MPA218119832 / Progressive Car Care Pte Ltd - HQ ENTRY DATE & TIME: 15/09/2018 13:10 SUBMITTED BY: Lily Lim

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.			
	ACCIDENT STATEMENT		
Date Of Report	15/09/2018 13:10		
Date Of Accident	28/06/2018 18:40		
Exact Location Of Accident	PIE		
Country/State of Loss	SINGAPORE		
DETAILS OF OWN VEHICLE			
Vehicle Registration Number	FBJ1717H		
Insured/Policyholder			
Name Of Registered Owner	ANUAR B ADAM		
NRIC No	S1717579C		
Email Address	BAI6565@GMAIL.COM		
Mobile Phone No	(LOCAL) +65-90674224		
Alternative Phone No	OTHERS-90674224		

Vehicle Particulars

Manufacturer KAWASAKI

Model ZG

Exact Purpose for which vehicle was being used at

time of accident

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 PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number AN3159503

Cover Note Number

Driver

Name of Driver

ANUAR B ADAM
NRIC No
S1717579C

Date Of Birth
06/05/1965

Occupation
INDOOR
Date Of Driving Pass
07/04/2014

Driving Experience 4 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90674224

Fax Number

Contact Number OTHERS-90674224
EMail Address BAI6565@GMAIL.COM

BLK 638 WOODLANDS RING ROAD #04-41 Address

Postcode 730638

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 - CHANGE/CROSS LANE**

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?

NO

NO

2

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) Passenger 1

NAME: : PAX 1

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name JURONG POLICE DIVISIONAL HQ ('J' DIVISION)

ROAD: NO. 2 JURONG WEST AVENUE 5, POSTCODE: 649482,

Police Station Address **COUNTRY: SINGAPORE**

Police Station Contact TEL NO: 1800-7910000 - FAX NO: 68965649

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACHED STATEMENT RECORDED BY LILY - PROGRESSIVE CAR CARE PTE LTD 67415336

NO

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR Vehicle Category

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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 interested parties.
- 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:
 - 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 invoive 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:
 - 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

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

19/18.

Sketch Plan #2

		Vehicle
		A -
		A - B -
		В-
		Legend
		P 8
		□ 6
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	Vehicle Motorcy
_		
Rofar TO	Police report.	
	1 1 1 2 2 2	
		- 1 _N
CLARATION		1
We declare the foregoing part age be advised that your insurer man	culars are true in every respect.	st own policy must be made within the stipulated timefran
the day of occurrence. Kindly che	k your policy for more details.	
The second	Delivade Sirvet	Reporting Centre Personnel's Signature
icyholder's Signature te & Time:	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:
	이렇게 되었다. 이 아니는 집에 보면 얼마나 되었다면 하지만 하지만 하지만 하지만 되었다면 하게 되었다.	NRIC/FIN No.:

Police report pg 1 Pg. 1





Report No. J/20180710/7032

1 of 2

POLICE REPORT (NP299)

Police Station Of Origin Jurong Police Divisional HQ 2 Jurong West Avenue 5 SINGAPORE 649482

Tel No:1800-7910000

Station Diary No. Vide Report No. Date/Time Report Made 10/07/2018 21:21 Address Name Of Informant APT BLK 638 WOODLANDS RING ROAD #04-41 ANUAR BIN ADAM SINGAPORE 730638 Contact No. ID Type / ID No. Mobile: Home/Office: NRIC NO / S1717579C 90674224 Email Address Nationality bai6565@gmail.com SINGAPORE CITIZEN Race Age Date of Birth Sex Occupation 53 04/05/1965 Malay Male PERSONAL DRIVER Institution/School Name Language English Location Of Incident Date/Time Of Incident APT BLK 638 WOODLANDS RING ROAD #04-41 28/06/2018 18:40 - 28/06/2018 18:40

Brief details.

Your Ref: TP/IP/38465/2018

On 28/6/18 around 6.40pm, I was riding along PIE Expressway towards Jurong between Adam Road and Eng Neo on 20km/hr.

SINGAPORE 730638

There was a heavy traffic and while I was riding in the middle of the road with a pillion in between cars, suddenly a car from the right lane swerved to the left

Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Date/Time: 10/07/2018 21:21
Classification Of Case:

Authentication Stamp

Police report pg 2 Pg. 1





2 of 2

POLICE REPORT (NP299)

Authentication Stamp

CONTINUATION OF REPORT

Report No. J/20180710/7032

and hit my ride side box. It seems nothing happen and I just continue my journey towards home. As the traffic was very heavy on that day, its impossible to stop as nothing serious occured.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/07/2018 21:21
Officer In-Charge Of Case:	Classification Of Case:







