

## 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 liability.
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	20/10/2018 18:54
Date Of Accident	20/10/2018 04:15
Exact Location Of Accident	YISHUN RING ROAD TOWARDS YISHUN AVE 4
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9644H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ADY SURIADDY BIN ROSMAN
NRIC No	S9624173I
Email Address	ADYSURIADDYROSMAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88238442
Alternative Phone No	OTHERS-88238442

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	VMO/P2134550
Cover Note Number	

### Driver

Name of Driver	ADY SURIADDY BIN ROSMAN
NRIC No	S9624173I
Date Of Birth	14/07/1996
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88238442
Fax Number	
Contact Number	OTHERS-88238442
Email Address	ADYSURIADDYROSMAN@GMAIL.COM

Address	BLK 431C YISHUN AVENUE 1 #07-579
Postcode	763431
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	SIDE SWIPE
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA647J
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ONG HOCK CHUAN
NRIC/Passport Number	S7107003D
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	ADY SURIADDY BIN ROSMAN
Approximate Age	

Injuries Sustain

Injured person in which vehicle?

FBE9644H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

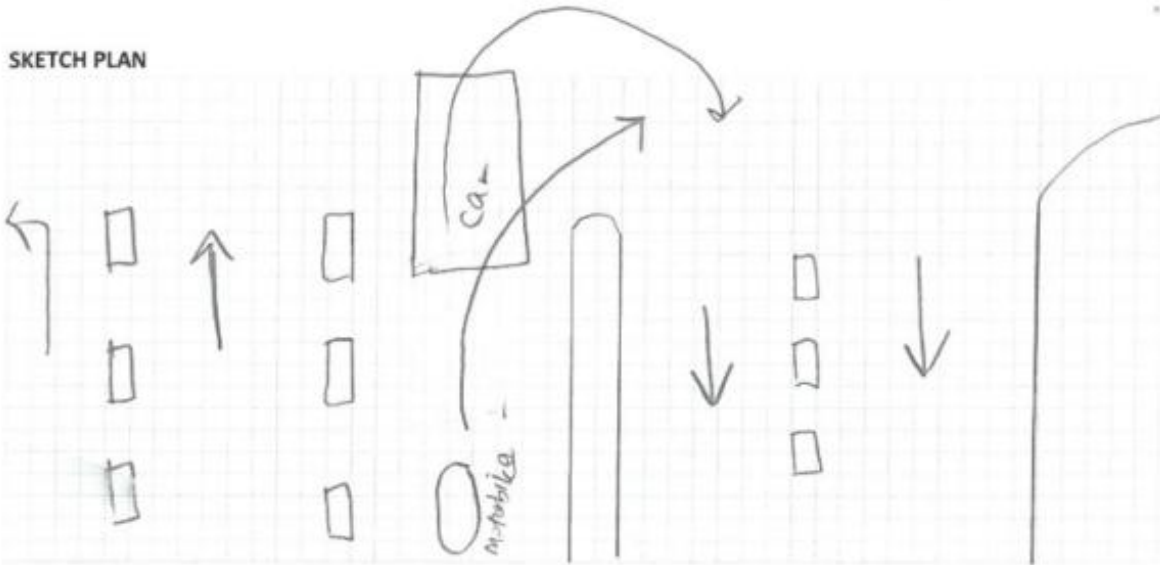
Address

BLK 431C YISHUAN AVENUE 1 #07-579 S(763431

Postcode

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

riding behind taxi.  
 was going to turn right.  
 taxi didn't signal and was going straight.  
~~I was~~ taxi was over stop line and I wanted to turn right.  
 taxi jam his brakes and made a little turn when I was turning right.  
 As the front of my bike collided ~~with~~ with the right side driver door.  
 I fell off my bike.  
~~Driver~~ Driver made a return to stop by the roadside attempting to clear evidence  
 and told me to move my bike.  
 Driver came out of taxi to say he was NOT going to make a return but  
 that was a right turn / a turn ~~to the~~ lane.  
 Exchanged particulars and took photos.  
 Driver went off. I went to KTHP hospital and received 3 days MC.  
 I was assisted by a friend who drives a car.

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 2/11/2018

6:30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Individual Statement

<input checked="" type="checkbox"/> Owner
<input checked="" type="checkbox"/> Driver

## ACCIDENT STATEMENT

Date of Accident <b>20/10/2018</b>	Time <b>4:15 AM</b>	Location of Accident <b>Wisteria Mall 'X' Junction, Yishun Yishun Ring Road towards Yishun Ave 4</b>
INSURED/ POLICY HOLDER (VEHICLE A) Vehicle Registration Number <b>FB9644H</b> Name of Policyholder <b>Ady Suriaddy Bin Rosman</b> NRIC/ FIN/ Passport/ ROC (if Policyholder is company) <b>896241731</b> Address <b>Yishun Ave 1 Block 431C #07-579</b> Contact Number <b>Tel: 88238442 Hp: 977-579</b> Occupation <b>Delivery Rider</b>		
VEHICLE PARTICULARS (VEHICLE A) Vehicle Make / Model <b>Yamaha RX7 135</b> Type of Vehicle <b>Saloon, MPV, CRV, Van, Lorry, Bus, Motorcycle</b> Exact Purpose for which vehicle was being used <b>Riding home</b> Are you claiming under your own insurance policy? <input type="radio"/> Yes <input checked="" type="radio"/> No Vehicle category <input type="radio"/> Private <input type="radio"/> Commercial <input checked="" type="radio"/> Motorcycle		Remarks <b>Report-y</b>
INSURANCE COMPANY (VEHICLE A) Name of Insurance Company <b>AXA</b> Type of Policy <input type="radio"/> Comprehensive <input type="radio"/> TP Fire & Theft <input checked="" type="radio"/> Third party Fleet Policy <input type="radio"/> Yes <input checked="" type="radio"/> No Policy Number <b>VMD/P2134550</b>		
DRIVER Name of Driver <b>Ady Suriaddy Bin Rosman</b> NRIC/ FIN/ Passport <b>896241731</b> Date of Birth <b>12/7/1996</b> Occupation <b>Delivery Rider</b> Driving Pass Date <b>28-25/02/2016</b> Gender <input checked="" type="radio"/> Male <input type="radio"/> Female Contact Number <b>Tel: 88238442 Hp: 977-579</b> Address <b>Yishun Avenue 1, 431C, #07-579</b> Email Address <b>ady.suriaddyrosman@gmail.com</b> Was driver an employee of the Insured's Company? <input type="radio"/> Yes <input checked="" type="radio"/> No If No, relationship of Driver with the Insured <b>My own vehicle</b> Vehicle Number of Driver's Own Vehicle (if applicable) <b>FB9644H</b> Insurance of Driver's Own Vehicle (if applicable) <b>AXA</b>		
GENERAL INFORMATION OF THE ACCIDENT Type of Collision (E.g. Chain Collision/ Head-On, etc) <b>Head-on to side of taxi</b> Weather Conditions <input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others Road Surface <input type="radio"/> Wet <input checked="" type="radio"/> Dry <input type="radio"/> Others Damage Area <b>Front of bike</b>		
OTHER INFORMATION Was there any foreign vehicle(s) involved? <input checked="" type="radio"/> No <input type="radio"/> Yes Was anybody injured in the accident? (including Witness) <input type="radio"/> No <input checked="" type="radio"/> Yes Was any other vehicle(s) or property damaged? <input type="radio"/> No <input checked="" type="radio"/> Yes Was there any camera video footage (in car)? <input checked="" type="radio"/> No <input type="radio"/> Yes		
DETAILS OF POLICE ACTION Was the accident reported to the Police? <input type="radio"/> No <input checked="" type="radio"/> Yes If Yes, please state which police station & Report No. <b>Nee Soon South Police Station</b> Was notice of intended Prosecution given? <input checked="" type="radio"/> No <input type="radio"/> Yes If Yes, against whom?		

adysuriaddyrosman@gmail.com

## Individual Statement

OWN VEHICLE REGISTRATION NUMBER

FSE 9644H

### DETAILS OF OTHER VEHICLES OR PROPERTY DAMAGED

#### Other Vehicle or Property 1 (VEHICLE B)

Vehicle Registration Number

SHA 6475

Vehicle Make/ Model/ Colour

Hyundai i40 / yellow taxi

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Right side driver door

Name of Driver

NRIC/ FIN/ Passport

ENG hock chuan

Contact Number / Email Address

~~571070030~~ 571070030

Address

Name of Insurance Company

#### Other Vehicle or Property 2

Vehicle Registration Number

Vehicle Make/ Model/ Colour

Details of Properties (if Other Party is not a Vehicle)

Damage Area

Name of Driver

NRIC/ FIN/ Passport

Contact Number / Email Address

Address

Name of Insurance Company

### DETAILS OF WITNESS

Name

Phone / Email Address

Address

NRIC/ FIN/ Passport

### DETAILS OF INJURED PERSON 1

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to hospital by ambulance?

Atty Sunaddy Bin Easman

SP024123E

Yuan Avenue 1, 4310, #07-57A

22

knee and shin. Shoulders and chest in pain. headache

motorcycle rider

☐ Yes ☐ No  
☐ Yes ☒ No

### DETAILS OF INJURED PERSON 2

Name

NRIC/ FIN/ Passport

Address

Approximate Age

Injuries Sustained

If Vehicle Occupants, state in which vehicle?

Were Seat Belts Worn?

Was Injured conveyed to Hospital by Ambulance?

☐ Yes ☐ No  
☐ Yes ☐ No

### Declaration

I/We declare that the above particulars & information provided above are true in every aspect.

Signature of Policy Holder  
(Company Chop if applicable)

Date & Time 20/10/2018

Signature of Driver / Date & Time  
(If Driver is not the Policy Holder)

Date & Time



## Individual Statement

### SKETCH PLAN


#### IMPORTANT NOTICE

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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 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: 20/10/2018

6.30 pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Individual Statement



redefining insurance

Date: 20/10/2018

To: Owner of Vehicle Number: FBE9644H

The following has been advised to you via your workshop, BH Auto through their staff, Tapin

Please tick the applicable box if you had been advised 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 Third Party claim

Signed and acknowledged by

Name and signature of policyholder/authorised driver

Name and signature of workshop personnel including company stamp



# IDENTITY CARD & DRIVING LICENCE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S9624173I**

Name: **ADY SURIADDY BIN ROSMAN**

Birth Date: **14 Jul 1996**

Issue Date: **25 Feb 2016**

002541315F




REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9624173I**

Name: **ADY SURIADDY BIN ROSMAN**



Race: **JAVANESE**

Date of birth: **14-07-1996**

Country of birth: **SINGAPORE**

Sex: **M**

S9624173I

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 7B: Motorcycles - 200 CC	25 Feb 2016
Class 1A: Motorcycles between 201 CC and 400 CC	14 Aug 2011

S / No: 9000283306

S9624173I

NP 428A

Licence No: S9624173I



4771478

NRIC No: **S9624173I**

Date of issue: **13-09-2011**

APT BLK 431C YISHUN AVENUE 1 #07-579

SINGAPORE 763431

NRIC No: **S9624173I**

Date: **26/10/2014**




# CERTIFICATE OF INSURANCE

ASP 801

**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

As 2016-13773

■ 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/P2134550 Account No. : 03375  
Coverage : Third Party Only  
Sum Insured : NIL  
Name of Policy Holder : ADY SURIADY BIN ROSMAN  
Vehicle Registration No. : FBE9644H  
Period of Insurance : From 29/05/2018 To 28/05/2019 (Both Dates Inclusive)

### PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\*

- (a) The Policyholder  
(b) 1. ADY SURIADY BIN ROSMAN

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:

- Use for hire and reward
- Use for racing, pace-making, reliability trial or speed-testing
- Use for the carriage of goods (other than samples) in connection with any trade or business
- Use for any purpose in connection with the Motor Trade

(11)

\* 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**

*[Signature]*  
Authorized Signature

Issued by - SGRAN03 on 21/06/2018

### 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.

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





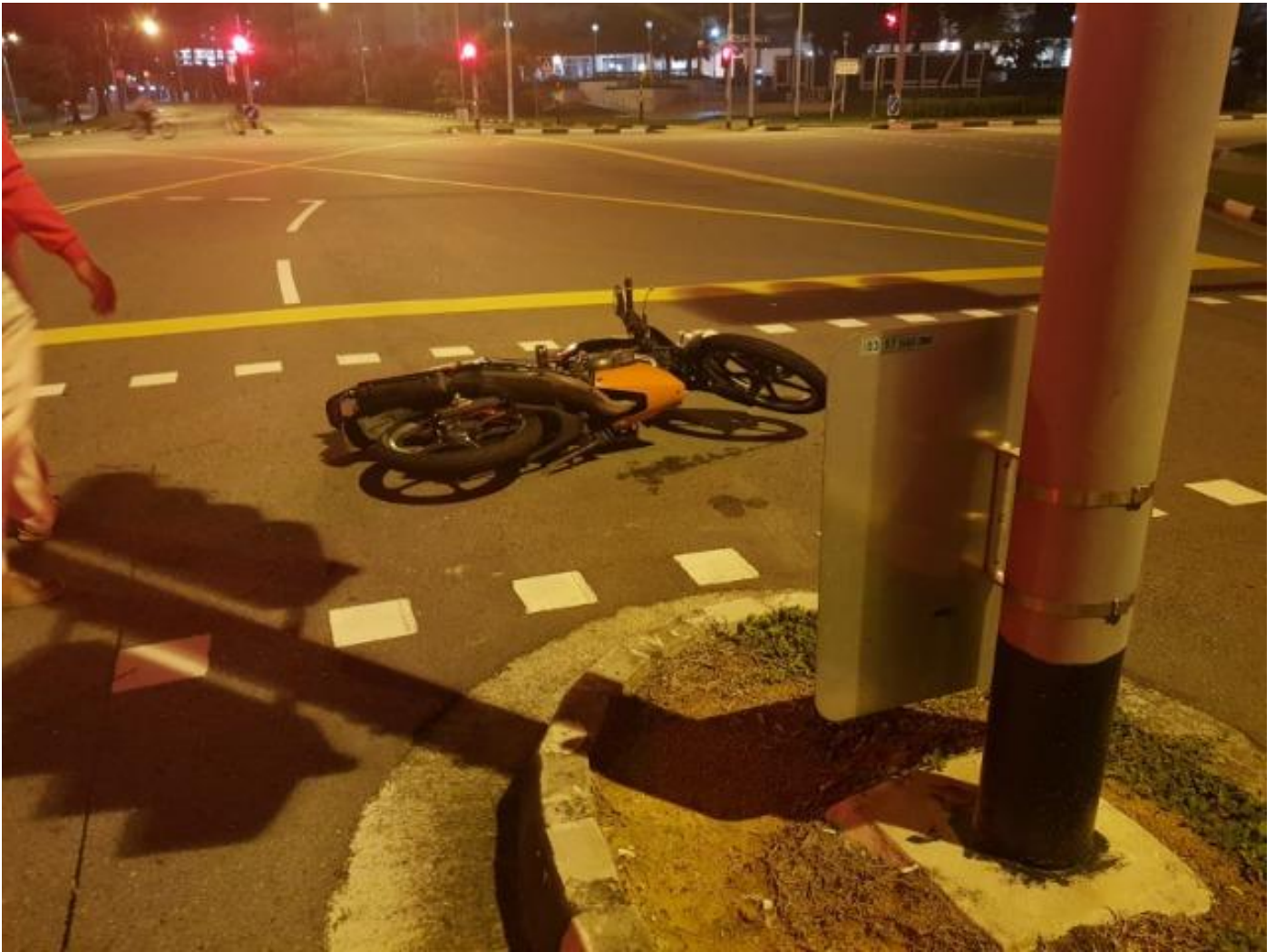
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Accident Photo



Accident Photo





Accident Photo



Accident Photo

