

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 Actual 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 14/10/2022 17:00 (SGT)
Reported by Both
Date of Accident 08/09/2022 19:00 (SGT)
Exact Location of Accident Singapore
Additional Location Information ANCHORVALE LANE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBR7467Y

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MAHMOOD BIN AHMAD
NRIC No S1673367I
Email Address mahmola50@gmail.com
Mobile Phone No (Phone) +65-93657811
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Yamaha
Model AEROX GRD155A CVT ABS
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
Policy Number / Cover Note Number AN3196550

DRIVER

Name of Driver MAHMOOD BIN AHMAD
NRIC No S1673367I
Date Of Birth 22/07/1964
Occupation Indoor

Date Of Driving Pass	13/11/1981
Driving experience	40 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-93657811
Alt. Phone Number	-
Email Address	mahmola50@gmail.com
Address	APT BLK 567 HOUGANG STREET 51 #06-61
Address complement	-
Postcode	S530567
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?	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
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

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

PLEASE REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA5201D
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
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	MAHMOOD BIN AHMAD
Gender	Male
Phone No	-
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBR7467Y
Were seat belts worn?	-
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLAN

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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' 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' 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 firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Handwritten signature]



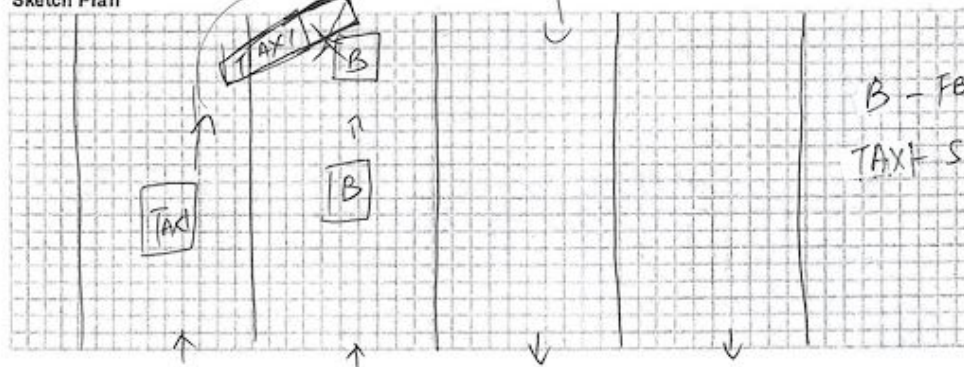
[Handwritten signature]

Policyholder's Signature / Date & Time
14 OCT 2022

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Please refer to police report.

Declaration

We declare the foregoing particulars are true in every respect.



[Signature]



Policyholder's Signature / Date &
Time 14 OCT 2022

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

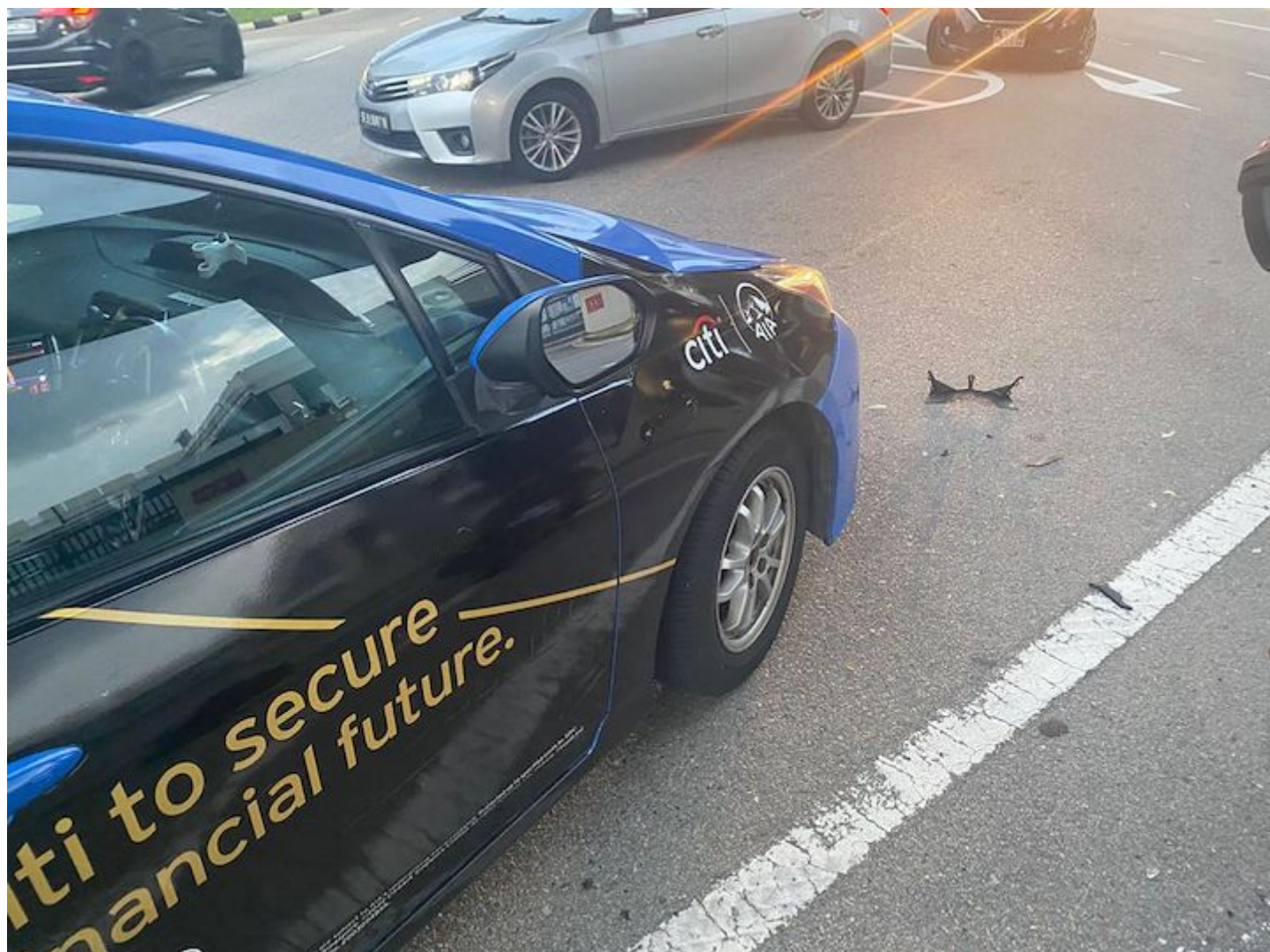


[Signature]

Witnessed by Reporting Centre
Personnel













**SINGAPORE
POLICE FORCE**



T/20220912/7062

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

1 of 3

Report No. T/20220912/7062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/09/2022 17:45		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MAHMOOD BIN AHMAD			Address: 567 HOUGANG STREET 51 #06-61 SINGAPORE 530567		
ID Type / ID No.: NRIC NO / S1673367I			Contact No.: Home/Office: Mobile: 93657811		
Nationality: SINGAPORE CITIZEN			Email: mahmola50@gmail.com		
Sex: Male	Age: 58	Date of Birth: 22/07/1964	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: ESSO PUMP ATTENDANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 08/09/2022 19:00	Type of Location: T-Junction
Location: ANCHORVALE LANE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Conditio	No of
FBR7467Y	Motorcycle	YAMAHA	AEROX GDR155A CVT ABS	Red		0
SHA5201D	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



**SINGAPORE
POLICE FORCE**



T/20220912/7062

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

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Report No. T/20220912/7062

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBR7467Y	AXA INSURANCE SINGAPORE PTE LTD	AN3196550	09/10/2021	08/10/2022

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MAHMOOD BIN AHMAD		ID No. S1673367I
Related Vehicle	FBR7467Y (Motorcycle)		Contact No. 93657811
Hospital/Clinic	KHOO TECK PUAT HOSPITAL		Class of Driving Licence & Expiry Class: NIL Date of Expiry: NIL
Date	08/09/2022		Date 09/09/2022
No. of Days granted Medical Leave	09	Degree of	Serious

Brief Details.

I WAS RIDING AT SENGKANG WEST AVE TOWARDS ANCHORVALE LANE ON LANE 1/2. A TAXI ON LANE 2/2 SUDDENLY MADE AN ILLEGAL U TURN TO MY LANE AND I BRAKED IN TIME BUT STILL COLLIDED ONTO THE TAXI RIGHT SIDE PORTION. WE BOTH STOPPED AND ALLIGHTED TO SETTLE THE MATTER. A PASSERBY CALLED AMBULANCE & POLICE. ONLY I WAS INJURED AND CONVEYED TO KTPH. I WAS GIVEN 9 DAYS MC. I WAS WARDED FOR 2 DAYS. I DO NOT HAVE FOOTAGE OF THE ACCIDENT. THAT IS ALL.



**SINGAPORE
POLICE FORCE**

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



T/20220912/7062

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Report No. T/20220912/7062

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 /
GOH WEI LI
Contact No.: 65476394

This report is lodged at Traffic Police Kiosk 2
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
12/09/2022 17:45

Classification Of Case:









