

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	29/03/2019 11:44
Date Of Accident	28/03/2019 14:00
Exact Location Of Accident	JUNCTION OF GHIM MOH RD & COMMONWEALTH AVE WEST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE9869B
Insured/Policyholder	
Name Of Registered Owner	ABDUL MUNI'M BIN REDZWAN
NRIC No	S7938984F
Email Address	ABDULMUNIM79@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98569136
Alternative Phone No	HOME-98569136

Vehicle Particulars

Manufacturer	DAELIM
Model	B BONE 125 AUTO
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	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	P2239949
Cover Note Number	

Driver

Name of Driver	ABDUL MUNI'M BIN REDZWAN
NRIC No	S7938984F
Date Of Birth	14/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	21/07/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98569136
Fax Number	
Contact Number	HOME-98569136
EEmail Address	ABDULMUNIM79@GMAIL.COM

Address	BLK 202 BOON LAY DRIVE #12-31 SINGAPORE 640202
Postcode	
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
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

REFER TO 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	SBN2882K
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM JIT SENG
NRIC/Passport Number	S0146827H
Contact Number	96832388
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

AXA INSURANCE PTE LTD
8 Shenton Way, #24-01
AXA Tower, Singapore 068811
Customer Centre #01-21
Tel: 1800 8804888 Fax:-
Website: www.axa.com.sg
GST Registration Number: 199903512M
customer.care@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/P2239949 Account No. : 03375
Coverage : Third Party Only
Sum Insured : NIL
Name of Policy Holder : ABDUL MUNI'M BIN REDZWAN
Vehicle Registration No. : FBE9869B
Period of Insurance : From 10/12/2018 To 09/12/2019 (Both Dates Inclusive)

PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE*

- (a) The Policyholder
(b) 1. ABDUL MUNI'M BIN REDZWAN

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:

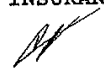
- Use for hire and reward
- Use for racing, pace-making, reliability trial or speed-testing
- Use for the carriage of goods (other than samples) in connection with any trade or business
- Use for any purpose in connection with the Motor Trade

(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


Authorized Signature

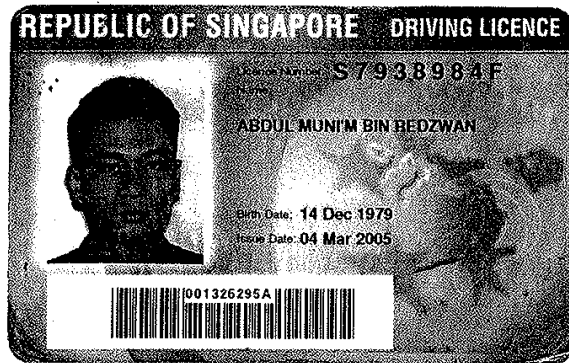
Issued by - SGRAN04 on 28/02/2019

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.

中国私人有限公司
HOONG KOK AGENCY PTE LTD
NO. 1, 1ST FLOOR, 100-1
SHEN JI LANE, SINGAPORE 417852
TEL: 67344444 FAX: 67344444



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7938984F



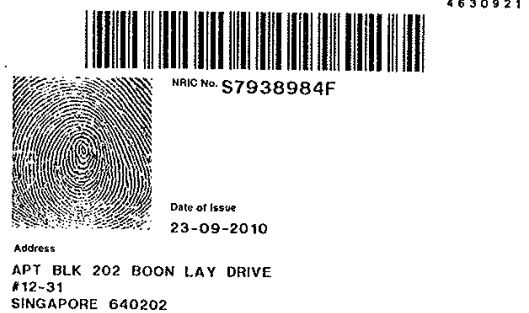
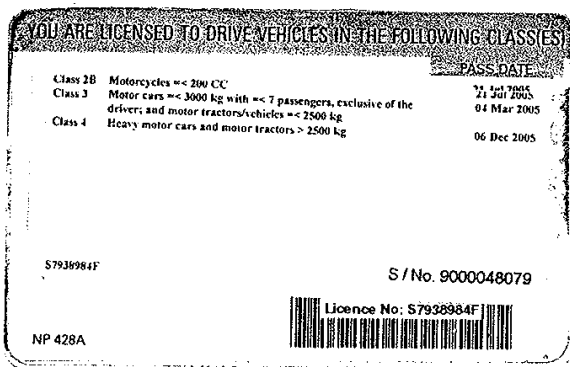
Name
ABDUL MUNI'M BIN REDZWAN

عبدال منعم بن رضوان

Race
MALAY

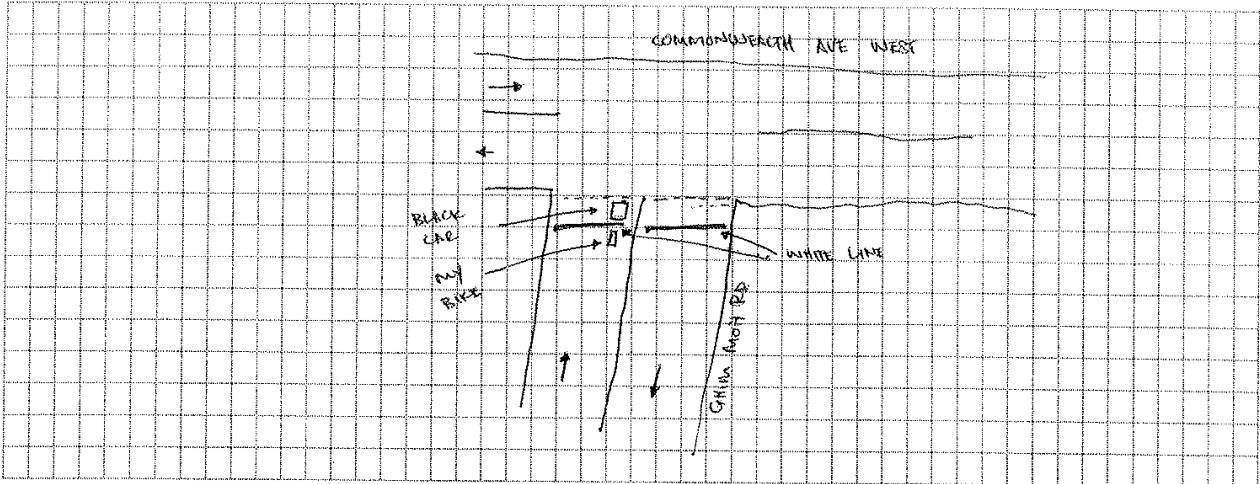
Date of birth Sex
14-12-1979 M **S7938984F**

Country of birth
SINGAPORE



Sketch Plan Pg. 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 28TH MARCH 2019 AT 1400 HRS, I WAS RIDING ALONG GHIM MOH RD WITH GOOD WEATHER, CLEAR TRAFFIC AND GOOD ROAD CONDITION. THERE WAS ONLY 1 BLACK CAR AHEAD OF ME AT THAT TIME. I WAS RIDING AT AROUND 50KM/HR AT THAT TIME.

AS I WAS APPROACHING COMMONWEALTH AVE WEST JUNCTION, I NOTICED THAT TRAFFIC LIGHT IS STILL GREEN. WHEN THE CAR AHEAD WAS PASSING THE WHITE LINE, ~~THE LIGHT JUST CHANGED TO AMBER~~ THE LIGHT JUST CHANGED TO AMBER. REALISING THAT THE CAR AHEAD WAS PASSING THE WHITE LINE, AND I'M ALSO QUITE NEAR, I QUICKLY CHECKED BLIND SPOT AND THROTTLE UP.

WITHIN THAT SPLIT SECOND, WHEN I TURNED BACK, I REALISED THE CAR AHEAD HAD ACTUALLY STOPPED AFTER THE WHITE LINE. I QUICKLY RELEASED THROTTLE & BRAKE BUT COULD NOT PREVENT THE ACCIDENT.

* PLS TAKE NOTE THAT THE CAR BUMPER HAS ALREADY BEEN NOTICED TO BE DAMAGED BEFOREHAND.

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.

RP
29/3/19 1130 HRS

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time

[Signature]
Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

SKETCH PLAN


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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: 29/3/19 1130 HRS

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


Reporting Centre Personnel's Signature
Name:
ARIC/IR No.:

> Back to OneMotoring

Enquire Transfer Fee

Vehicle Details

Vehicle No.:	FBE9869B
Vehicle Type:	P01 - Passenger Scooter
Vehicle Attachment 1:	No Attachment
Vehicle Scheme:	Normal
Vehicle Make:	DAELIM
Vehicle Model:	B-BONE 125 AUTO
Chassis No.:	KMYSA8BLSAC000594
Propellant:	Petrol
Engine No.:	SN125E3000482
Engine Capacity:	125 cc
Maximum Power Output:	-
Maximum Laden Weight:	300 kg
Unladen Weight:	130 kg
Year Of Manufacture:	2010
Original Registration Date:	08 Dec 2010
Lifespan Expiry Date:	-
COE Category:	D - Motorcycle
Quota Premium:	\$1,502.00
COE Expiry Date:	07 Dec 2020
Road Tax Expiry Date:	07 Dec 2019
Inspection Due Date:	07 Dec 2019
Intended Transfer Date:	29 Mar 2019
CO2 Emission:	-
CO Emission:	-
HC Emission:	-
NOx Emission:	-
PM Emission:	-

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Transfer Fee:	25.00	-	25.00
Total Amount Payable:			25.00

You may print this page for reference.

OK

Print

Accident Photo



Accident Photo



Accident Photo



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REPORTING MILEAGE



Accident Photo



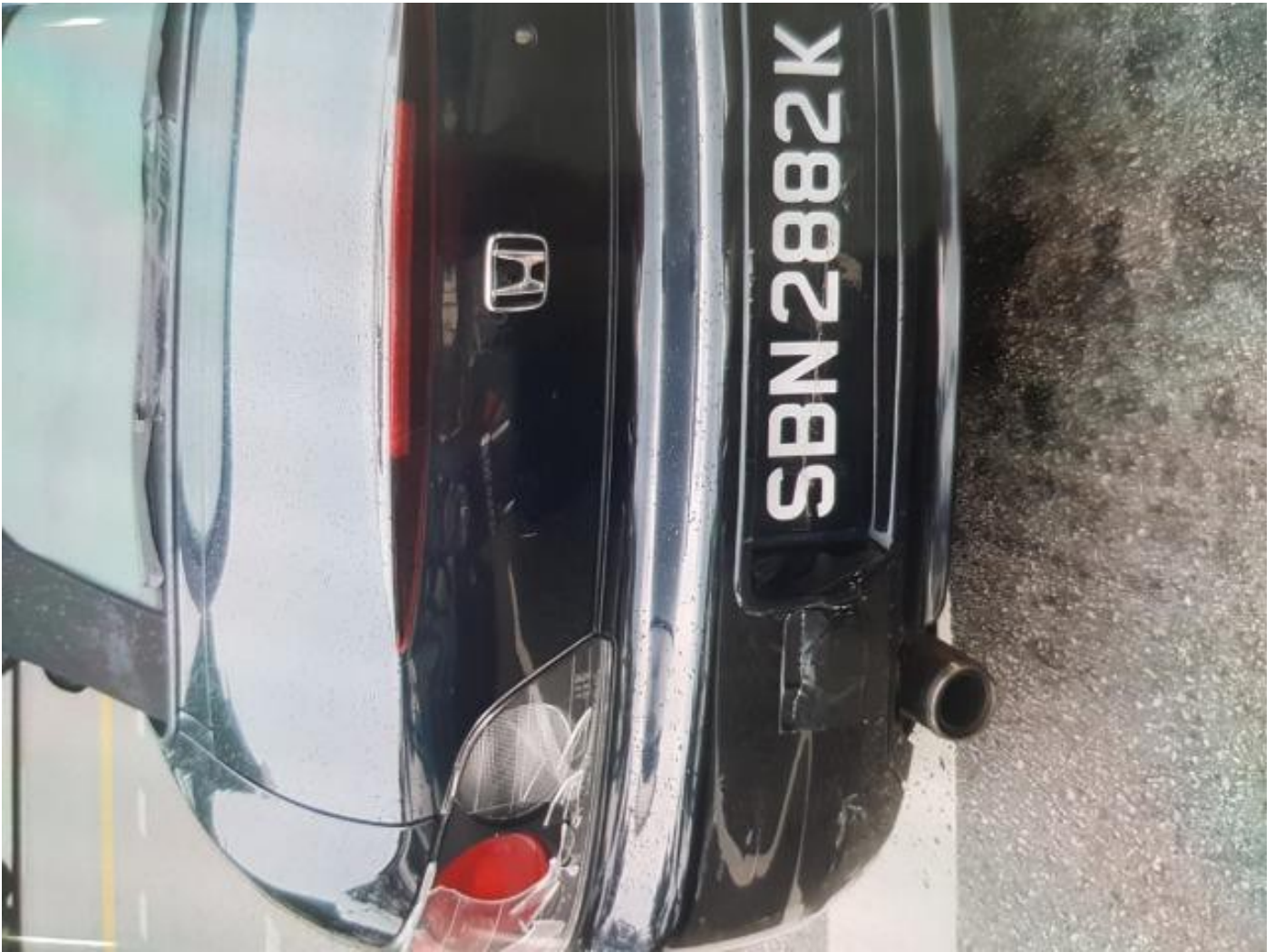
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