

## 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	15/12/2017 15:56
Date Of Accident	14/12/2017 20:30
Exact Location Of Accident	JUNCTION WOODLANDS AVE 7 & WOODLANDS DR 72
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA7007G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SIMON SATISH LAZARUS
NRIC No	S9711978C
Email Address	SATISHKUMAR9711978@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87271549
Alternative Phone No	OTHERS-87271549

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3160469
Cover Note Number	06/11/2017 - 05/11/2018

### Driver

Name of Driver	SIMON SATISH LAZARUS
NRIC No	S9711978C
Date Of Birth	05/04/1997
Occupation	INDOOR
Date Of Driving Pass	23/10/2017
Driving Experience	0 YEAR AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87271549
Fax Number	
Contact Number	OTHERS-87271549
Email Address	SATISHKUMAR9711978@GMAIL.COM

Address  
Postcode  
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 COLLISION - HEAD ON COLLISION  
Weather Conditions CLEAR  
Road Surface DRY

#### Other Information

Was any foreign vehicle involved in this accident? NO  
Was any body injured in the Accident? YES  
Was any other material or property damaged? YES  
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] WOODLANDS EAST N.P.C  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

REFER TO THE ATTACHED 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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SGV4683D  
Vehicle Make/Model/Colour  
Details Of Properties  
Name of Driver ENG SHUHUI SHARON  
NRIC/Passport Number S8725342B  
Contact Number 98300303  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### Details of Witness

Name  
Phone Number  
Email Address

#### DETAILS OF INJURED PERSON 1

Name SIMON SATISH LAZARUS

Approximate Age

Injuries Sustain

LEFT LEG,RIGHT RIB & JAW

Injured person in which vehicle?

FBA7007G

Were seat belts worn?

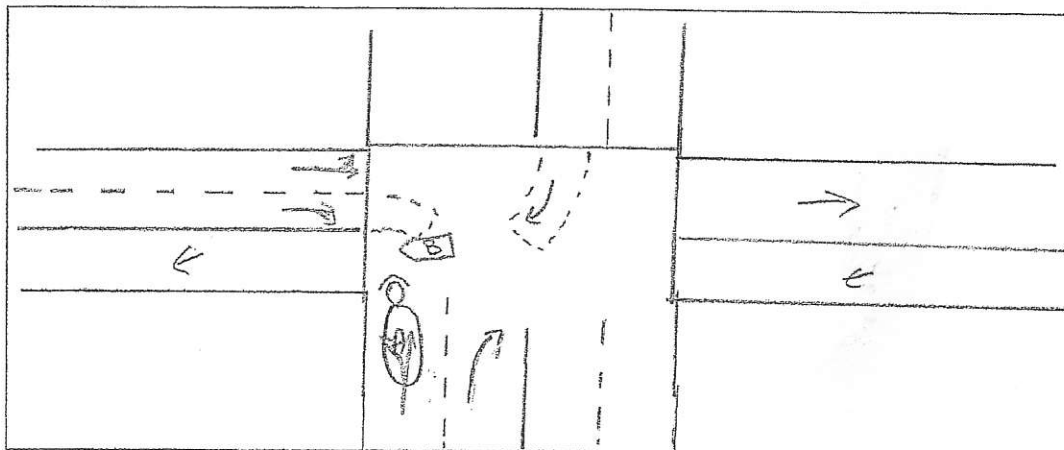
Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan Pg. 1

Date of accident: 14<sup>th</sup> December 2014 Time: 2030hrs Location: junction Woodlands Avenue & Wardland  
My Vehicle A: FBA 4007 G Vehicle B: 3GV 4683 D Vehicle C: — SWR 72  
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the Police Report, No. 7/20071215/2008.

☐ 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 :

& 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: \_\_\_\_\_

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

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

ARM MOTOR COMPANY

## Sketch Plan Pg. 2

### SKETCH PLAN

#### IMPORTANT NOTICE

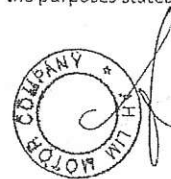
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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 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:

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



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



**SINGAPORE  
POLICE FORCE**



T/20171215/2008

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20171215/2008

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/12/2017 02:11		Vide Report No.:		Station Diary No.: 26	
<b>Informant's Particulars</b>					
Name of Informant: SIMON SATISH LAZARUS			Address: APT BLK 796 WOODLANDS DRIVE 72 #03-41 SINGAPORE 730796		
ID Type / ID No.: NRIC NO / S9711978C			Contact No.: Home/Office: Mobile: 87271549		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 05/04/1997	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: PETROLEUM SURVEYOR			Driving Licence Information: Class 2B Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/12/2017 08:30	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 WOODLANDS DRIVE 73 WOODLANDS DRIVE 72 junction of Woodlands Avenue 7 and Woodlands Drive 72				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBA7007G	Motorcycle	YAMAHA	FZ 16	Black	Seriously Damaged	0
SGV4683D	Car				Slightly Damaged	0

<b>Details of Vehicle Insurance</b>					
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date	
FBA7007G	AXA INSURANCE SINGAPORE PTE LTD	AN3160469	06/11/2017	05/11/2018	



**SINGAPORE  
POLICE FORCE**



T/20171215/2008

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20171215/2008

**CONTINUATION OF REPORT**

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SIMON SATISH LAZARUS	ID No.	S9711978C
Related Vehicle	FBA7007G (Motorcycle)	Contact No.	87271549
Hospital/Clinic	KHOE TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/12/2017	Date Discharge	14/12/2017
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	ENG SHUHUI SHARON	ID No.	S8725342B
Related Vehicle	SGV4683D (Car)	Contact No.	98300303
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On the 14/12/2017 at about 0830hrs, I was riding on my motorcycle, FBA7007G along Woodlands Drive 73 heading towards Woodlands Drive 72. I was approaching the junction of Woodlands Avenue 7 and Woodlands Drive 72. I continued in riding straight towards Woodlands Drive 72. After passing the white line, I observed that the traffic light was amber.

Out of a sudden, I noticed that there was a car, SGB4683D (which was travelling from Woodlands Drive 72) had turned right into Woodlands Avenue 7. I tried to horn her however it was too late. I could not react on time thus the front bumper of the car had collided onto the front portion of my motorcycle. Due to the collision, I had fallen off from my motorcycle.

Ambulance and traffic police was at scene. I was conveyed conscious to KTPH by ambulance. I received 05 days' medical leave. I sustained abrasion on the left calf, toe, feet. I felt severe pain on the right rib and right jaw. I do not exact damages of my motorcycle. I do not know if the driver has any CCTV installed in her car.



**SINGAPORE  
POLICE FORCE**



T/20171215/2008

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20171215/2008

CONTINUATION OF REPORT





**SINGAPORE  
POLICE FORCE**



T/20171215/2008

Police Station Of Origin:  
Woodlands East N.P.C.  
3 Woodlands Drive 63 SINGAPORE 737890  
Tel No: 1800-7679999

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Report No. T/20171215/2008

**CONTINUATION OF REPORT**

**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.

Signature Of Officer Recording The Report:  
J /  
Staff Sgt MUHAMMAD SYAZWAN BIN  
SHAMSUDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Signature Of Informant:

Date/Time:  
15/12/2017 02:11

Classification Of Case:

Authentication Stamp  
NP168

SN 130

Signature :

**Singapore Police Force**