

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	02/07/2019 08:49
Date Of Accident	30/06/2019 14:35
Exact Location Of Accident	CHOA CHU KANG WAY TOWARDS KJE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN5178R
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD RAHMAT BIN MOHAMAD ROSLEE
NRIC No	S8846158D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93850244
Alternative Phone No	OTHERS-93850244

Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150
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	THIRD PARTY
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	CN3169177
Cover Note Number	

Driver

Name of Driver	MOHAMAD RAHMAT BIN MOHAMAD ROSLEE
NRIC No	S8846158D
Date Of Birth	19/11/1988
Occupation	INDOOR
Date Of Driving Pass	12/09/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93850244
Fax Number	
Contact Number	OTHERS-93850244
EEmail Address	NOEMAIL

Address 627 HOUGANG AVE 8 #01-148 SPORE 530627

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 - CROSS JUNCTION

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 5

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? YES

If Yes, Please state which Police Station

Police Station Name GEYLANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8486999 - FAX NO: 68486799

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN/POLICE REPORT

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 SKR5601H

Vehicle Make/Model/Colour SUBARU / FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R

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 SKF139Y
Vehicle Make/Model/Colour KIA CERATO EX FORTE 1.6L 6A/T ABS AB 2WD 4DR
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 3

Vehicle Registration Number SKG398K
Vehicle Make/Model/Colour CHEVROLET / CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
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 4

Vehicle Registration Number FBH7009P
Vehicle Make/Model/Colour YAMAHA / JUPITER MX (HC)
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)

Sketch Plan

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders



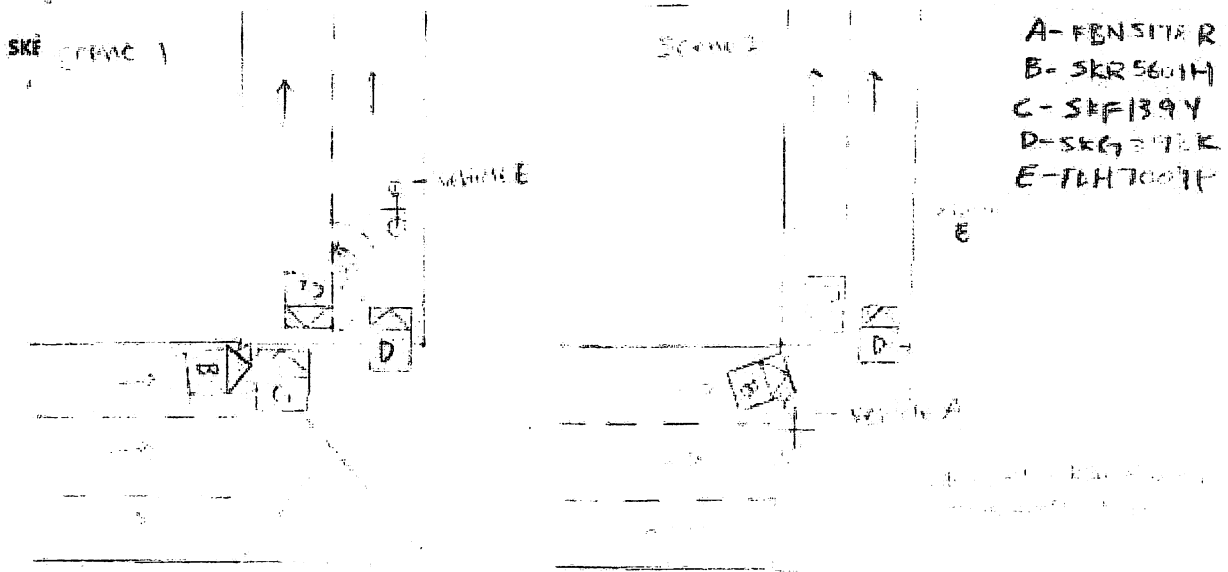
Policyholder's Signature
Date & Time:

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



Reporting Centre Personnel's Signature
Name: L. L. L.
NRIC/FIN No.: S8010177H

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

— refer to police Report. —

*****for company vehicle only*****
I _____ is the _____ of
company _____ and im using the vehicle
_____ for work /private purpose .

DECLARATION

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

[Handwritten signature]

Policyholder's Signature
Date & Time:

[Handwritten signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name: J. L. ...
NRIC/FIN No.: 877 133720

Police Report



**SINGAPORE
POLICE FORCE**



T/20190701/2131

Police Station Of Origin:
Geylang N.P.C.
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

1 of 3
Report No. T/20190701/2131

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/07/2019 16:26		Vide Report No.: T/20190701/7017		Station Diary No.: 91	
Informant's Particulars					
Name of Informant: MOHAMAD RAHMAT BIN MOHAMAD ROSLEE			Address: APT BLK 627 HOUGANG AVENUE 8 #01-148 SINGAPORE 530627		
ID Type / ID No.: NRIC NO / S8846158D			Contact No.: Home/Office:		Mobile: 93850244
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 19/11/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Retail/Shop sales manager			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: 30/06/2019 14:35	Type of Location: X-Junction
Location: Along Road 1 CHOA CHU KANG WAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH7009P	Motorcycle	YAMAHA	JUPITER MX (HC)	Red		0
FBN5178R	Motorcycle	YAMAHA	SNIPER T150	Blue		0
SKF139Y	Car	KIA	CERATO EX FORTE 1.6L 6A/T ABS AB 2WD 4DR	Blue		0

Police Report



SINGAPORE
POLICE FORCE



1/20190701/2131

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8468999

2 of 3

Report No. T/20190701/2131

CONTINUATION OF REPORT

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKG398K	Car	CHEVROLET	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR	Black		0
SKR5601H	Car	SUBARU	FORESTER 2.0I-L CVT ABS D/AIRBAG AWD S/R	White		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN5178R	AXA INSURANCE SINGAPORE PTE LTD	P2219712	15/12/2018	17/10/2019

Brief Details.

I was traveling on Chua Chu Kang Way towards KJE. As the traffic light turned green, I proceed to move off. Suddenly, Vehicle (SKR5601H) did not stop as the traffic light was red at his side and dashed through the red light and collided onto Vehicle (SKF139Y) causing the vehicle (SKR139Y) to lose control and swerved around. Hence, while I was travelling straight, vehicle (SKR5601H) collided onto my motorcycle and causing me to fall out of my motorcycle.

I felt discomfort all over my body as I rolled around the ground and I went to consult the doctor as S.LEE CLINIC at 644 Hougang Avenue 8 #01-265 S(530644) and was given 3 days of Medical Leave.

I wish to state that inside this report I am adding 2 more vehicles (SKG398K & FBH7009P) which are related to the accident however does not hit onto my motorcycle.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190701/2131

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

3 of 3

Report No: T/20190701/2131

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:

G /

Sgt 2 MUHAMMADNOORZAINALL BIN
ROSLAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/07/2019 18:26

Officer In Charge Of Case:

TP / GIT /

Staff Sgt YAN MINGSHENG DANIEL

Contact No.: 65476252

Classification Of Case:

Authentication Stamp

NP168