CS/EGI21011111/Atf3

THE PARTY AND THE
SIGNMENT
Veh No: FBQ3434 Yr Regn: 2019, July
Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Yanana Snipes c.c 150
Colour Black . A/C: Insured / Std / NI / NA
Sp.Reading 4570 T/Radio: Insured / Std / NI / NA
Eng/No:
C/No: MH3UGO740KO153247
Gen. Cond. Good.) Fair / Poor / Burnt
Steering Inorded Jammed / Leaked / Burnt or
Brake: horder / Jammed / Leaked / Burnt or
Modi : Nil / S/Rim / STD A/Rim or
Tyre Size: F: 12.0 70 R17
R: 70/90 R17
BS / OUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO/YOKO or
_ Front Rear
R/Bal. 06 mm R/Bal. 00 mm
L/Balmm L/Balmm
D.O.A. D.O.I. DI 11 21,
Survey held at Xivile
Des. of Damages Fr. / Rear OIS / N/S / U/C / Rooftop or
The U/C / Chassis frame / Body Structure affected due to collision.
The 0/0 / Ghassis hame / Body Ghastat another add to semicion
ua em resona costa
PART \$2649.10, 4DAYS
5.9;56%
TARE DE CO. TA.
Dave Of Renair: 4
Days Of Repuil.
Resurvey No. of Trip: Survey Fee: Transportation:
ee: :Site Insp (\$)s+Rssi
: Interview (\$) Photos
: Tech, invs (3) Others
: Wasterd 18

SP0U21AQ0008 / PROGRESSIVE CAR CARE PTE LTD SP0021AQ0006 7 FNO ALCOME
ENTRY DATE & TIME: 26/10/2021 17:15 (SGT)
SUBMITTED BY: Lily Lim Buay Hiang
VERSION: 1 (26/10/2021 17:15 (SGT))



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Please report correctly the details of the accident to speed up the claims process.

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 witholding 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 Date of Accident **Exact Location of Accident** Additional Location Information Country/State of Loss

26/10/2021 17:15 (SGT) 20/10/2021 08:15 (SGT) Changi Rd, Singapore

Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FBQ343Y

INSURED/POLICYHOLDER

Is company? Name Of Registered Owner NRIC No **Email Address** Mobile Phone No Alternative Phone No

No MUHAMMAD FAHIM BIN HASSAN S9905817Z fahimhassan99@gmail.com (Phone) +65-91131084 +65-91131084

VEHICLE PARTICULARS

Manufacturer Model Variant 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? Vehicle Category

SNIPER

Yamaha

Private use

No - Claiming third party Motorcycle Manual 150

INSURANCE COMPANY

Transmission

CC

Name of Insurance Company Type of Coverage Fleet Policy Policy Number Cover Note Number

AXA Insurance Pte Ltd ThirdPartyFireTheft No P2322222

DRIVER

Name of Driver NRIC No

MUHAMMAD FAHIM BIN HASSAN S9905817Z



Date Of Birth Occupation Date Of Driving Pass Driving experience Gender Mobile Number Alt, Phone Number **Email Address** Address Address complement

Postcode

Is the driver the policyholder? If No, Relationship of the Driver with the Insured Does Driver Own Other Vehicles?

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 Weather Conditions

Road Surface

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 vehicle 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 Traffic Police Police Station Name 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? If yes, against whom?

CIRCUMSTANCES OF ACCIDENT

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

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

02/03/1999

04/01/2018

+65-91131084

3 YEARS AND 9 MONTHS

fahimhassan99@gmail.com

Collision - Change/cross lane

BLK 104 BEDOK RES ROAD #09-362

(Phone) +65-91131084

Indoor

Male

470104

Yes

No

Clear

Dry

PC616T Vehicle Registration Number Vehicle Manufacturer Vehicle Model Vehicle Variant Vehicle Colour



Page 2 of 15

Vehicle Category	Commercial vehicle
Name of Driver	
Contact Number	-
Address	
Address complement	-
Postcode	
Insurance Company Name	7-ster 1 -
Nature Of Damage	
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	MUHAMMAD FAHIM BIN HASSAN
Gender	The second second second second second
Phone No	
Address	
Address Complement	-
Post Code	·
Approximate Age Years Old	
Injuries Sustained	
Injured person in which vehicle?	FBQ343Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	

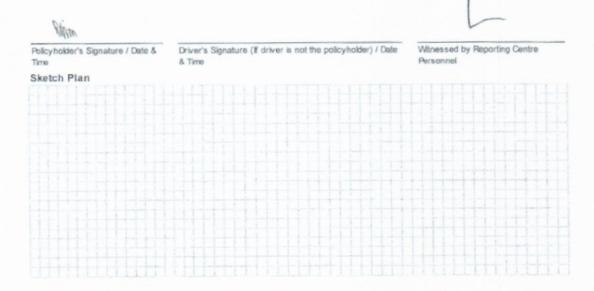
SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- The report will be forw arded 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, acknow ledge, 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' law yers/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 ma, 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purpodes.



ROFOL TO E	ne Accident
XIO 10	Once i Got
	· · · · · · · · · · · · · · · · · · ·
eclaration	
We declare the foregoing particula	
you wish to claim against your ow ust be made within the stipulated	on policy, please be advised that your insurer may have a fourteen (14) days clause whereby the cl timeframe from the day of occurrence. Kindly check with your insurer for more details.
Win	
	Driver's Signature (# driver is not the policyholder) / Date Witnessed by Reporting Centre
olicyholder's Signature / Date & ime	Driver's Signature (F driver is not the policyholder) / Date Witnessed by Reporting Centre & Time





20211021/7025

1 of 3

Report No. T/20211021/7025

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

REPORT OF A TRAFFIC ACCIDENT

Date/Tim 21/10/202	e Report M 21 16:45	lade:	Vide Report No.:	Station Diary No.:
Informar	nt's Particu	ulars		
	Informant: MAD FAHII	M BIN HASSAN	Address: 104 BEDOK RESERVOIR RO 470104	AD #09-362 SINGAPORE
ID Type / NRIC NC	ID No.: 0 / S99058	17Z	Contact No.: Home/Office:	Mobile: 91131084
Nationali SINGAP	ty: ORE CITIZ	EN	Email: fahimhassan99@gmail.com	M Design and Masses to All
Sex: Male	Age:	Date of Birth: 02/03/1999	Type of Informant: Rider	BIRO, ATELONIA
Race: Malay			Language: English	Institution / School Name:
Occupati	ion: t electrical	engineer	Driving Licence Information: Class: 2B	Date of Expiry:

	mation of the Accident	Drink	Date/Time of	Type of Location
Type of Accident:	Injury Attended by Police	Drive:	Accident: 20/10/2021 08:15	Straight Road
Location:	COSTE LUM (CATION)		(ASY) (1818) 1	
CHANGI RO	AD			
Weather:	69A	Road Surface:	49	Road Speed Limit:
		Dry		
Clear Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate

Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBQ343Y	Motorcycle	YAMAHA	SNIPER T150	Black		0
PC616T	Van	TOYOTA	HIACE	White		0

Details of V	ehicle Insurance			
	Insurance Company	Insurance No	Effective	Expiry Date





2 of 3

Report No. T/20211021/7025

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

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBQ343Y	AXA INSURANCE SINGAPORE PTE	AN3193978	17/07/2021	16/07/2022

Details of Person	n Involved						
Any Pedestrian In	volved: No		STAR SALL			CARROLLOW NICE	
No. of Pedestrian	Use of P	Use of Pedestrian Crossing: NA					
Rider				3,619,316		000050477	
Name	MUHAMMAD FAHIM BIN HASSAN			ID No	0.	S9905817Z	
Related Vehicle	FBQ343Y (Motorcycle)			Cont	act No.	91131084	
Hospital/Clinic	RAFFLES HOSPITAL			Class of Driving Licence & Expiry		Class: 2B Date of Expiry: NIL	
Date	20/10/2021 Date				20/10/2021		
No. of Days gran	nted Medical Leave 07 Degree of			of	f Slight		
Driver							
Name	RANA MASUD			IDN	0.	G7303029W	
Related Vehicle	PC616T (Van)			Con	tact No.	91830826	
Hospital/Clinic	NIL			Driv	nce &	Class: 3 Date of Expiry: 27/10/2024	
Date	NIL		Date		NIL	Hartiseyv I	
	nted Medical Leave	NIL	Degree	e of	NIL	ROSE A	

Brief Details.

I was riding on Changi Road on the 20th October 2021 about 8:15AM. I was on the 1st lane going straight when a PC616T van abruptly turn right from the 2nd lane towards Jalan Turi. Despite there being a continuous double white line, he still turned to the right. This caused a collision as I was going straight and had no where to avoid the van.