

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 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 after said.

ACCIDENT STATEMENT

Date Of Report	12/07/2018 12:10
Date Of Accident	10/07/2018 09:00
Exact Location Of Accident	PIE TOWARDS CHANGI KPE (SIMS AVENUE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3478J
Insured/Policyholder	
Name Of Registered Owner	MASWANDI BIN SALIKOON
NRIC No	S7640372D
Email Address	MASZJD@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83519589
Alternative Phone No	OFFICE-83519589
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400-399CC
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AN3161682
Cover Note Number	
Driver	
Name of Driver	MASWANDI BIN SALIKOON
NRIC No	S7640372D
Date Of Birth	25/12/1976
Occupation	INDOOR
Date Of Driving Pass	11/12/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83519589
Fax Number	
Contact Number	OFFICE-83519589
Email Address	MASZJD@GMAIL.COM

Address BLK 47 MARINE CRESCENT #03-60
Postcode 440047
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident HIT BY FALLEN TREE / OTHER OBJECTS
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? YES
Was any injured conveyed to hospital by ambulance? YES
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] REFER TO TP IO RAZIF 65476200
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO STATEMENT

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 INJURED PERSON 1

Name
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBJ3478J
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Post code

SKETCH PLAN

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5. Any false reporting may be referred to the Police for investigation.
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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:

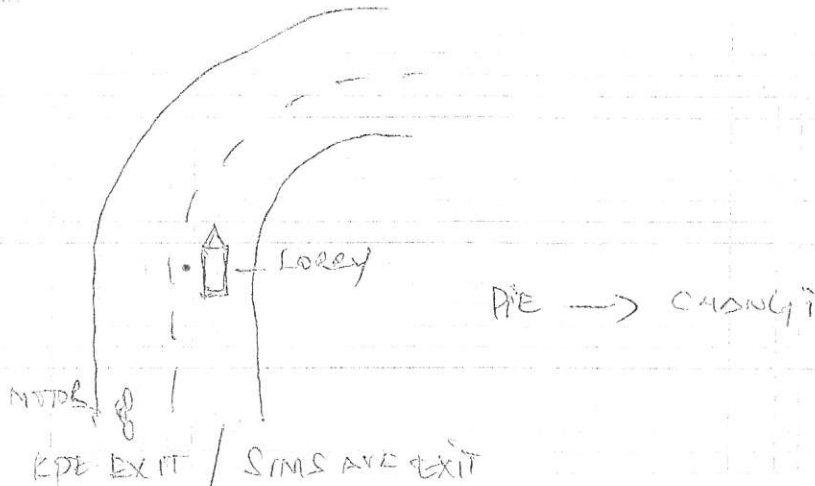
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 purposes) 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 11/12/10
Date & Time:

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

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

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

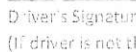
On 10/7/2018 at around 0900hrs, I was riding my motorcycle and was travelling along PIE towards Changi direction. When I entered KPE (SMCs ARE exit), it was a two lane road and I was travelling on the left lane towards KPE. On my right slightly in front of me, was a lorry with wooden planks and discarded on their lorry, whose car registration number I did not take note of. When we were travelling along our lanes, suddenly about 2-3 pieces of discarded items from the lorry just flew out from the lorry and it hit me, causing me to fall over together with my motorcycle. When the incident happened, the lorry did not stop and drove away.

Subsequently I called for the ambulance and I was conveyed to Tan Tock Seng hospital. Certis cisco officer also came down. I was given 14 days of medical leave as I sustained some injuries on my right side, from my arms to my feet. My motorcycle was also badly damaged on the right side.

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.:



**SINGAPORE
POLICE FORCE**



T/20180711/2131

Police Station Of Origin:
Marine Parade N.P.C
300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20180711/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/07/2018 20:34		Vide Report No.:		Station Diary No.: 39	
Informant's Particulars					
Name of Informant: MASWANDI BIN SALIKOON			Address: APT BLK 47 MARINE CRESCENT #03-60 SINGAPORE 440047		
ID Type / ID No.: NRIC NO / S7640372D			Contact No.: Home/Office: Mobile: 83519589		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 25/12/1976	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: SCDF AMBULANCE DRIVER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/07/2018 09:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KALLANG PAYA LEBAR EXPRESSWAY KPE (SIMS AVENUE EXIT)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume Light
Type of Collision: MATERIALS ON LORRY FLEW TOWARDS COMPLAINANT				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ3478J	Motorcycle	HONDA	CB400	White	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBJ3478J	AXA INSURANCE SINGAPORE PTE LTD	P2057639	28/12/2017	27/12/2018



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T/20180711/2131

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300 Marine Parade Road SINGAPORE
449296
Tel No: 1800-4428999

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Report No. T/20180711/2131

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MASWANDI BIN SALIKOON	ID No.	S7640372D
Related Vehicle	FBJ3478J (Motorcycle)	Contact No.	83519589
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	Slight

Brief Details.

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Report No. T/20180711/2131

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: G / Sgt 2 DEMI HUW ZONG LING <i>Dem</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 11/07/2018 20:34
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No.: 65476200	Classification Of Case:
Authentication Stamp NP138	<div style="text-align: center;">  <p>SINGAPORE POLICE FORCE</p> </div> <div style="text-align: center;"> <i>Dem</i> SIGNATURE </div>