SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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

 by the loagement of this report to the insurers, you hereby consaforesaid. 	ent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	11/09/2018 13:29
Date Of Accident	10/09/2018 21:35
Exact Location Of Accident	ALONG WHAMPOA SOUTH TOWARDS BENDEMEER RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FY8922J
Insured/Policyholder	
Name Of Registered Owner	PANG LAI HUAT
NRIC No	S8816338I
Email Address	PANGLAIHUAT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93802192
Alternative Phone No	OTHERS-93802192
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SF4J-399CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	P1973152
Cover Note Number	03/08/2018 - 02/08/2019
Driver	
Name of Driver	PANG LAI HUAT
NRIC No	S8816338I
Date Of Birth	16/05/1988
Occupation	INDOOR
Date Of Driving Pass	09/05/2014
Driving Experience	4 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93802192
Fax Number	

OTHERS-93802192

PANGLAIHUAT@GMAIL.COM

BLK 771 YISHUN AVE 3 Address

#08-241 760771

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

COLLISION - HEAD TO REAR Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Postcode

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

YES Was any other material or property damaged?

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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

Attachment(s)

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

Details of Witness 1

Name JAYA Phone Number 82350070

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SKF2385P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR Name of Driver M MONIR

NRIC/Passport Number S7165249A **Contact Number** 90251457

Address Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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

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

Reporting Centre Tersonnel's Signature Name:

NRIC/FIN No .:

1358AM (334) HP.04 (40) AT

(ETCH PLAN	<u> </u>	ocation: Whampoo South toward KF 2385P Vehicle C:
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	angitton beauty	TOTAL MARKET BANKSON. BANKS
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Remarks: Please forwa My workshop: Email address: & myself: Email address: pangl Note: Please take note you own policy. Kindly	rd a copy of my efile accident report to Althor @ gmail (om that your insurer have 14 days timefra theck with your own insurer for more	ne for you to submit own damage claim under

AH LIM MOTOR COMPANY





Police Station Of Origin: Yishun South N.P.C

32 Yishun Street 81 SINGAPORE 768456

Tel No: 1800-8522999

1 of 4 Report No. T/20180910/2187

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/09/2018 23:00		ade:	Vide Report No.:	Station Diary No.: 123		
Informan	t's Particu	lars				
	Informant:		Address:			
PANG LA	I HUA I		APT BLK 771 YISHUN AVE 760771	NUE 3 #08-241 SINGAPORE		
ID Type /	ID No.:		Contact No.:			
NRIC NO / \$88163381			Home/Office:	Mobile: 93802192		
Nationality: SINGAPORE CITIZEN			Email:			
Sex:	Age:	Date of Birth:	Type of Informant:			
Male	30	16/05/1988	Rider			
Race:			Language:	Institution / School Name:		
Chinese	Chinese		English			
Occupation:			Driving Licence Information:			
LOGISTIC COORDINATOR			Class: 2B,2A,2,3	Date of Expiry:		

General Informa	ation of the Acciden	ŧ			
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/09/2018 21:35	Type of Location:	
Location: Along Road 1 T WHAMPOA SO BENDEMEER I		d 2			
Weather:		Road Surface:	R	load Speed Limit:	
Clear		Dry		,	
Traffic Flow: Type of Collision: Between Moving Vehicles - Head To R		Traffic Control:	Т	Traffic Volume:	
		Rear	а	nyone conveyed by mbulance: lo	

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBA2147T	Motorcycle				No Damage	0
FY8922J	Motorcycle	HONDA	CB400SF4J M	White	Slightly Damaged	0
SKF2385P	Car				Slightly Damaged	0

Details of Vehicle Insurance	
Vehicle No. Insurance Company Insurance No Effe	ective Expiry Date





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 2 of 4 Report No. T/20180910/2187

CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY8922J	AXA INSURANCE SINGAPORE PTE	P1973152	03/08/2018	02/08/2019
	LTD			

				LLO 30'00'50'20'50'50'5	Précourant de	
Details of Perso Any Pedestrian Ir	·····					
No. of Pedestrian		Use of Per	lestrian	Cross	ring: NA	
140. Of Federalian	io injuica. ME		Use of Pedestrian Crossing: NA			
Name	JAYA		1	ID No.		NIL
Related Vehicle	FBA2147T (Motorcyc	lo)		Conto	et No	82350070
Related Verlicie	FBAZ1471 (Motorcyc	ie)		Conta	CL INO.	02330070
Hospital/Clinic	NIL			Class		Class: NIL
				Driving	-	Date of Expiry: NIL
				Licenc		
				Expiry		
Date Treatment	NIL	I NOTE	Date Discl		NIL	
	ted Medical Leave	NIL	Degree of	injury	NIL	
Rider	I BANIGA ALLUHAT			<u> </u>		000400001
Name	PANG LAI HUAT			ID No.		S8816338I
Related Vehicle	FY8922J (Motorcycle)			Contact No.		93802192
Hospital/Clinic	NIL			Class of		Class: 2B,2A,2,3
•	e de la company			Driving		Date of Expiry: NIL
				Licence &		
				Expiry	Date	
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of	Injury	NIL	
Driver						
Name	M MONIR			ID No.		S7165249A
Related Vehicle	SKF2385P (Car)			Contact No.		90251457
Hospital/Clinic	NIL			Class of		Class: NIL
			Driving		Date of Expiry: NIL	
			Licence &		, ,	
				Expiry Date		To the state of th
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	





T/20180910/2187

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 3 of 4 Report No. T/20180910/2187

CONTINUATION OF REPORT

Brief Details.

On 10/09/18 at around 2135hrs, I was riding my motorbike along Whampoa South exiting onto Bendemeer Rd. Upon approaching the filter lane, there was a car (SKF2385P) in-front of me, which had slowed down just before the 'Give Way' line. I wished to state that I was about more than half a car spacing from the car in-front. When the said car started to move off, I checked my blind spot and as there were no oncoming car at the main road and it is safe for us to move off into the main road, I then began to speed up. However, the said car suddenly stopped for no reason after half of the car had already passed the 'Give Way' line. As it happened quite suddenly, I did not managed to stop on time and hit onto the right rear of the said car.

Another rider who was riding behind me saw the incident and was willing to be my witness. I also wished to state that there were already a few scratched and dent marks on the said car. No one was injured during the accident.





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 4 of 4 Report No. T/20180910/2187

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	e Report:	Signature Of Informant:	
F / Sr Staff Sgt ELRENO BIN SUBAR		RX	
Signature Of Interpreter:		Date/Time	
Not applicable		10/09/2018 23:00	
Officer In Charge Of Case: TP / GIA /		Classification Of Case:	
Staff Sgt WONG SIEU LUI Contact No.: 65476151	/# %h	/SN 085	
	C PROVE NA	SN 085	
Authentication Stamp NP168	Sign	nature:	
	Singapore F	Políce Force	

MBL

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/P1973152 Account No.: 03375

: Third Party Only Coverage

Sum Insured : NIL

: PANG LAI HUAT Name of Policy Holder

Vehicle Registration No. : FY8922J

Period of Insurance : From 03/08/2018 To 02/08/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

(a) The Policyholder

(b) 1. PANG LAI HUAT

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 - SGRAN04 on 27/07/2018

IMPORTANT :

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. 189).

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.

ANDA INSURANCE AGENCIES PTE LTD (MOTOR DEPARTMENT) 1 King George's Avenue #06-00 Rehau Puilding, Singapore 208557 Tel: 6554 2288 Fax: 6453 4466 Email: thomson@anda.com.sq

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