

## 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 ability.
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 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 Report	14/11/2017 17:38
Date Of Accident	13/11/2017 11:10
Exact Location Of Accident	JALAN KEMENDOR JASIN MELAKA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT4200L
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#### Insured/Policyholder

Name Of Registered Owner	BARGIELOWSKI SIMON JAMES
Passport No/FIN	G5252026L
Email Address	S.BARGIELOWSKI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96530427
Alternative Phone No	OTHERS-96530427

#### Vehicle Particulars

Manufacturer	HONDA
Model	XR750Y-742CC
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

#### Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00298371/01
Cover Note Number	18/05/2017 - 17/05/2018

#### Driver

Name of Driver	BARGIELOWSKI SIMON JAMES
Passport No/FIN	G5252026L
Date Of Birth	01/11/1983
Occupation	INDOOR
Date Of Driving Pass	03/12/2009
Driving Experience	7 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96530427
Fax Number	
Contact Number	OTHERS-96530427
Email Address	S.BARGIELOWSKI@GMAIL.COM

Address	200 PASIR PANJANG ROAD #04-18
Postcode	118571
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	BALAI POLIS JASIN
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO


**SKETCH PLAN**

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7. By the lodgment 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.
- (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.

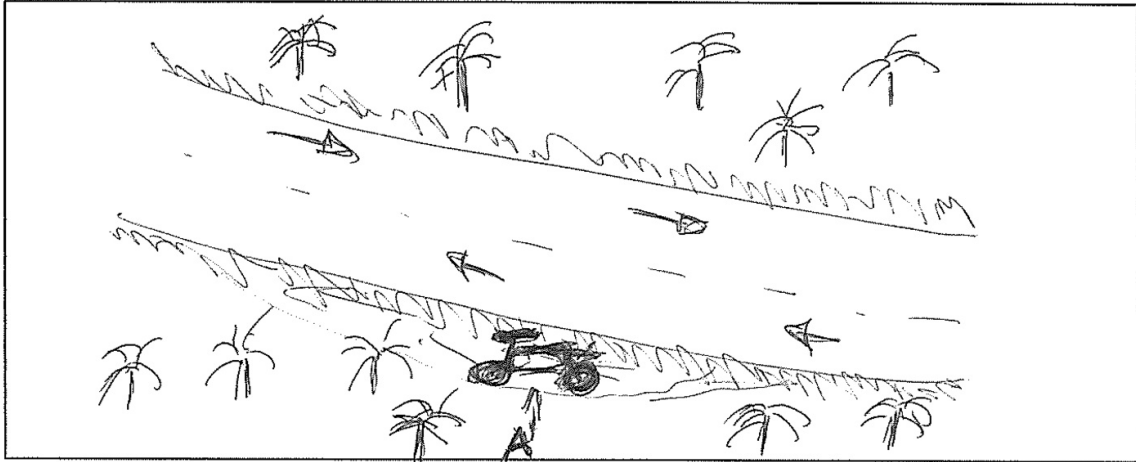
  
Policyholder's Signature  
Date & Time: 14.11.17  
13:15

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

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

## Sketch Plan Pg. 2

Date of accident: 12.11.17 Time: 11:10 Location: JALAN KEMENDER JASIN  
My Vehicle A: HONDA XRV 750 Vehicle B: \_\_\_\_\_ Vehicle C: NEPAU  
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

SEE POLICE REPORT

MOTORCYCLE CAUGHT FIRE WHEN  
I PRESSED THE STARTER BUTTON  
AT THE SIDE OF THE ROAD

NO OTHER VEHICLES OR PEOPLE  
WHERE INVOLVED

☒ Claim OD/TP at Ah Lim Motor    ☐ Claim OD/TP at other workshop    ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

**My workshop :**

Email address : S.SARGIELEWSKI@GMAIL.COM

& myself :

Email address :

**Note:** Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## DECLARATION

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

Policyholder's Signature

Date & Time: 14.11.17  
13.15

DATE: 10/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

AH LIM MOTOR COMPANY



## POLIS DIRAJA MALAYSIA

REPOT POLIS

Balai : JASIN  
 Daerah : JASIN  
 Kontinjen : MELAKA  
 No Repot : JASIN/003818/17  
 Tarikh : 13/11/2017  
 Waktu : 1221 PM  
 Bahasa Diterima : B. Malaysia

### Butir-butir Penerima Repot

Nama : NOR RUZANA BINTI MOHD LATIF	No Personel : R188568	Pangkat : KONST/P
Butir-butir Jurubahasa (Jika Ada)		
Nama : ---	No K/P (Baru) : ---	No Polis/Tentera : ---
No Paspot : ---	Bahasa Asal : ---	
Alamat : ---		

### Butir-butir Pengadu

Nama : SIMON JAMES BARGIELOWSKI		
No K/P (Baru) : ---	No Polis/Tentera : ---	No Paspot : 526548593
No Sijil Beranak : ---		
Jantina : Lelaki	Tarikh Lahir : ---	Umur : 34 tahun --- bulan
Keturunan : British	Warganegara : British	
Pekerjaan : ---		
Alamat Tempat Tinggal : 200 PASIR PANJANG ROAD 04-18 118571 SINGAPORE		
Alamat Ibu/Bapa : ---		
Alamat Pejabat : ---		
No Tel (Rumah) : ---	No Tel (Pejabat) : ---	No Tel (HP) : 006596530427
Emel : ---		

### Pengadu Menyatakan:-

ON 13/11/2017 TIME 11.10 AM AT JALAN KEMENDOR JASIN, MELAKA AFTER LEAVING MELAKA, ON OUR LAST DAY OF A 4 DAY TRIP AROUND MALAYSIA, TO HEAD BACK TO SINGAPORE ON OUR LAST DAY. WE (MYSELF AND MY FRIEND RICHARD GRAVIL G5311472K) PULLED TO THE SIDE OF THE ROAD TO HAVE A DRINK OF WATER.

AFTER 5 OR 10 MINUTES WE DECIDED TO CARRY ON.

I SAT ON MY BIKE HONDA XRV 750 FLAT NUMBER: FT4200L COLOUR: BLUE AND YELLOW AND PRESSED THE STARTER BUTTON.

WHEN THE ENGINE TRIED TO START, I HEARD A POP AND SAW A FLASH FROM MY BIKE.

WHEN I LOOKED DOWN I SAW FLAMES FROM UNDER THE PETROL TANK FROM MY BIKE FLAT NUMBER FT4200L.

I JUMPED OFF THE BIKE AND TRIED TO BLOW IT OUT. THE FLAMES WERE ALREADY TOO BIG, SO I CUT OFF MY LUGGAGE AND RAN FROM THE BIKE.

WE THEN STOPPED ANY TRAFFIC FROM PASSING.

ONE OF THE PASSING VEHICLES CALLED THE FIRE DEPARTMENT WHO ARRIVED AFTER ABOUT 15 MINUTES AND PUT OUT THE FIRE.

THE POLICE THEN TURNED UP AT THE SCENE AND TOOK US TO THE STATION TO COMPLETE THE REPORT.

Tandatangan Pengadu:

Tandatangan Jurubahasa(Jika ada) :

Tandatangan Penerima Repot:

RECEIVED REPORT  
JASIN



**Contact us at**  
 Hotline: (65) 6532 2888  
 E-mail: CustomerService@DirectAsia.com

## CERTIFICATE OF INSURANCE

**Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")**  
**Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)**  
**Road Transport Act, 1987 (Malaysia)**  
**Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)**

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

<b>Certificate No.</b>	:	MC/00298371/01
<b>Type of Coverage</b>	:	Third-Party Fire and Theft Cover
<b>1) Vehicle Registration No.</b>	:	FT4200L
<b>Chassis No.</b>	:	JH2RD07A0YM413798
<b>2) Name of Policy Holder</b>	:	Bargielowski, Simon
<b>3) Effective Date of Commencement of Insurance for the Purpose of the Act</b>	:	18/05/2017
<b>4) Date of Expiry of Insurance</b>	:	17/05/2018
<b>5) Persons or Classes of Persons Entitled to Drive</b>		
(a) The Insured		
(b) A named driver who is driving on the Insured's order or with his permission.		
Provided that the person driving has a valid Motorcycle driving licence to drive in Singapore and is not under suspension or disqualification from driving.		
<b>6) Limitations as to use*</b>		
Use only for private purposes, in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.		
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.		
<b>Sum Insured</b>	:	Market Value
<b>Policy Excess</b>	:	S\$ 600.00
<b>Main driver</b>	:	Bargielowski, Simon
<b>Important Note:</b> The policy only cover the main driver and the following named driver: No named driver declared		
<b>Finance Company / Hire Purchase</b>	:	

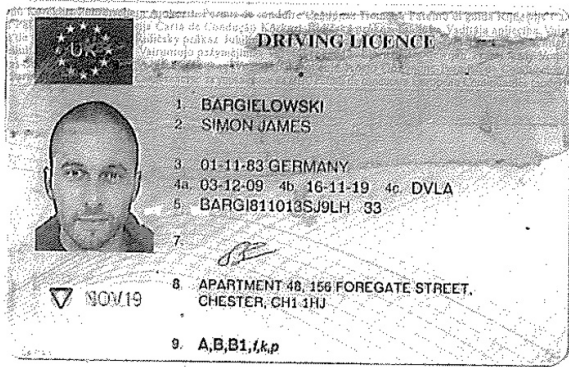
I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 18/04/2017

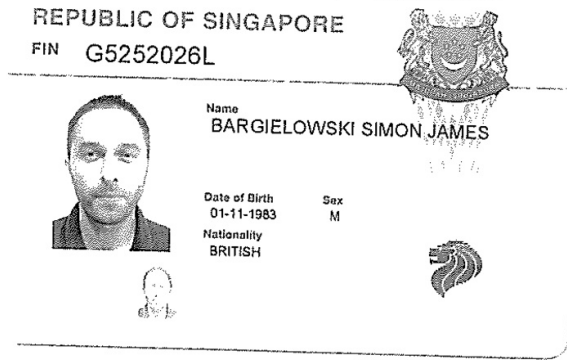
**Direct Asia Insurance (Singapore) Pte. Ltd.**

**Edip Okur**  
**Chief Underwriting Officer**

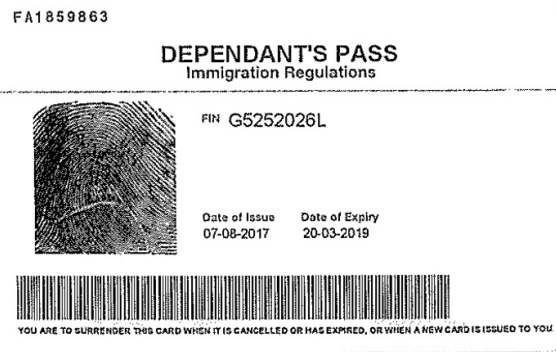
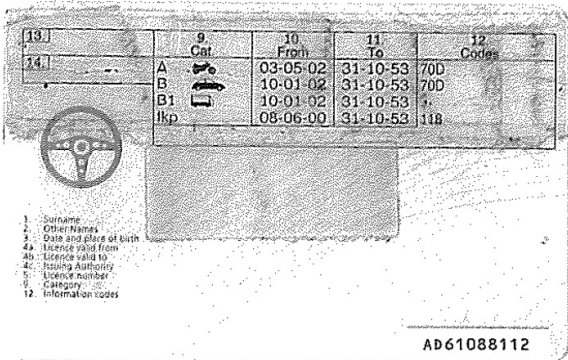
# Sketch Plan Pg. 5



1pax  
no injuries  
cleared by



96530427



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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