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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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 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

aforesaid.	J
	ACCIDENT STATEMENT
Date Of Report	03/05/2018 09:46
Date Of Accident	02/05/2018 08:10
Exact Location Of Accident	ALONG PIE NEAR TO TURF CITY EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBA9748M
Insured/Policyholder	
Name Of Registered Owner	MARIAPPAN ARIVAZHAGAN
NRIC No	S7460520F
Email Address	ARIVABEST@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81983259
Alternative Phone No	OFFICE-81983259
Vehicle Particulars	
Manufacturer	BAJAJ
Model	PULSAR-180CC DTS-I (M)
Exact Purpose for which vehicle was being used at time of accident	t .
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Dollar Number	D1422475

Policy Number P1422475

Cover Note Number

Driver

Name of Driver MARIAPPAN ARIVAZHAGAN

NRIC No S7460520F
Date Of Birth 03/04/1974
Occupation OUTDOOR
Date Of Driving Pass 16/02/2006

Driving Experience 12 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81983259

Fax Number

Contact Number OFFICE-81983259

EMail Address ARIVABEST@GMAIL.COM

BLK 173 ANG MO KIO AVE4 #05-721 Address

Postcode 560173

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 TO REAR**

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 KEBUN BARU NEIGHBOURHOOD POLICE POST

NO

NO

ROAD: BLK 111 ANG MO KIO AVENUE 4, POSTCODE: 560111, Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-4589999 - FAX NO: 64574454

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKK8172X Vehicle Registration Number Vehicle Make/Model/Colour **BMW**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SATHIYAMOORTHI NAIDU S/O LETCHMAN NAIDU

NRIC/Passport Number S7235129J 97697285 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN Ane'4 Lane'3 Cave 2 Lane 4 Care 1 O D DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving my motor chile along the PIE.

Near the turf city exit before the traffic of amera

uxed approaching in front all the vehicle flow down. I way

travelling an the Second lane and vehicle in front

(Skn 8172k) made an almost stop. As try to stop my

motorcycle Bo but no enough time to stop ended up

colliding into the near right portion of the Vehicle.

I wish to state that the vehicle has several scradches.

near to she right near area while my motoscycle has

several several severations at the front area.

DECLARATION

 $\ensuremath{\mathsf{I/We}}$ 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.:

SKETCH PLAN

IMPORTANT NOTICE

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

lunderstand, 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/lew firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) Imp 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.

P olicyholder Signature

Date & Time:

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





Police Station Of Origin: Kebun Baru NPP

111 Ang Mo Kio Avenue 4 SINGAPORE 560111

Tel No: 1800-4589999

REPORT OF A TRAFFIC ACCIDENT

1 of 3 Report No. T/20180502/2164

Vide Report No.:	Station Diary No.: 56			
Address: APT BLK 173 ANG MO KIO AVENUE 4 #05-721 SINGAPORE 560173				
Contact No.: Home/Office: Mobile: 81983259				
Email:				
Type of Informant:				
Language:	Institution / School Name:			
Driving Licence Information: Class:	Date of Expiry:			
	Address: APT BLK 173 ANG MO KIO A 560173 Contact No.: Home/Office: Email: Type of Informant: Rider Language: Driving Licence Information:			

General Inform	nation of the Acciden	£			
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/05/2018 08:10	Type of Location: Straight Road	
	EXPRESSWAY SLAND EXPRESSWA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				nyone conveyed by mbulance: o	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBA9748M	Motorcycle	BAJAJ CHETAK	PULSAR 180 M	Blue	Slightly Damaged	0
SKK8172X	Car				Slightly Damaged	0

Details of Vo	ehicle Insurance	100 miles		
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA9748M	AXA INSURANCE SINGAPORE PTE	P1422475	30/10/2017	29/10/2018
	LTD			





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999 2 of 3 Report No. T/20180502/2164

CONTINUATION OF REPORT

Details of Perso	n involved					
Any Pedestrian I	CONTRACTOR CONTRACTOR TO A SERVICE AND A SER					
No. of Pedestrians Injured: NIL			Use of Ped	destrian	Cross	sing: NA
Rider						
Name	MARIAPPAN ARIVAZHA	AGAN		ID No.		S7460520F
Related Vehicle	FBA9748M (Motorcycle)			Contact No.		81983259
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	ate Discharge NIL		
No. of Days granted Medical Leave NIL		L	Degree of	of Injury NIL		
Driver						
Name	SATHIYAMOORTHI NAIDU S/O LETCHMAN NAIDU			ID No.		S7235129J
Related Vehicle	SKK8172X (Car)			Contact No.		97697285
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave NI	L	Degree of	Injury	NIL	

Brief Details.

On 02/05/2018 at about 0810hrs, I was riding my motorcycle (FBA9748M) along Pan Island Expressway. Nearing to the Turf City exit, a traffic camera was approaching and all the vehicles started to slow down. I was travelling on the first lane and the vehicle (SKK8172X) in front of me made an abrupt stop. As I did not have enough time to stop, I was unable to stop my motorcycle and ended up colliding into the rear right portion of the vehicle.

I wish to state that the vehicle has several scratches near to the right rear area while my motorcycle has several scratches at the front area.





Police Station Of Origin: Kebun Baru NPP 111 Ang Mo Kio Avenue 4 SINGAPORE 560111 Tel No: 1800-4589999 3 of 3 Report No. T/20180502/2164

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 @f Informant:
Date/Time:
02/05/2018 18:58
Classification Of Case:
S 1 085 ,
i .

MBI

AXA INSURANCE PTE LTD 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Service Centre #B1-01 Tel:(65)63387288 Fax:(65)63382522 Website:www.axa.com.sg GST Registration Number: 199903512M customer.service@axa.com.sg



CERTIFICATE OF INSURANCE

■ Motor Vehicles (Third-Party Risks and Compensation) Act. (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960 ■ Road Transport Act. 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

CERTIFICATE NO. : VMO/P1422475 Account No. : 03375

: Third Party Only Coverage

Sum Insured : NIL

: MARIAPPAN ARIVAZHAGAN Name of Policy Holder

Vehicle Registration No. : FBA9748M

Period of Insurance : From 30/10/2017 To 29/10/2018 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder

1. MARTÁPPAN ARIVAZHAGAN

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

LIMITATIONS AS TO USE*

Use only for social, domestic and pleasure purposes and in connection with the Policyholder's business or profession

The Policy does not cover:
a) Use for hire and reward

- b) Use for racing, pace-making, reliability trial or speed-testing
- c) Use for the carriage of goods (other than samples) in connection with any trade or business
- d) Use for any purpose in connection with the Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

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 Part IV of the Road Transport Act, 1987 (Malaysia).

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN09 on 18/09/2017

TMPORTANT .

IMPONIANT:
Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of
Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or
destroyed a Statutory Declaration to the effect must be made. Failure to comply with this
obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation Act (Cap.

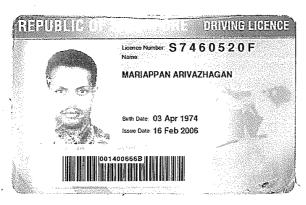
The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, covernote and endorsement etc.

AND A DISURANCE AGENCIES PTE LTD

(A + 409 DEPARTMENT) 175 MecPherson Road #1. -61 Wisma Gulab

Secure 348548 Tol 6554 2283 Fax: 6453 4466 Edail: thomson@anda.com.sg

Page 1



REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$7460520F





MARIAPPAN ARIVAZHAGAN

மாரியப்பன் அறிவழகன்

Race INDIAN

Date of birth Sex 03-04-1974 M

A0460520F

Country of birth INDIA

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES.

PASS DATE 16 Feb 2006

Motor cars =< 3000 kg with =<7 passengers, exclusive of the driver; and motor tractors/vehicles =< 2500 kg Heavy motor cars and motor tractors > 2500 kg Class 3

29 Jul 2002 24 Jan 2014

S7460520F

S / No. 9000201819

NP 428A

NRIC No. S7460520F

Nationality INDIAN Date of issue 24-02-2005

APT BLK 173 ANG MO KIO AVENUE 4 #05-721 SINGAPORE 560173

NRIC No: S7460520F

Date: 12/11/2008

No: 6058036

8692642











