SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report <u>correctly</u> 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 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	29/04/2019 11:56
Date Of Accident	28/04/2019 13:05
Exact Location Of Accident	CROSS JUNCTION OF BOON LAY WAY & JURONG EAST CTR
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBF5816A
Insured/Policyholder	
Name Of Registered Owner	CHAN SI-JIE
NRIC No	S8800817J
Email Address	DR3AMY88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94592999
Alternative Phone No	HOME-94592999
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3172419
Cover Note Number	
Driver	
Name of Driver	CHAN SI-JIE
NRIC No	S8800817J

09/01/1988

OUTDOOR

10/01/2008

Driving Experience 11 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94592999

Fax Number

Date Of Birth

Occupation

Date Of Driving Pass

Contact Number HOME-94592999

EMail Address DR3AMY88@GMAIL.COM

288C JURONG EAST STREET 21 #02-402 SINGAPORE 603288 Address

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 1

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE

ROAD: NO. 92 BOON LAY WAY, POSTCODE: 609962, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT/ 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 SLN2119M Vehicle Make/Model/Colour

Details Of Properties

MAZDA

Vehicle Category PRIVATE CAR Name of Driver FU FULL YONG

S7034561G NRIC/Passport Number Contact Number 82843650

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 Service Centre #B1-01 Tel: 6338 7288 Fax: 6338 2522 Website: www.axa.com.sg GST Registration Number: 199903512M



Original A/c No: 03375 Policy No (if any): **New Business** SmartDrive Quote Ref:

MOTOR COVER NOTE

No. AN3172419 ()

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) Republic of Singapore; or
- The Road Transport Act 1987 of Malaysia; or
 The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
 The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

NR-SOON CHENG KIAT DERICK (SONG CHENGIJE DERICK)

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD	
INSURED	CHAN SI-JIE (CHEN SIJIE)	
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA T135	
VEHICLE REGISTRATION NO.	FBF5816A	
YEAR OF MANUFACTURE	2011	
ENGINE NO.	5YP013090	***************************************
CHASSIS NO.	5YP013090	
ENGINE CAPACITY/TONNAGE	135	
COVER TYPE	THIRD PARTY, FIRE & THEFT	
HIRE PURCHASE	SPEEDWAY MOTOR PTE LTD	
VALUE (S\$)	MARKET VALUE	
PERIOD OF INSURANCE	FROM: 16-Feb-2019 TO: 15-Feb-2020	
EXCESS (S\$)	300	
AXA PREMIUM WORKSHOP?	No	

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1897 (MALAYSIA).

With effect from 28/2/19, extend coverage to include food delivery.

Geographical Area - restricted to Singapore only. All claims excess - \$300

Issued by ANDA INSURANCE AGENCIES PL on 16-Feb-2019 11:11:14 AM AXA INSURANCE PTE LTD

Authorised Signature

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company.

- Premium for time on risk will be charged subject to minimum \$\$53.50 (inclusive of GST)

if the policy is cancelled after the inception date.

- An administrative fee of \$26.75 (inclusive of GST) will be charged.

- Cover note issued and cancelled before inception.

- Retaining the old registration number for a new vehicle insuring with AXA
PREMIUM WARRANTY

- REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8800817J



CHAN SI-JIE

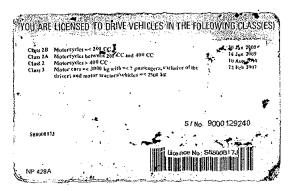
(CHEN SIJIE) 陳思傑 Race CHINESE

Date of birth 09~61~1988 Country/Place of birth SINGAPORE

08800817J











Report No. D/20190428/2022

POLICE REPORT (NP299)

Police Station Of Origin Jurong East N.P.C 92 Boon Lay Way SINGAPORE 609962 Tel No: 1800-8999999

Date/Time Report Made 28/04/2019 14:09	Vide Report No.		Station Diary No.			
Name Of Informant	Address			47		
CHAN SI-JIE	APT BLK 288C JURONG EAST STREET 21 #02-402					
	SINGAPORE 603288					
ID Type / ID No.	Contact	No.		······································		
NRIC NO / S8800817J	Home/O	ffice	Mobile	Mobile		
			94592999			
Nationality SINGAPORE CITIZEN	Email Address					
Occupation	Sex	Age	Date of Birth	Race		
FOOD PANDA DELIVERY RIDER	Male	31	09/01/1988	Chinese		
Institution/School Name	Language					
Date/Time Of Incident 28/04/2019 13:05		Location Of Incident JURONG EAST CENTRAL SINGAPORE				
Brief details	Cross Junction of Boon Lay Way and Jurong East Central					

Brief details.

On the above mentioned date, time and location, I was riding my motorbike bearing license plate number FBF5816A and I was travelling from Bukit Batok Road towards JEM Shopping Mall. At the cross junction of Boon Lay Way and Jurong East Central, I had wanted to take the filter lane towards TradeHub 21. There was a one vehicle bearing license plate number SLN2119M who was in front of me. When I took the filter lane, I believed that he was going to proceed as there was enough time for him to do so. I then proceeded to check my blind spot and the moment when I faced the front again I collided into the said

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sgt 2 ISABELLA THEN LI LING	J. We
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2019 14:09
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp JELENE ONG WEE SUAN Contact No.:	Classification Of Case:
Authentication Stamp	





2 of (

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190428/2022

vehicle in front of me. As a result, the front fork of my motorbike went out of placement. The other vehicle's right bumper sustained a dent. I wish to inform that nobody sustained any injury from the accident.

I then exchanged particulars with the driver, and the particulars of the driver is as follow - Fu Full Yong S7034561G B/440 Fajar Road #16-450 H/P: 82843650

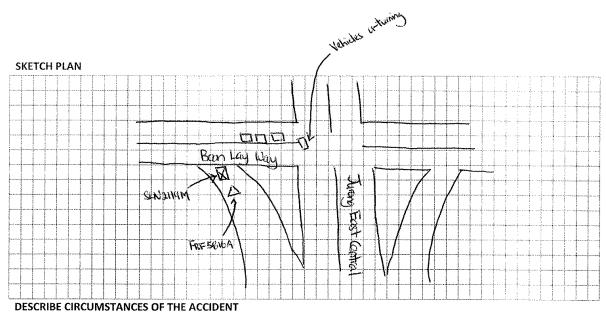
We both agreed to make a report claim with our insurance company. I am lodging this report for record purposes.

Others			Commence of the Commence of th
Person Name	Fu Full Yong		
ID Type	NRIC NO	ID No	S7034561G
Gender	Male	Age	49
Address	440 Fajar Road #16-450 SINGAPORE	Mobile No	82843650

Signature Of Officer Recording The Report:	Signature Of Informant:
D / Sgt 2 ISABELLA THEN LI LING	96 Y
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2019 14:09
Officer In-Charge Of Case: D / Clementi Police Divisional Investigation Branch / Insp JELENE ONG WEE SUAN Contact No.:	Classification Of Case:
Authentication Stamp	

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Sketch Plan Pg. 5



* Refer to the Police Report.		
that the		
As I was proceeding my way in the falter lane, I noticed the fay traffi	light had	twared Red and vehicles on the major
roud could proceed to do their uturn. However at that manual as the	traffic light	had only just two-ell Real, cars have not
mared to do the uturn. The vehicle infant of rec. Sin 2119M had st	inted making	with interior to exit the fitter time. I
then preceded accordingly and checked the traffic and blind spot on me	Nght. As 1	turned back my lead the collision
occured. There was more than sufficient they and space for the said we	hide to pre	eed and I believe that he had stopped
for no appropriat apparent reason which caused me to called to his re	ar mant 1 u	was traveling distributed star good of
that very mandet.	<u> </u>	U I
2		

<u>Important:</u>	√	- Reporting Only
You have been advised by the workshop that in the event that you wish to		- Claim OD
claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame		- Claim TP
from the day of the occurrence.		- Claim OD/ TP at other workshop
L		

DECLARATION

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

Policyholder's signature Date & Time

Driver's Signature

(if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature Name:

Nric/Fin No.

Sketch Plan Pg. 6

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.
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- 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.
- 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 daims (including the mailing of correspondence, statements, involces, 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 G&A 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.

Mile 294/19 11:41 hrs. Policy notices 5 Signature

Date & Time:

Oriver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personner's Signature

- University

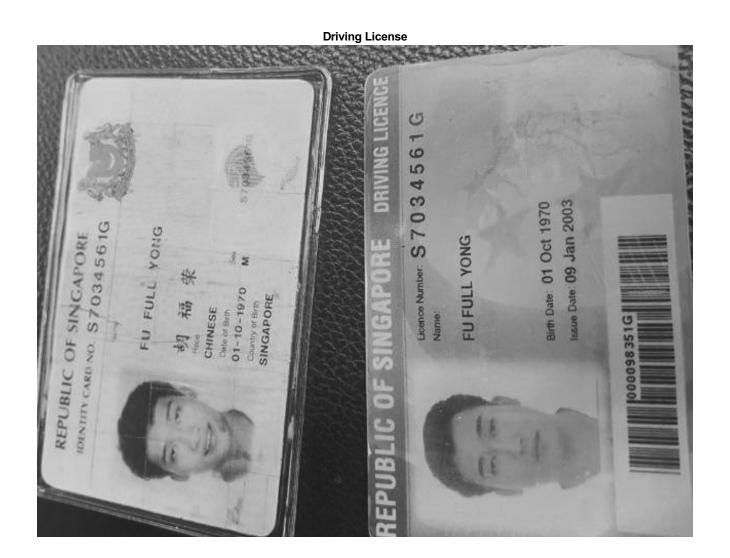
Transfer Fee Enquiry Page 1 of 1

> Back to OneMotoring

quire Transfer Fee Vehicle Details					
Vehicle Details Vehicle No.:	FBF5816A				
Vehicle Type:	P00 - Passenger Motoro	cycle/Autocycle/Moped			
Vehicle Attachment 1:	No Attachment	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
Vehicle Scheme:	Normal				
Vehicle Make:	YAMAHA				
Vehicle Make :	T135				
	5YP013090				
Chassis No.:					
Propellant:	Petrol				
Engine No.:	5YP013090				
Engine Capacity:	135 cc				
Maximum Power Output:	*************				
Maximum Laden Weight:	-				
Unladen Weight:	101 kg				
Year Of Manufacture :	2011				
Original Registration Date:	05 Sep 2011				
Lifespan Expiry Date :	-				
COE Category:	D - Motorcycle				
Quota Premium :	\$2,012.00				
COE Expiry Date:	04 Sep 2021				
Road Tax Expiry Date :	04 Sep 2019				
Inspection Due Date:	04 Sep 2019				
Intended Transfer Date:	30 Apr 2019				
CO2 Emission:	-				
CO Emission :	-				
HC Emission :		grammaras and an order of the control of the			
NOx Emission:	· · · · · · · · · · · · · · · · · · ·				
PM Emission:					
Late renewal fee(s) will be impos	sed if road tax / lav up has exp	ired. Please use Enquire Road	Tax Payable for fee	(s) payable.	
Road tax, including Over Payme Amount Payable	nt (if any), of a vehicle will foll	ow the vehicle to the new regi	stered owner when i	ts ownership is l	peing transferred.
	Amount Bet	fore GST	GST Amount		Amount After GST
		(S\$)	(5\$)		(5\$)
Transfer Fee:		25.00	<u>-</u>		25.00
Total Amount Payable:					25.00

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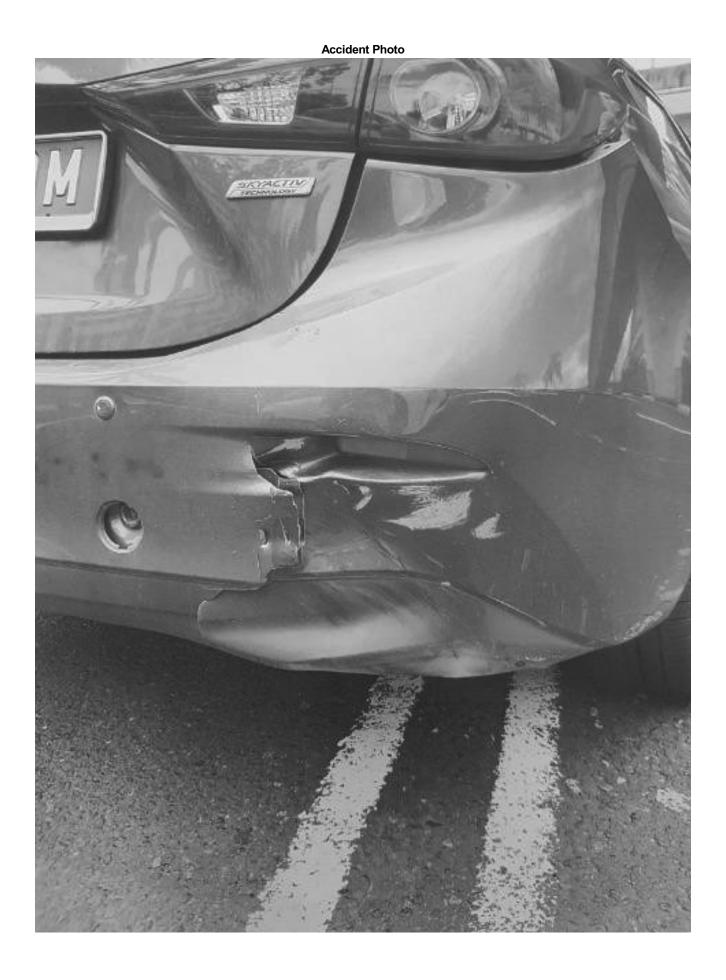
29/04/2019





Accident Photo













Accident Photo



REPORTING MILEAGE

















