

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	11/12/2018 12:24
Date Of Accident	09/12/2018 18:50
Exact Location Of Accident	ALONG PASIR PANJANG DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJZ5876B
Insured/Policyholder	
Name Of Registered Owner	LOW JIA JUN
NRIC No	S8920361I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98225023
Alternative Phone No	OFFICE-98225023

Vehicle Particulars

Manufacturer	TOYOTA
Model	MR-S-1.8 (M)
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	GA425129/1
Cover Note Number	07/12/2018-17/03/2020

Driver

Name of Driver	LOW JIA JUN
NRIC No	S8920361I
Date Of Birth	23/06/1989
Occupation	INDOOR
Date Of Driving Pass	05/12/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98225023
Fax Number	
Contact Number	OFFICE-98225023
Email Address	NOEMAIL

Address	BLK 759 YISHUN ST 72 12-306
Postcode	760759
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	COLLIDED INTO MOTORCYCLIST
Weather Conditions	RAINING
Road Surface	WET

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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO THE SKETCH PLAN

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	FN6130Z
Vehicle Make/Model/Colour	B
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	MUHAMMAD FIRDAUS BIN AZMI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FN6130Z
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	SJZ5876B
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SJZ5876B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	


SKETCH PLAN


IMPORTANT NOTICE

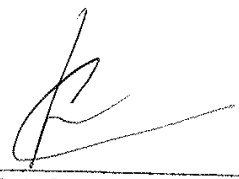
1. Please report correctly the details of the accident to speed up the claims process.
 2. This form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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. 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.
- B. 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.

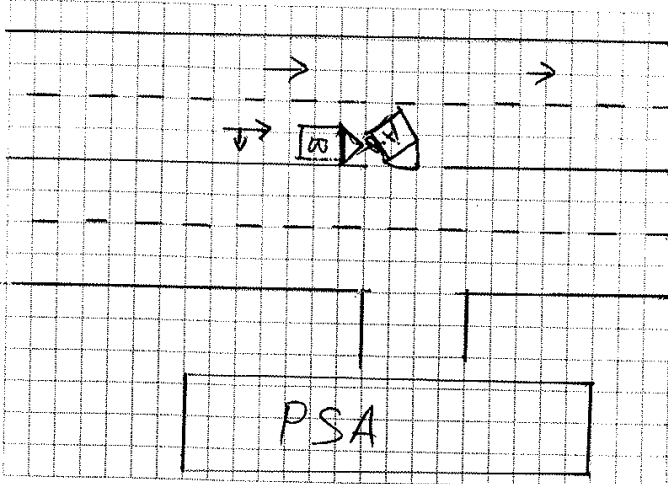

Policyholder's Signature
Date & Time: 11/12/18


Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/12/18


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

Sketch Plan Pg. 2

SKETCH PLAN



A - SJ2 5876B

B - FN 6130Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.

- Reporting Only

- Claim OD

- Claim TP



- ~~Claim OD/ TP at other workshop~~

DECLARATION

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

Policyholder's signature

Date & Time 11/12/18

Driver's Signature

(if driver not the policyholder)

Date & Time 11/12/18

Reporting Centre Personnel's Signature

Name: Kenneth

Nric/Fin No.

Gold Autoworks Pte Ltd



**SINGAPORE
POLICE FORCE**



T/20181210/2132

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

1 of 3

Report No. T/20181210/2132

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2018 18:36		Vide Report No.: D/20181209/0118		Station Diary No.: 64	
Informant's Particulars					
Name of Informant: LOW JIA JUN			Address: APT BLK 759 YISHUN STREET 72 #12-306 SINGAPORE 760759		
ID Type / ID No.: NRIC NO / S89203611			Contact No.: Home/Office: Mobile: 98225023		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 23/06/1989	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: SENIOR OPERATION SUPERVISOR			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/12/2018 18:50	Type of Location: Straight Road
Location: Along Road 1 PASIR PANJANG DRIVE				
Along Pasir Panjang drive turning in to carpark in front Pasir Panjang terminal building 3				
Weather: Heavy rain		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FN6130Z	Motorcycle	HONDA	CB400	Blue	Slightly Damaged	0
SJZ5876B	Car	TOYOTA	MRS 1.8 V- EDITION M	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SJZ5876B	AXA INSURANCE SINGAPORE PTE LTD	GA425129	07/12/2018	17/03/2020



**SINGAPORE
POLICE FORCE**



T/20181210/2132

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 3

Report No. T/20181210/2132

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LOW JIA JUN	ID No.	S89203611
Related Vehicle	SJZ5876B (Car)	Contact No.	98225023
Hospital/Clinic	INTEMEDICAL 24 HR CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	10/12/2018	Date Discharge	10/12/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD FIRDAUS BIN AZMI	ID No.	NIL
Related Vehicle	NIL	Contact No.	88087846
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 9/12/18 at about 1850hrs, I was driving along Pasir Panjang Drive right turning into a carpark in front of Pasir Panjang Terminal Building 3. As it was heavy rain, I checked my opposite direction and it was clear for me to proceed forward. I then continue make my right turn, suddenly a motorcycle collided into the right side of my driver door.

I stopped my car immediately and exited my vehicle to help the said motorcycle rider to the nearest shelter before shifting my car into the said carpark. I then asked my colleague who happen to pass by the area to call for the ambulance and subsequently the rider was then conveyed by the ambulance. After the rider was send off by the ambulance, traffic police gave me a call to request me to go back to the accident area. I then met up with the traffic police and was given a case card which require me to lodge a traffic accident report. The collision caused my vehicle damage on the right side skirt, side mirror, rear fender and right door. The collision also caused the motorcycle suspension to be damaged. On 10/12/18, I woke up and felt pain on my neck and shoulder so therefore I then went to seek for medical assistance. I was then given 3 days of MC from 10/12/2018 to 12/12/2018.



**SINGAPORE
POLICE FORCE**



T/20181210/2132

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

3 of 3

Report No. T/20181210/2132

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: L / Sgt 2 TAN WEI MING	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 10/12/2018 18:36
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.: Authentication Stamp NP168	Signature: Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S89203611



Name
LOW JIA JUN

劉家駿

Race
CHINESE

Date of birth
23-06-1989

Sex
M

Country of birth
SINGAPORE

589203611

REPUBLIC OF SINGAPORE DRIVING LICENCE



203611
JUN

Date: 23 Jun 1989
Date: 05 Dec 2015

002500096A

SG 50

4852962



NRIC No. S89203611



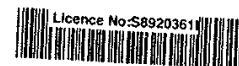
Date of issue
07-03-2013

Address
APT BLK 759 YISHUN STREET 72
#12-306
SINGAPORE 760759

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

	EFFECTIVE DATE
Class 3 Motor cars with unladen weight \leq 3000kg with \leq 7 passengers, exclusive of driver; and other motor vehicles with unladen weight \leq 2500kg	05 Dec 2015

NP 428A



Sketch Plan Pg. 7



redefining / insurance

Date: 11/12/18

To: Owner of Vehicle Number: SJ258768

The following has been advised to you via your workshop, Kenneth through their staff, Kenneth



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:

Low Jia Jun

Name and signature of policyholder/authorised driver



Name and signature of workshop personnel including company stamp
Kenneth



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

Certificate of Insurance

account number
 17120

-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)

Policy details

Policyholder name	LOW JIA JUN	Certificate number	GA425129 / 1
Cover	Third Party Only	Chassis number	ZZW300078681
Plan name	Third Party	Engine number	1ZZ2932553
NCD applicable	0%		
Vehicle registration number	SJZ5876B		
Period of Insurance	from 07/12/2018 to 17/03/2020 (both dates inclusive)		
Finance loan company	Nil		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's order or with their permission

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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signature

Important note

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, endorsement etc.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

