

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	03/09/2018 13:09
Date Of Accident	31/08/2018 09:05
Exact Location Of Accident	BUONA VISTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM9230B
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Insured/Policyholder

Name Of Registered Owner	RAZALI BIN ATAN
NRIC No	S7513426F
Email Address	BLOODBROTHER51695169@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98377970
Alternative Phone No	OTHERS-98377970

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150

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
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VMX/P2145397
Cover Note Number	

Driver

Name of Driver	RAZALI BIN ATAN
NRIC No	S7513426F
Date Of Birth	05/05/1975
Occupation	INDOOR
Date Of Driving Pass	26/01/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98377970
Fax Number	
Contact Number	OTHERS-98377970
Email Address	BLOODBROTHER51695169@GMAIL.COM

Address	BLK 202 BEDOK NORTH #08-475
Postcode	460202
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	CHAIN COLLISION
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	KAMPONG JAVA NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 KAMPONG JAVA ROAD , POSTCODE: 228892 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2959999 - FAX NO: 63918499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED

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 Witness 1

Name	HAFIZ
Phone Number	88083614
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	S9304CD
Vehicle Make/Model/Colour	KIA/ CERATO
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SHC8791L
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number

Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name RAZALI BIN ATAN
Approximate Age 43
Injuries Sustain RIGHT HAND AND LEFT LEG INJURED ,BACK SWOLLEN
Injured person in which vehicle? FBM9230B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode


SKETCH PLAN

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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

A S9304CD

B SHC 8791L

C FBM 9230B

The diagram shows a vertical structure composed of three stacked rectangular sections. The bottom section is labeled 'A', the middle section is labeled 'B', and the top section is labeled 'C'. To the right of the structure is a vertical line. Arrows point from the labels 'A', 'B', and 'C' to their respective sections. The top section 'C' has a small triangle on top of it.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT.

REPORT NO:
T/20180901/2060

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



**SINGAPORE
POLICE FORCE**



T/20180901/2060

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

1 of 3

Report No. T/20180901/2060

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/09/2018 12:17	Vide Report No.:	Station Diary No.: 78
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Informant's Particulars				
Name of Informant: RAZALI BIN ATAN			Address: APT BLK 202 BEDOK NORTH STREET 1 #08-475 SINGAPORE 460202	
ID Type / ID No.: NRIC NO / S7513426F			Contact No.: Home/Office: Mobile: 98377970	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 43	Date of Birth: 05/05/1975	Type of Informant: Rider	
Race: Malay			Language: Malay	Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 31/08/2018 21:05	Type of Location: X-Junction
Location: Along Road 1 NORTH BUONA VISTA ROAD Before Buona Vista MRT Station				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Stationary Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM9230B	Motorcycle	YAMAHA	SNIPER T150	Yellow	Seriously Damaged	0
S9304CD	Car	KIA	CERATO			2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM9230B	AXA INSURANCE SINGAPORE PTE LTD	P2145397	24/05/2018	23/05/2019



**SINGAPORE
POLICE FORCE**



T/20180901/2060

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Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

Report No. T/20180901/2060

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAZALI BIN ATAN	ID No.	S7513426F
Related Vehicle	FBM9230B (Motorcycle)	Contact No.	98377970
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	31/08/2018	Date Discharge	31/08/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 31/08/2018 at about 2105hrs, I was riding along North Buona Vista Road. Near the traffic light before Buona Vista MRT Station, I slowed down and stopped as the taxi in front of me had stopped as well. I was then fully stationary. Suddenly, I felt an impact from my rear which caused me to be forced forward to the right side of the taxi that was in front of me. I then fell to the ground together with my motorcycle. I was assisted to stand by the taxi driver and was then seated at the side of the road. I then realized that one Caucasian lady had collided her car with my motorcycle.

The taxi driver had called for an ambulance for me and the lady who had collided with me had also called later. The ambulance subsequently came and conveyed me to National University Hospital. I was the treated and given 4 days of Medical Leave.

I suffered an abrasion on my right arm (The skin was peeled off), strong pain on my right kidney area and my left smallest toe was swollen. My motorcycle sustained heavy damage on the left side. The number plate was also dislodged completely from the motorcycle. As a result, my motorcycle could not be ridden anymore and had to be towed away.

I am lodging this report as instructed by TP IO.



**SINGAPORE
POLICE FORCE**



T/20180901/2060

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999

3 of 3

Report No. T/20180901/2060

CONTINUATION OF REPORT

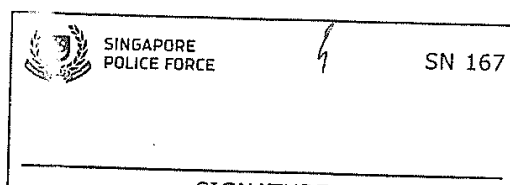
Sketch Plan

Informant is not able to provide sketch plan

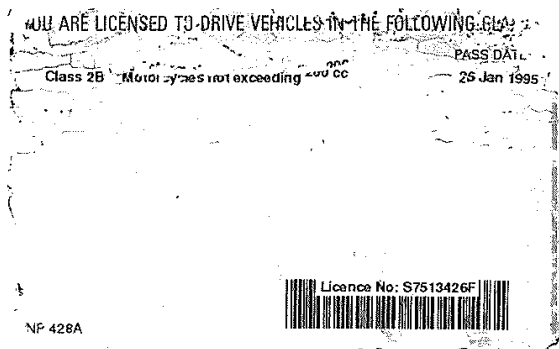
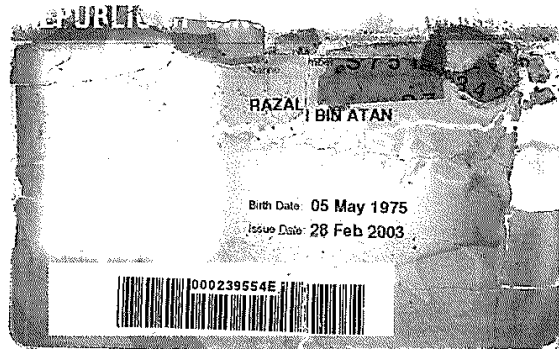
IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 3 ERWIN SUTRISNO BIN NADIMOH	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/09/2018 12:17
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

Authentication Stamp
NP168



Sketch Plan Pg. 6



Sketch Plan Pg. 7

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7513426F



Name

RAZALI BIN ATAN

Race

MALAY

Date of birth

05-05-1975

Sex

M

S7513426F

Country/Place of birth

SINGAPORE



5384405



NRIC No. S7513426F



Date of issue

21-09-2015

Address

APT BLK 202 BEDOK NORTH STREET 1
#08-475
SINGAPORE 460202

B1K 808

AXA INSURANCE PTE LTD
8 Shenfou 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. : VMX/P2145397 Account No. : 03375
Coverage : Comprehensive
Sum Insured : Market Value At The Time Of Loss
Name of Policy Holder : RAZALI BIN ATAN
Vehicle Registration No. : FBM9230B
Period of Insurance : From 24/05/2018 To 23/05/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
(b) 1. RAZALI BIN ATAN
2. TAN WEI KEONG

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

(11)

Sect I - Insured & Named Rider : SGD 300.00

THEFT OUTSIDE SINGAPORE : SGD 600.00

* 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).

Please note that this vehicle
is under hire purchase with
Bike Production Pte Ltd
No transfer or endorsement is allowed
unless with our written consent

AXA INSURANCE PTE LTD

Authorized Signature

Issued by - SGRAN04 on 06/07/2018

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.

BIKE PRODUCTION PTE LTD
Co Reg No: 200007407G
610 Serangoon Road
Singapore 218216
Tel: 63922555 Fax: 62975400

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No.198500843R



MEDICAL CERTIFICATE	ORIGINAL	NUH18226376
NAME: RAZALI BIN ATAN		NRIC: S7513426F

Type of Medical Leave granted : **OUTPATIENT SICK LEAVE**

The above named is unfit for duty for a period of **4** day(s) from **31-Aug-2018** to **03-Sep-2018** inclusive

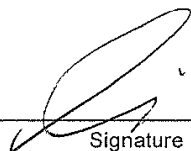
The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **31-Aug-2018 21:46** to **31-Aug-2018 23:47**

31-Aug-2018
Date
A member of the NUHS

ERVIN SETHI (63897H)
Issued by

A&E
Location


Signature

Accident Photo



Accident Photo



Accident Photo



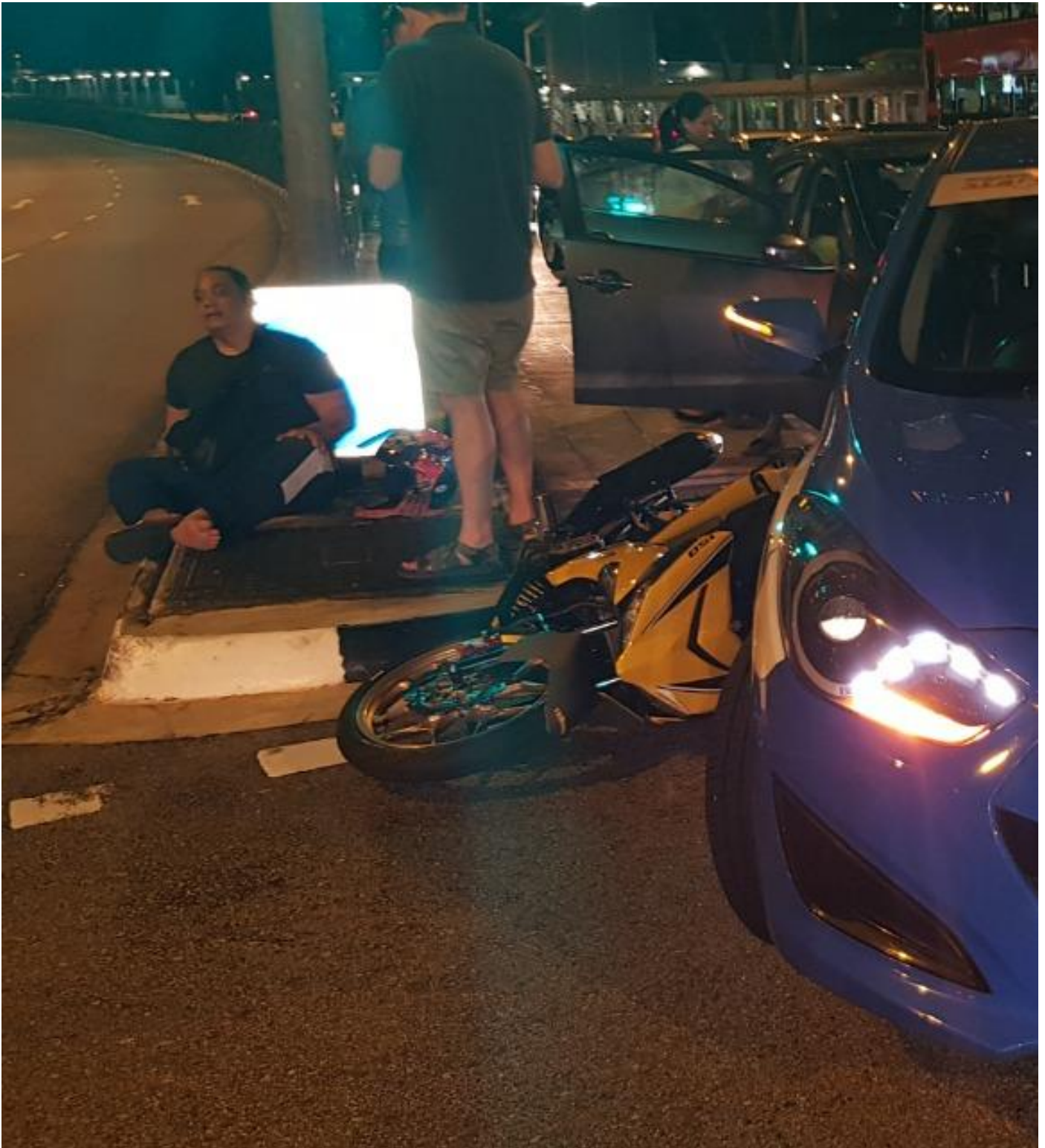
Accident Photo



Accident Photo



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