SS0Z22160002 / SANFU MOTOR PTE LTD ENTRY DATE & TIME: 06/01/2022 16:38 (SGT) SUBMITTED BY: Lilian Chia VERSION: 1 (06/01/2022 16:38 (SGT))

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 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 the research of this report will for a fee the made available upon application by interested parties. 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	06/01/2022 16:38 (SGT)
Date of Accident	04/01/2022 20:00 (SGT)
Exact Location of Accident	Tampines, Singapore
Additional Location Information	TAMPINES AVE 2
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Venicle Registration Number	FBF6201S	
INSURED/POLICYHOLDER		

Yamaha

Is company?	No
Name Of Registered Owner	
•	HANAFI BIN MUSTAFA
NRIC No	S9821406B
Email Address	hanafimustafa998@gmail.com
Mobile Phone No	(Phone) +65-87763491
Alt if DI Al	`

Alternative Phone No +65-87763491

VEHICLE PARTICULARS

Manufacturer

Model	X-1R
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	135

INSURANCE COMPANY

Name of Insurance Company	AXA Insurance Pte Ltd
Type of Coverage	
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	P2460191
Cover Note Number	_

DRIVER

Name of Driver	HANAFI BIN MUSTAFA
NRIC No	S9821406B

Date Of Birth 08/07/1998 Occupation Indoor Date Of Driving Pass 01/11/2021 Driving experience 2 MONTHS Gender Male Mobile Number (Phone) +65-87763491 Alt. Phone Number +65-87763491 Email Address hanafimustafa998@gmail.com Address APT BLK 446 TAMPINES STREET 42 #08-34 Address complement Postcode S520446 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 - U-Turn Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident 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) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Yes Police Station Name Tampines Neighbourhood Police Centre Police Station Phone No (Phone) +65-18005871999 Alt. Police Station Phone No (Fax) +65-65871699 Police Station Address 6 Tampines Ave 4 Singapore 529682 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT PLEASE REFER TO POLICE REPORT. ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SKH4592J Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

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 Gender	HANAFI BIN MUSTAFA Male
Phone No	(Phone) +65-87763491
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBF6201S
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 Formby insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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)

l 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;
- (ii) 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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

TEL: 6744 7753

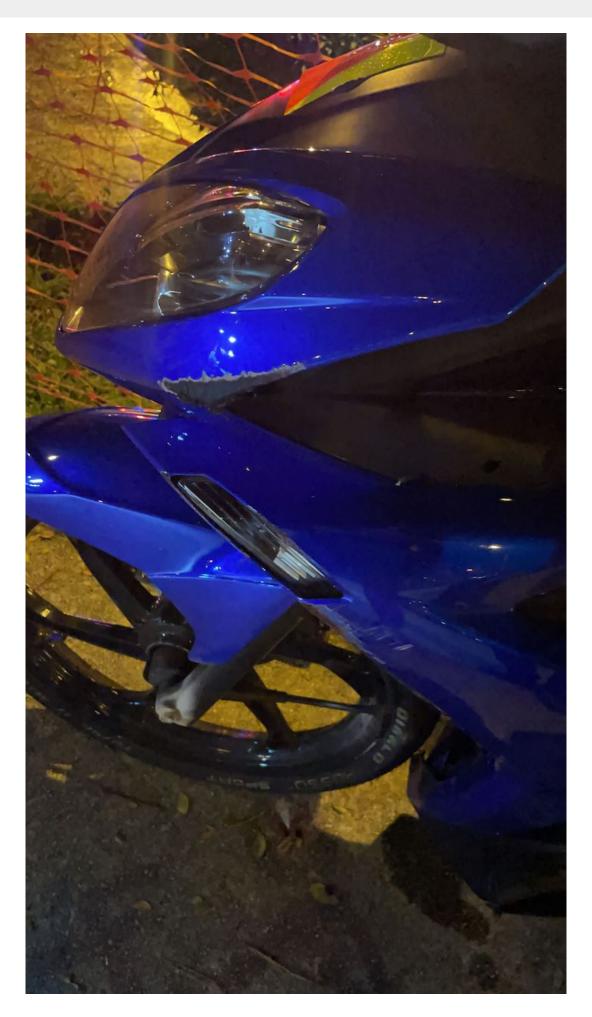
Policyholder's Signature / Date & Time 06 JAN 2022

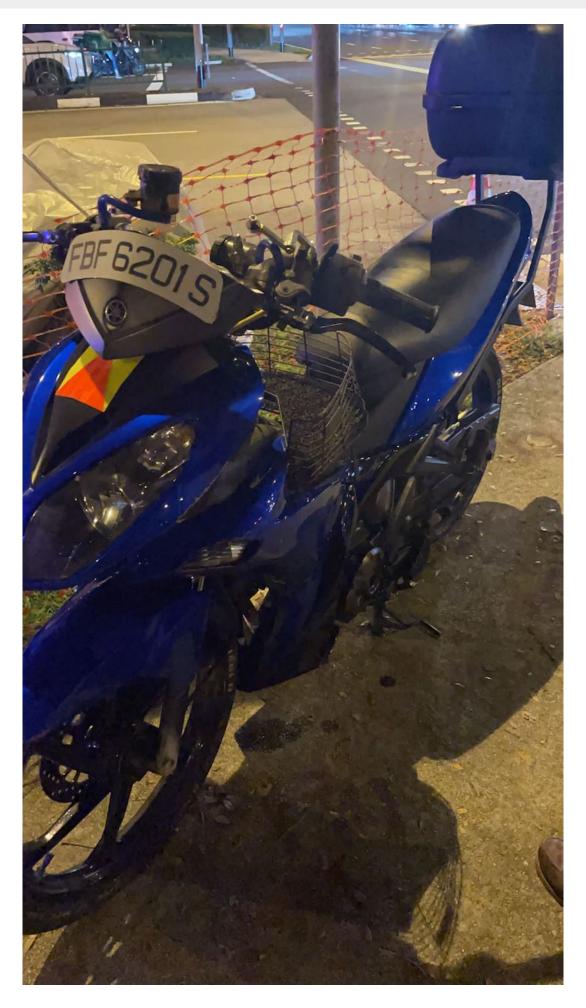
Driver's Signature (If driver is not the policyholder) / Date & Time

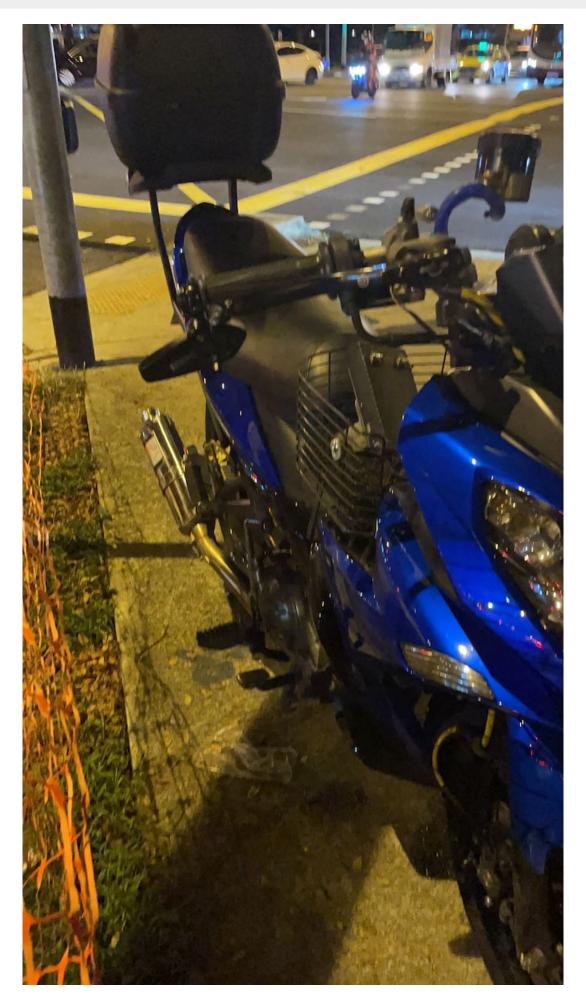
1620hs Sketch Plan B A

Witnessed by Reporting Centre Personnel

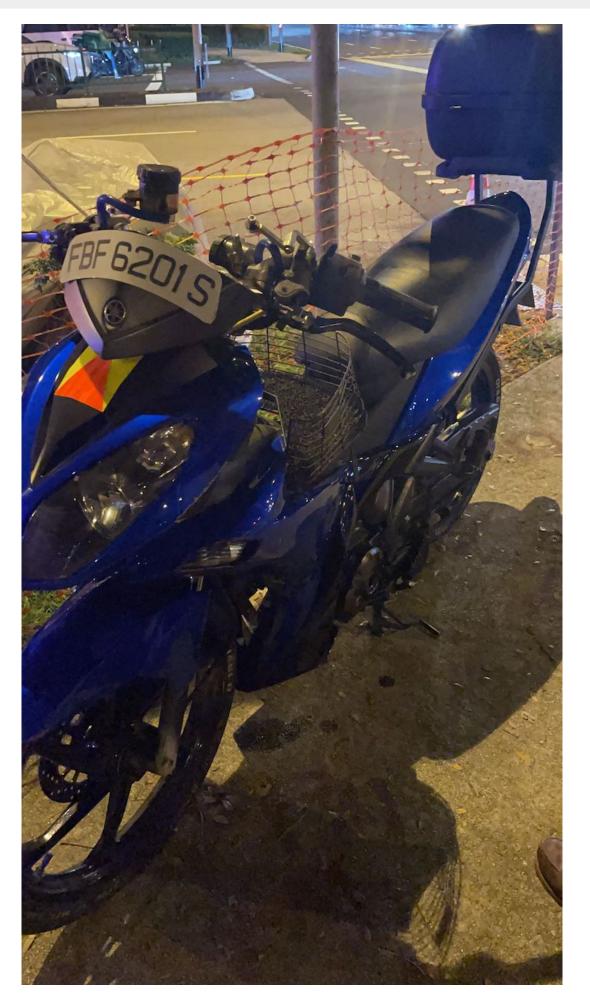
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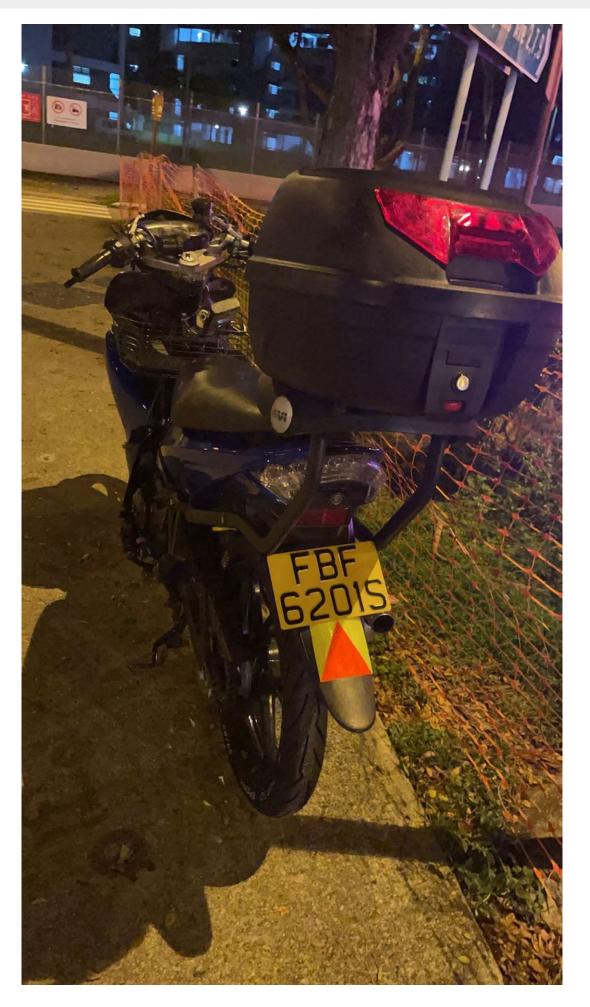




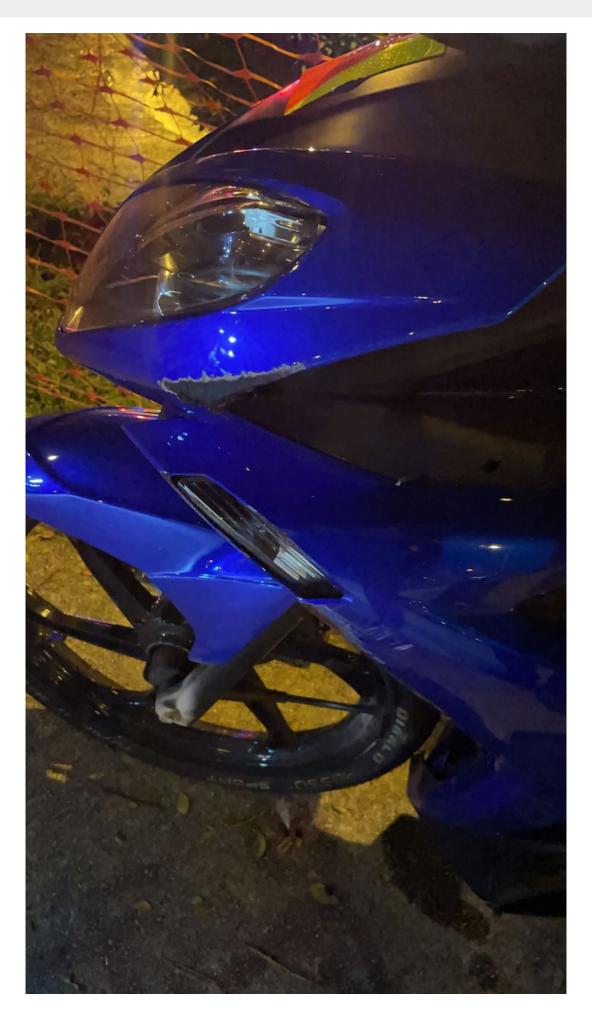


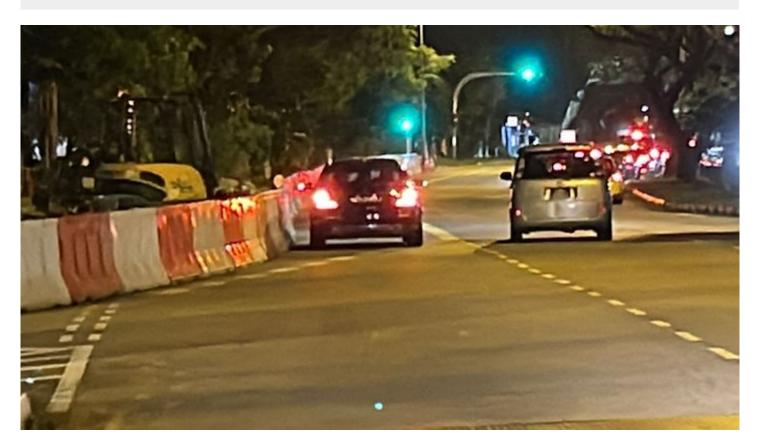






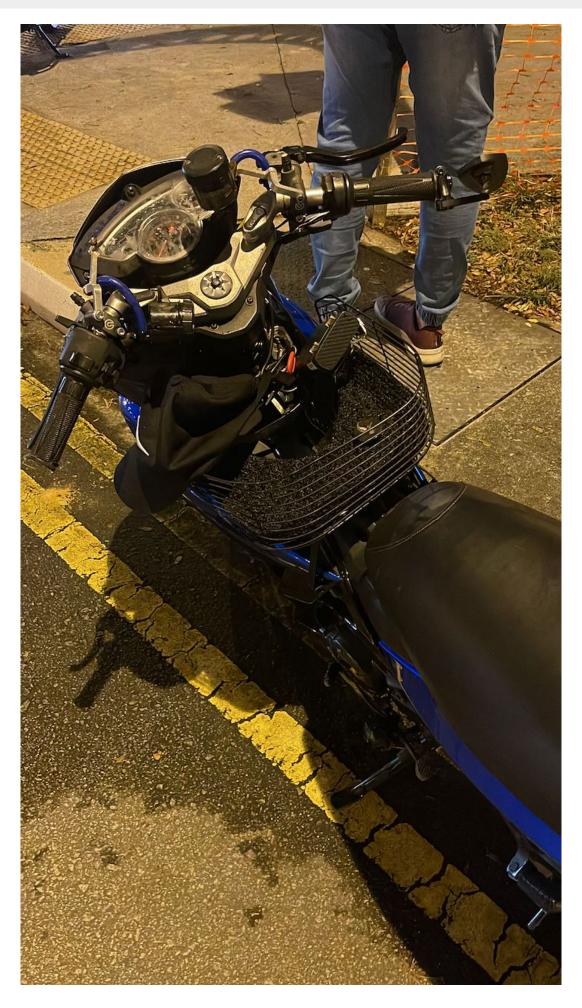


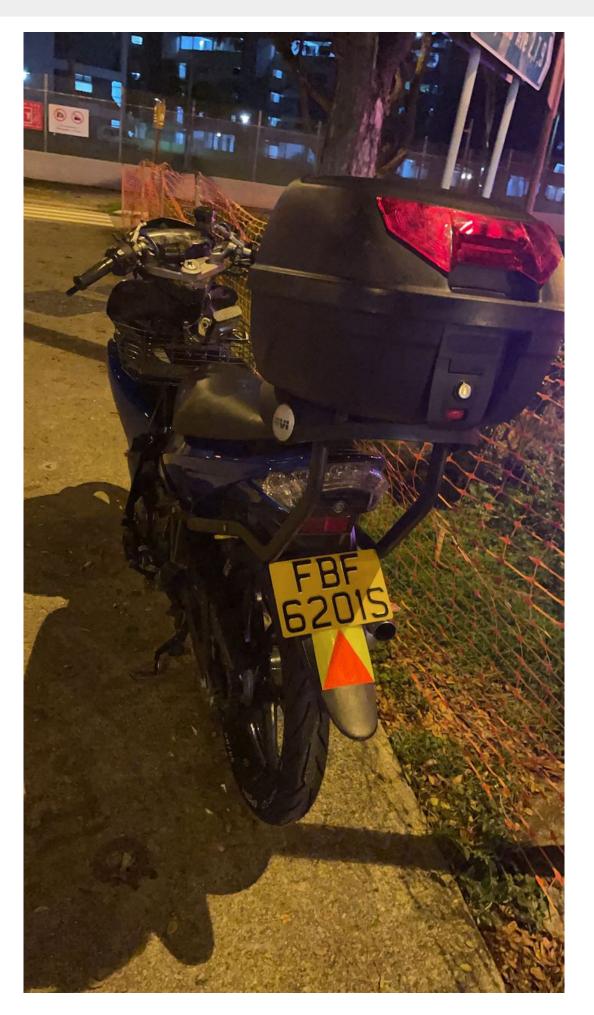


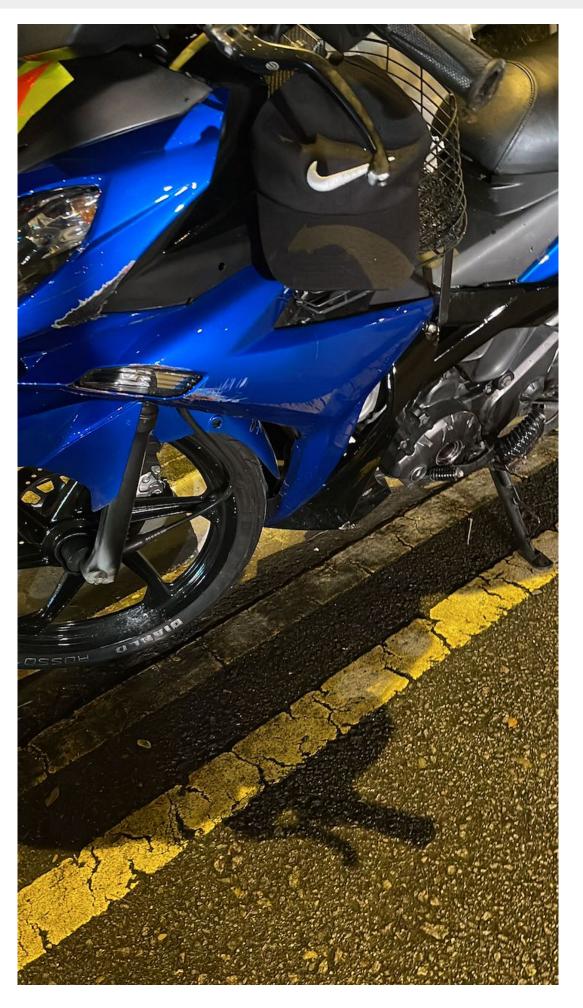


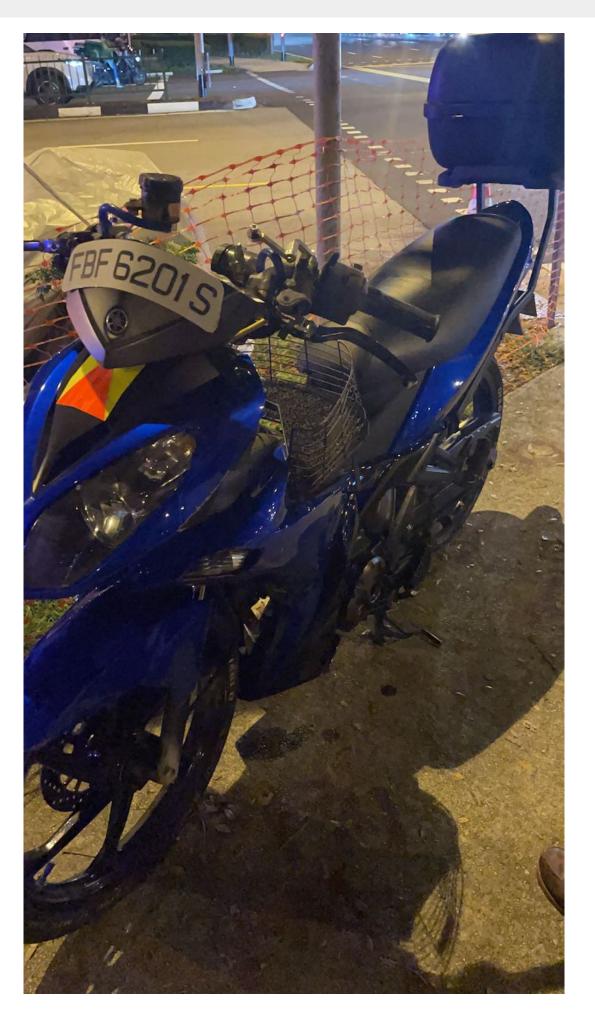


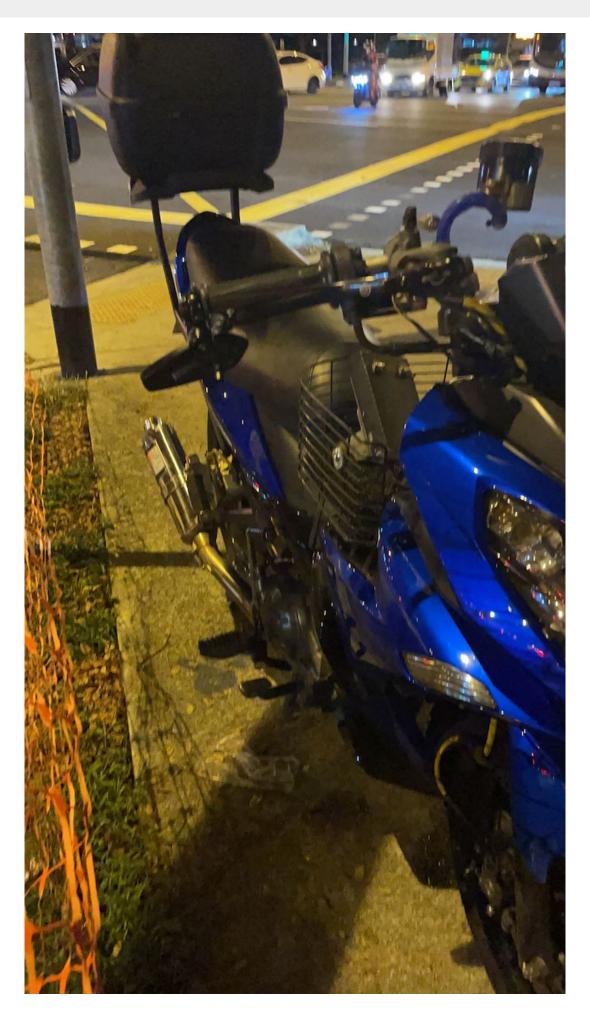


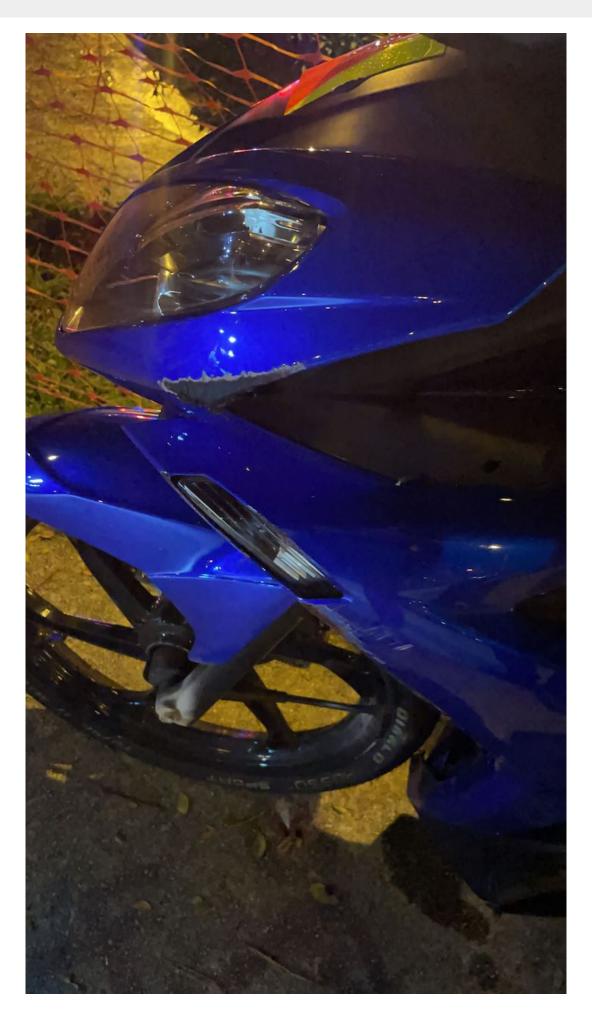




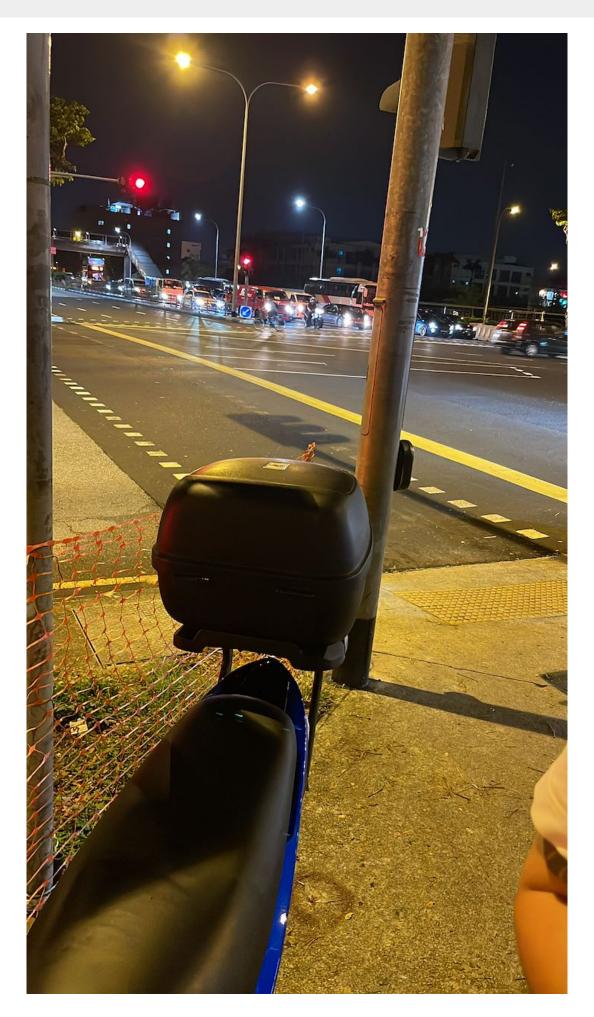


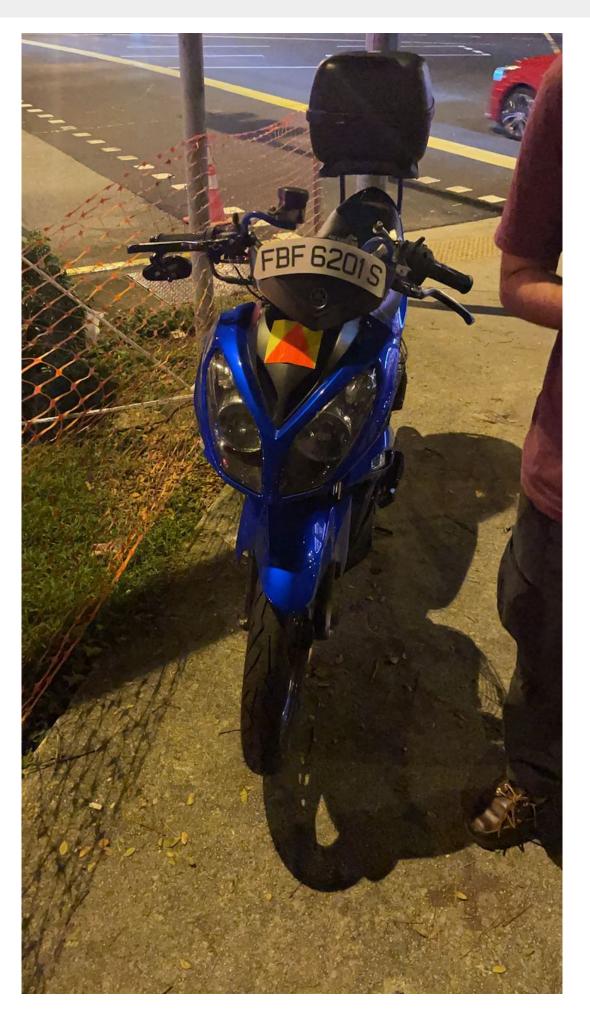
















Police Station Of Origin: Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999

lof3

Report No. T/20220105/2002

2030

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/01/2022 00:31		Vide Report No.:	Station Diary No.:		
Informa	nt's Partic	ulars			
Name of Informant: HANAFI BIN MUSTAFA			Address: APT BLK 446 TAMPINES STREET 42 #08-34 SINGAPORE 520446		
ID Type / ID No.: NRIC NO / S9821406B		Contact No.: Home/Office:	Mobile: 87763491		
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 23	Date of Birth: 08/07/1998	Type of Informant: Rider	89	
Race: Malay		Language:	Institution / School Name:		
Occupation: CARGO HANDLER		Driving Licence Inform Class:	ation: Date of Expiry:		

General Inform	mation of the Accident				
Type of Accident: Injury Attended by Police		Drink Drive: No	Date/Time of Accident: 04/01/2022 20:00	Type of Location: X-Junction	
Location: TAMPINES A	VENUE 2		1089		
Weather: Clear		Road Surface: Dry	1	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			6	Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenge
FBF6201S	Motorcycle	YAMAHA	X-1R	Red	Seriously Damaged	444
SKH4592J	Car					0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBF6201S	AXA INSURANCE SINGAPORE PTE LTD	P2460191	25/11/2021	24/11/2022	





Police Station Of Origin: Tampines N.P.C 2 of 3 Report No. T/20220105/2002

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999 CONTINUATION OF REPORT

Any Pedestrian Ir	volved: No						
No. of Pedestrians Injured: NIL			Use of Pe	Use of Pedestrian Crossing: NA			
Rider		Selfan age					
Name	HANAFI BIN MUSTAFA		ID No		S9821406B		
Related Vehicle	FBF6201S (Motorcycle)			Conta	ct No.	87763491	
Hospital/Clinic	CHANGI GENERAL	L	Class Drivin Licend Expire	g	Class: NIL Date of Expiry: NIL		
Date Treatment	04/01/2022		Date Dis		_	/2022	
No. of Days gran	07	Degree o	Degree of Injury		us		

Brief Details.

On 04/01/2021 at 2000hrs, I was driving my motorbike (FBF6201S) along Tampines Ave 1 towards Tampines Ave 2. I was driving along the second most left lane on the 4-lane road and there are only two lanes for going straight. As the traffic light was green in my favor, I proceeded straight through the X-Junction and suddenly a car (SKH4592) that was from Tampines Ave 2 made a wide U-turn and collided onto my motorbike and caused me to fall. The car stopped at the side and we exchanged phone number, his phone number is 91469993. While waiting for the traffic police to arrive, I asked him to park his vehicle somewhere else and come back to not obstruct the road. However, he left the scene without coming back.





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 3 of 3 Report No. T/20220105/2002

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

CONTINUATION OF REPORT

Signature of Officer Recording The Report G / Sgt 2 WONG QING JIE	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 05/01/2022 00:31		
Officer In Charge Of Case: TP / GIT / Other MOHAMED SUFIAN BIN MOHAMED JUNID Contact No.: 65476247			
	SIGNATURE		

