

## 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 aforesaid.

### ACCIDENT STATEMENT

Date Of Report	04/09/2018 08:29
Date Of Accident	03/09/2018 11:45
Exact Location Of Accident	PIE > TUAS NEAR EXT 1 LP 23
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6648G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LUQMANULHAKIM BIN JAMIL
NRIC No	S9646667F
Email Address	ELVISLUQMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98256422
Alternative Phone No	OFFICE-98256422

### Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX (HC)
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	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	VMO/P1983778
Cover Note Number	10/08/2017-01/10/2018

### Driver

Name of Driver	LUQMANULHAKIM BIN JAMIL
NRIC No	S9646667F
Date Of Birth	22/12/1996
Occupation	INDOOR
Date Of Driving Pass	25/05/2017
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98256422
Fax Number	
Contact Number	OFFICE-98256422
Email Address	ELVISLUQMAN@GMAIL.COM

Address	BLK 491G TAMPINES STREET 45 #08-268
Postcode	526491
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?	YES
Was any injured conveyed to hospital by ambulance?	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	TAMPINES EAST NPP
Police Station Address	<b>ROAD:</b> 263 TAMPINES STREET 21 #01-138 , <b>POSTCODE:</b> 520263 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7839999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO ATTACHMENT REMARK: MOTORCYCLE IS AT TRAFFIC POLICE COMPOUND DURING REPORTING

#### Attachment(s)

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

#### Details of Witness 1

Name	SETH S8540827E
Phone Number	
Email Address	

#### Details of Witness 2

Name	HAMIDI
Phone Number	97860748
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHD888P
Vehicle Make/Model/Colour	

Details Of Properties

Vehicle Category	TAXI
Name of Driver	LEE CHIN JOO
NRIC/Passport Number	S0029160I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**DETAILS OF INJURED PERSON 1**

Name	LUQMANULHAKIM BIN JAMIL
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBG6648G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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)**

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.

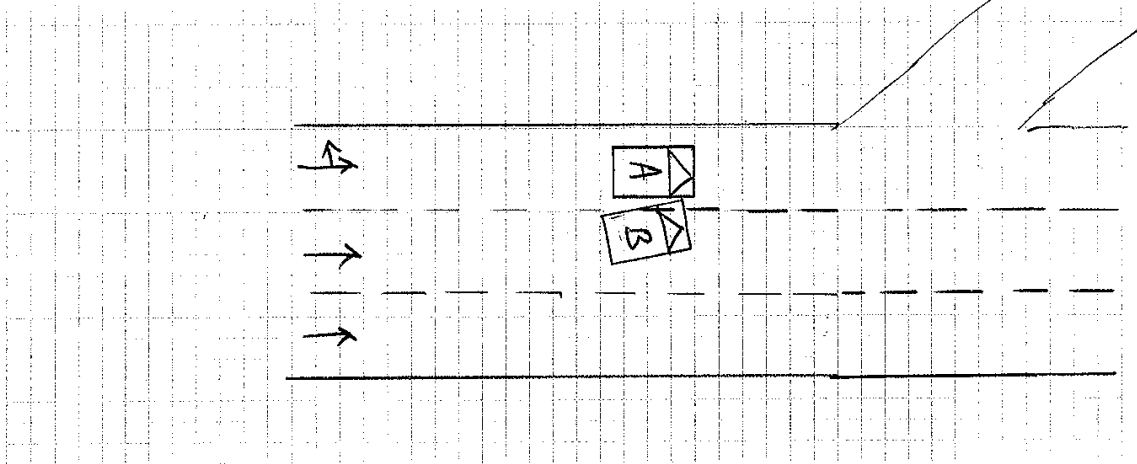
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 31

REFER TO POLICE REPORT. T/20180903/2115

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
Claim TP
<input checked="" type="checkbox"/> Claim OD <input type="checkbox"/> TP <input type="checkbox"/> other workshop

## 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.:

## Sketch Plan Pg. 3



redefining / insurance

Date: 03/09/18.

To: Owner of Vehicle Number: FBG 66486.

The following has been advised to you via your workshop, \_\_\_\_\_ through their staff, JONATHAN.



Please tick the applicable box if you had been advice on the content as seen below:

- ( ) You had been advised by the workshop that in the case that you wish to claim against your own policy, there is a Fourteen (14) days clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

- ☒ ( ) You had been advised by the workshop on the liability and merits of the case accordingly.
- ☒ ( ) You had been advised by the workshop on the claims procedure for the type of claim that you will be making due to this accident.
- ☒ ( ) There will be delay to your vehicle repair due to the unavailability of spare parts locally and there is no other option except to indent it from overseas.
- ☒ ( ) There will be no cancellation/withdrawal of the Own Damage claim once the order of the spare parts have been placed. If you wish to cancel/withdraw the claim, you shall bear all costs, expenses &/or related charges incurred directly &/or indirectly to the procurement of the spare parts.
- ☒ ( ) The estimated waiting time for the spare parts to arrive is \_\_\_\_\_. The estimated arrival time does not include the repair period.
- ☒ ( ) You will be driving the vehicle out despite being advised by the workshop mechanic/personnel that the vehicle may not be road worthy.
- ☒ ( ) For vehicles below Three (3) years old, your Insurance Company will use only genuine original parts to repair your vehicle.

For vehicles above Three (3) years old, your Insurance Company will be carrying out repairs using **any combination** of genuine original parts and/or original equipment manufacturer (OEM) parts.

- ☒ ( ) You had been advised by the workshop of the Twelve (12) months warranty for Own Damage repairs on workmanship related to the accident.
- ☒ ( ) For vehicles that are under warranty with a local distributor, you have been advised by the workshop to check with your local distributor on any effect to your warranty prior to making this Own Damage claim.

- ( ) Others \_\_\_\_\_

Signed and acknowledge by:

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



**SINGAPORE  
POLICE FORCE**



T/20180903/2115

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

1 of 3

Report No. T/20180903/2115

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 03/09/2018 17:59		Vide Report No.:		Station Diary No.: 20	
<b>Informant's Particulars</b>					
Name of Informant: LUQMANULHAKIM BIN JAMIL			Address: APT BLK 491G TAMPINES STREET 45 #08-268 SINGAPORE 526491		
ID Type / ID No.: NRIC NO / S9646667F			Contact No.: Home/Office: Mobile: 98256422		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 21	Date of Birth: 22/12/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 03/09/2018 11:45	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  TOWARDS TUAS NEAR TO EXIT 1 LAMPOST 23				
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 - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6648G	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Slightly Damaged	0
SHD888P	Car					0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG6648G	AXA INSURANCE SINGAPORE PTE LTD	P1983778	09/08/2018	01/10/2018



**SINGAPORE  
POLICE FORCE**



T/20180903/2115

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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Report No. T/20180903/2115

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	LUQMANULHAKIM BIN JAMIL	ID No.	S9646667F
Related Vehicle	FBG6648G (Motorcycle)	Contact No.	98256422
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/09/2018	Date Discharge	03/09/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	LEE CHIN JOO	ID No.	S0029160I
Related Vehicle	SHD888P (Car)	Contact No.	NIL
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 03/09/2018 at about 1145hrs I was riding my motorcycle along lane 3 of p1E towards Tuas near to exit 1 lamppost 23. As I was riding, one taxi bearing registration number SHD888P suddenly hit me from the right side. Due to the impact, I fell to my left and suffered abrasions to my both hands, stomach and both knees. I was subsequently conveyed by ambulance and was given 5 days MC.

The witness have in car CCTV installed and it recorded the whole incident.





**SINGAPORE  
POLICE FORCE**

Sketch Plan Pg. 6



T/20180903/2115

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

3 of 3

Report No. T/20180903/2115

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 /

Staff Sgt HAIRUL AZLY BIN HANAFFI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/09/2018 17:59

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN  
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



## Police Report



T/20180904/2067

1 of 3

Report No. T/20180904/2067

### Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No. T/20180903/2113

Report Number T/20180904/2067

Vide Report Number G/20180903/0098

Date/Time of Report Made 04/09/2018 14:33

Place Report Lodged Traffic Police Division HQ

Type of Informant Rider

Name of Informant LUOMANULHAKIM BEN JAMIL

ID Type / ID No. NRIC NO / S8646667F

Home/Office -

Mobile 98256422

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance Yes

Date/Time of Accident 03/09/2018 11:45

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6648G	Motorcycle	YAMAHA	JUPITER MX (HC)	Red	Seriously Damaged	0
SHD688P	Car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

# Police Report



T/2018/0004/2007

2 of 3

Report No. T/2018/0004/2007

## Continuation of CSF For NP168

<b>Rider</b>		<b>ID No.</b>	
Name	LUOMANULHAKIM BIN JAMIL	S5646667F	
<b>Related Vehicle</b>		<b>Contact No.</b>	
FBQ8648G (Motorcycle)		-	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry Date</b>	
NIL		Class: NIL Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
NIL		NIL	
<b>No. of Days granted Medical Leave</b>		<b>Degree of Injury</b>	
NIL		NIL	
<b>Driver</b>			
<b>Name</b>		<b>ID No.</b>	
LEE CHIN JOO		S0029180I	
<b>Related Vehicle</b>		<b>Contact No.</b>	
SHD888P (Car)		-	
<b>Hospital/Clinic</b>		<b>Class of Driving Licence &amp; Expiry Date</b>	
NIL		Class: NIL Date of Expiry: NIL	
<b>Date Treatment</b>		<b>Date Discharge</b>	
NIL		NIL	
<b>No. of Days granted Medical Leave</b>		<b>Degree of Injury</b>	
NIL		NIL	

### Brief Facts.

On 03/09/2018 at about 1145hrs I was riding my motorcycle along lane 3 of PIE towards Tasse near to exit 1 lamp post 23. As I was riding, one taxi bearing registration number SHD888P suddenly hit me from the right side. Due to the impact, I fell to my left and suffered abrasions to my both hands, stomach and both knees. I was subsequently conveyed by ambulance and was given 5 days MC. The witness have in car CCTV installed and it recorded the whole incident.

Police Report



T/20180904/2067

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Report No. T/20180904/2067

Continuation of CSF For NP168

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

Case Sensitivity No

Officer in-Charge of Case TP / OIT /  
SYED ZAYED MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN

Classification of Case 1) INJURY / CONVEYED BY AMBULANCE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Addendum Sheet Pg. 1**

GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE

**IMPORTANT NOTE :** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

**ADDENDUM**

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

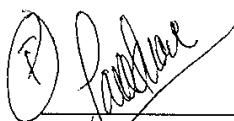
Original Report No : MOR118114359      Vehicle Registration No : FBG6648G  
Name(as shown in NRIC): LUQMANULHAKIM BIN JAA  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
NRIC/Passport No : S9646667F  
Address :  
Contact (Tel) :      (H/P) : 98256422  
(Email) :  
Date of Accident : 03/09/2018      Time of Accident : 11:45  
Place of Accident : PIE > TUAS NEAR EXT 1 LP 23  
Insurance Company : AXA INSURANCE PTE LTD

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TO ATTACH PHOTOS AND AMENDED POLICE REPORT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Signature of Vehicle Owner / Driver

Date:

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030  
Operating Hours : Monday to Friday 9am to 5pm