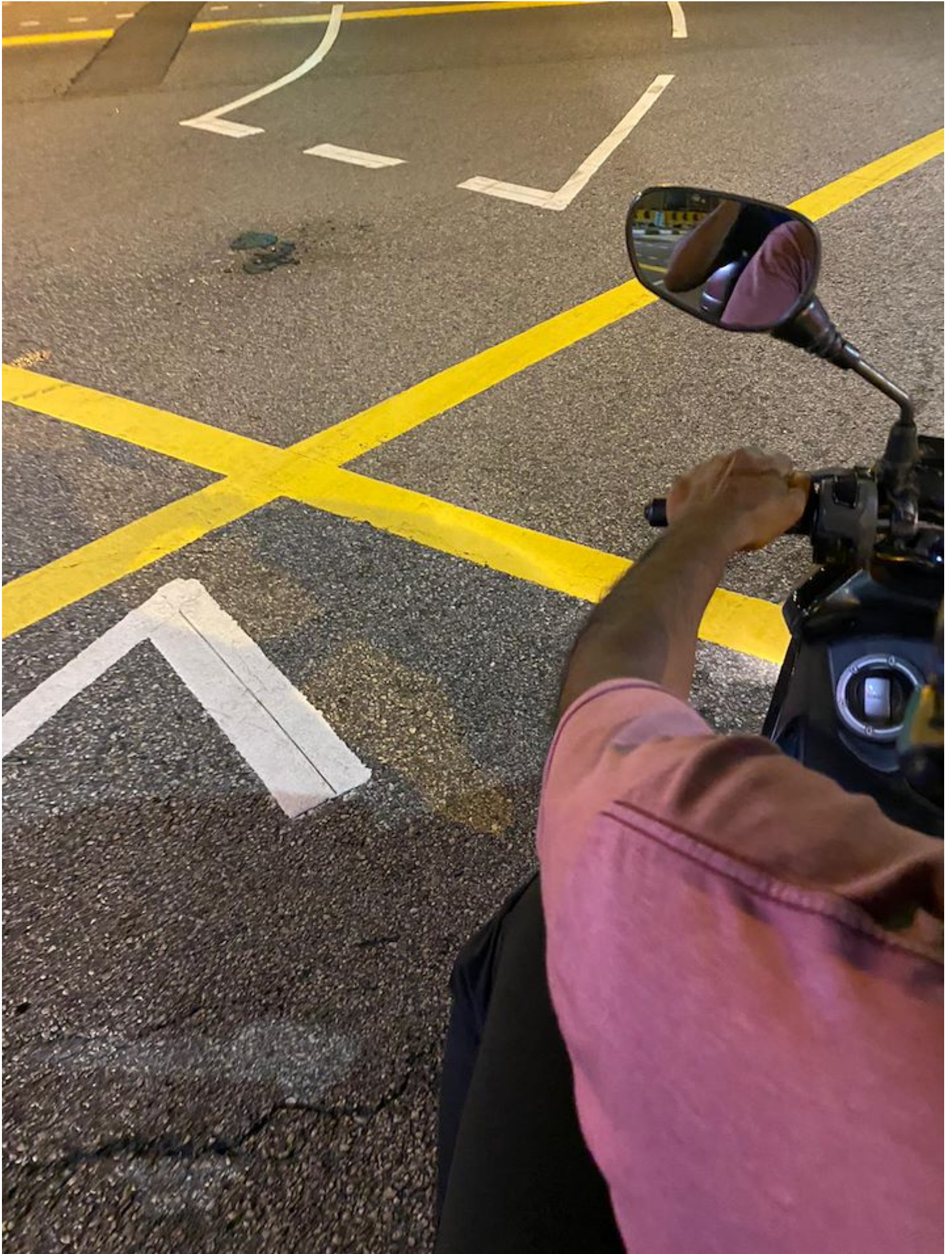














GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 – 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

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 : SH02214S0002 Vehicle Registration No: FBP1290P
 Name (as shown in NRIC) : MOHD SYED BIN SYED SAMALUDIN NRIC/FIN/Passport No : S7312857 I
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address : BLK 558, #04-305 PASIR RIS ST 51 Singapore (S10558)
 Contact (Tel) : _____ Mobile No. : 811 30522
 Email Address : aqgremph47841@gmail.com
 Date of Accident : 26 Apr 2021 Time of Accident : 22.40 pm
 Place of Accident : PASIR RIS pr 1
 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:

My bike (A) was on the 3 lane road with the right side turning lane. My bike was in the pocket waiting to turn while on the other hand the bike (B) on the other side was very fast and hit my bike on the incoming right turn lane. The pictures shows as an evidence of the road intersection where the accident took place.

[Signature]
 Policyholder / Driver's Signature
 Date: 5 May 2021



[Signature]
 Reporting Centre Personnel's Signature
 Name: Anna
 NRIC/FIN No.: _____
 Date: 5/5/2021