

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	15/10/2019 09:50
Date Of Accident	11/10/2019 19:00
Exact Location Of Accident	JURONG GATE WAY ROAD .BESIDE JEM DROP OFF
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4297X
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD RIDHWAN BIN ROSLI
NRIC No	S9632126J
Email Address	IAMWANNNNN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83799548
Alternative Phone No	OTHERS-97231281

Vehicle Particulars

Manufacturer	YAMAHA
Model	AEROX GDR155 CVT
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	MOTORCYCLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AN3178272
Cover Note Number	

Driver

Name of Driver	MUHAMAD RIDHWAN BIN ROSLI
NRIC No	S9632126J
Date Of Birth	11/09/1996
Occupation	INDOOR
Date Of Driving Pass	27/04/2017
Driving Experience	2 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83799548
Fax Number	
Contact Number	OTHERS-97231281
EEmail Address	IAMWANNNNN@GMAIL.COM

Address	BLK 530 JELAPANG ROAD #04-49 SINGAPORE
Postcode	670530
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 - OPENING DOOR OF VEHICLE
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	3
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)	2
Passenger 1	NAME: : NORELYA AZURA BTE SABPRI GENDER: : FEMALE

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 ATTACH 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	SJF562U
Vehicle Make/Model/Colour	TOYOTA / NIL / NIL
Details Of Properties	FRONT LEFT DOOR DAMAGED
Vehicle Category	PRIVATE CAR
Name of Driver	GAO LIPING
NRIC/Passport Number	S2685546B
Contact Number	91256096
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Passenger 1

NAME: : NIL

GENDER: :

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SDF811Y
Vehicle Make/Model/Colour	BMW / NIL / RED
Details Of Properties	FRONT RIGHT SIDE MIRROR,DOOR,FENDER
Vehicle Category	PRIVATE CAR
Name of Driver	KIM KWANG JOO
NRIC/Passport Number	
Contact Number	NIL
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : NIL
	GENDER: : FEMALE

DETAILS OF INJURED PERSON 1

Name	MUHAMAD RIDHWAN BIN ROSLI
Approximate Age	
Injuries Sustain	ABRASIONS ON LEFT ELBOW ,ACHING BODY
Injured person in which vehicle?	FBQ4297X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 530 JELAPANG ROAD #04-49 SINGAPORE 670530
Postcode	

DETAILS OF INJURED PERSON 2

Name	NORELYA AZURA BTE SABPRI
Approximate Age	
Injuries Sustain	ABRASIONS ON LEFT WRIST,BACKACHE,HEADACHE PILLION
Injured person in which vehicle?	FBQ4297X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 402 CHUA CHU KANG AVE 3 #04-219 SINGAPORE 680402
Postcode	

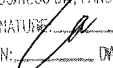
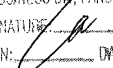
SKETCH PLAN


IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
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5. **Any false reporting may be referred to the Police for investigation**.
6. This report will be forwarded by the insurers to 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.
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.

COMFORTDELGRO ENGINEERING PTE LTD
EXTERNAL BUSINESS DEVELOPMENT BRANCH
NAME & SIGNATURE: 
DESIGNATION:  DATE: 15/10/19

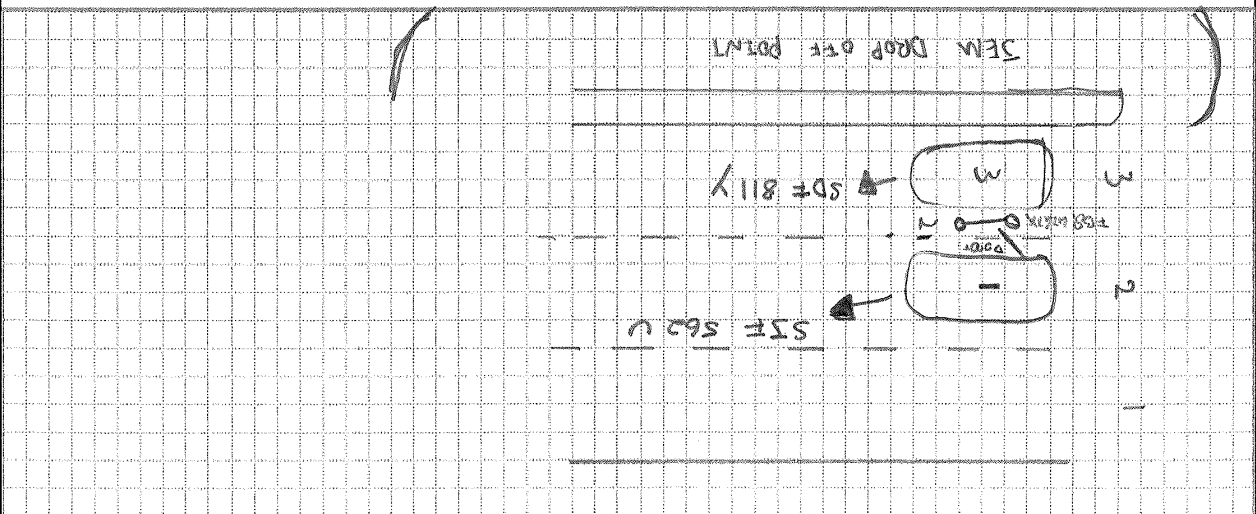

Policyholder's Signature
Date & Time


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

Reporting Centre Personnel's Signature
Name: WONG CHEE WEI
NRIC / Fin No.: 972180996

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Incident happened on 11/10/19 at about 7pm. At location Surong ^{Goldenway Road} directly beside 5m drop off point. I was lane splitting at in between lane 3 and 2, ~~because~~ it was a slow moving traffic. While I was lane splitting suddenly the passenger from SST ~~811Y~~ ^{562U} suddenly opened his ^{left} door in the middle of the lane. I pressed my front and rear brake while trying to avoid the door, but he no away. I hit my right handrail to the left door and hit onto the left car ^{right} side mirror which is from SST 811Y. After that my hand and I fell to the ground in front of SST 811Y. My hand sustained and an abrasion at my left wrist, backache and headache while I have abrasion on my left elbow and bruised body along.

IMPORTANT NOTE

Under General Condition – Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

DECLARATION

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

<p>COMPASSION ENGINEERING PTE LTD EXTERNAL BUSINESS DIV. PULOH BRANCH NAME & SIGNATURE: <i>[Signature]</i> DESIGNATION: <i>[Signature]</i> DATE: 11/10/19</p>	<p>Reporting Centre Representative's Signature Name: <i>[Signature]</i> NRIC / Fin No. 17180991</p>	<p>Driver's Signature (If driver is not the policyholder) <i>[Signature]</i> Date & Time</p>	<p>Policyholder's Signature <i>[Signature]</i> Date & Time</p>
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EDICAL CERTIFICATE AND FEE Pg. 1

Ng Teng Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:22747634)

ORIGINAL

NAME: MUHAMAD RIDHWAN BIN ROSLI

NRIC: S9632126J

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

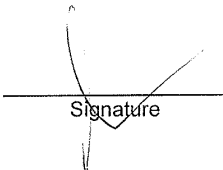
The above named is unfit for duty from **12/10/2019** to **14/10/2019** inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from **11/10/2019 21:58** to **12/10/2019 01:01**.

12/10/2019
Date

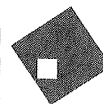
Dr. Dawa TSHERING (17208A)
Issued by


Signature

Location: NTFGH EMERGENCY

EDICAL CERTIFICATE AND FEE Pg. 2

Ng Teng Fong General Hospital
Jurong Community Hospital
Jurong Medical Centre



TAX INVOICE

Members of the NUHS

TO:

MR. MUHAMAD RIDHWAN BIN ROSLI
BLK 530 #04-49
JELAPANG ROAD
SINGAPORE 670530

MRN/NRIC : S9632126J
BILL NO : 13917376G
BILL DATE : 12.10.2019
VISIT DATE : 11.10.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : 200910555Z

PATIENT NAME: MUHAMAD RIDHWAN BIN ROSLI

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219000349E Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	120.00
XR Pelvis & Hip Joint Lateral Left	60.50
XR Elbow AP & Lateral Left	40.70
Orphenadrine 35MG/Paracetamol 450MG Tab	3.00
Dextromethorphan 15MG/5ML 100ML Linctus	2.50
Total Charges	226.70
Less: Government Subsidy	106.70-
Add: 7% GST	8.40
Less: GST Absorbed	8.40-
Amount Payable	120.00

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	120.00				
MEDICAL CLAIMS PRORATION SYSTEM	120.00	0.00	0.00	120.00	S9632126J
MUHAMAD RIDHWAN BIN ROSLI	0.00	0.00	0.00	0.00	

Amount to be paid: \$0.00

EDICAL CERTIFICATE AND FEE Pg. 3

Ng Teng Fong General Hospital
Jurong Community Hospital
Jurong Medical Centre



Members of the NUHS

TAX INVOICE

TO:
MR. MUHAMAD RIDHWAN BIN ROSLI
BLK 530 #04-49
JELAPANG ROAD
SINGAPORE 670530

MRN/NRIC : S9632126J
BILL NO : 13917376G
BILL DATE : 11.10.2019
VISIT DATE : 11.10.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : 200910555Z

PATIENT NAME: MUHAMAD RIDHWAN BIN ROSLI

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219000349E Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	120.00
Total Charges	120.00
Add: 7% GST	8.40
Less: GST Absorbed	8.40-
Amount Payable	120.00

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	120.00				
MEDICAL CLAIMS PRORATION SYSTEM	120.00	0.00	0.00	120.00	S9632126J
MUHAMAD RIDHWAN BIN ROSLI	0.00	0.00	0.00	0.00	

Amount to be paid: \$0.00

Important Note

Any person who is under a contractual obligation to reimburse the medical expenses shown on this bill, is required to refund to Medisave and MediShield Life the Medisave approved Integrated Plan. (Please refer overleaf for information on payment to Medisave/MediShield Life/Medisave-approved Integrated Plan).

National University Health Services Group Pte Ltd (Reg no:200910555Z) 1 Jurong East Street 21, Singapore 609606 Tel 6716 2000 www.juronghealthcampus.com.sg

EDICAL CERTIFICATE AND FEE Pg. 4

Ng Tong Fong General Hospital



A member of the NUHS

MEDICAL CERTIFICATE (Ref:60109860)

ORIGINAL

NAME: NORELYA AZURA BINTE SABPRI

NRIC: S9713218F

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

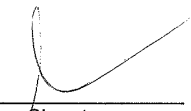
The above named is unfit for duty from **12/10/2019** to **12/10/2019** inclusive

The certificate is not valid for absence from court attendance.

The above name was in Emergency Department from **11/10/2019 21:53** to **12/10/2019 01:04**.

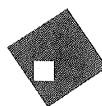
12/10/2019
Date

Dr. Dawa TSHERING (17208A)
Issued by


Signature

Location: NTFGH EMERGENCY

Ng Teng Fong General Hospital
Jurong Community Hospital
Jurong Medical Centre



TAX INVOICE

Members of the NUHS

TO:

MS. NORELYA AZURA BINTE SABPRI
BLK 402 #04-219
CHOA CHU KANG AVENUE 3
SINGAPORE 680402

MRN/NRIC : S9713218F
BILL NO : 13917375I
BILL DATE : 12.10.2019
VISIT DATE : 11.10.2019
TYPE OF SUPPLY : CASH/CREDIT
GST REG NO : 200910555Z

PATIENT NAME: NORELYA AZURA BINTE SABPRI

PLEASE PAY UPON RECEIPT OF THIS INVOICE

SERVICES	AMOUNT PAYABLE (\$)
Case No : 9219000348G Specialty / Class : Accident & Emergency / NA	
A&E Attendance Fee	120.00
XR Lumbar Spine AP & Lateral	60.50
Orphenadrine 35MG/Paracetamol 450MG Tab	3.00
XR Wrist Scaphoid View Left	62.70
Total Charges	246.20
Less: Government Subsidy	63.50-
Add: 7% GST	12.79
Less: GST Absorbed	12.79-
Amount Payable	182.70

Payer(s) Summary					
Payable By	Payable Amt (\$)	Payment Amt (\$)	Adjustment (\$)	Amount Due (\$)	Policy No
Total Bill Amount	182.70				
NORELYA AZURA BINTE SABPRI	182.70	0.00	0.00	182.70	

Amount to be paid: \$182.70

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20191012/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 4

Report No. T/20191012/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMAD RIDHWAN BIN ROSLI	ID No.	S9632126J
Related Vehicle	FBQ 4297X (Motorcycle)	Contact No.	83799548
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	12/10/2019	Date Discharge	12/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Pillion			
Name	NORELYA AZURA BINTE SABPRI	ID No.	S9713218F
Related Vehicle	FBQ 4297X (Motorcycle)	Contact No.	97231281
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/10/2019	Date Discharge	12/10/2019
No. of Days granted Medical Leave	01	Degree of Injury	Slight
Passenger			
Name	GUA TONG	ID No.	NIL
Related Vehicle	SJF 562U (Car)	Contact No.	93665842
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

Details of Vehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective
FBO 4297X	AXA INSURANCE SINGAPORE PTE LTD		25/09/2019
			24/09/2020



**SINGAPORE
POLICE FORCE**



T/20191012/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

4 of 4

Report No. T/20191012/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Authentication Stamp

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
12/10/2019 15:24

Classification Of Case:

Brief Details.
it was a three lane road, traffic was heavy and all the vehicle is moving slowly. i was lane splitting in between the third and second lane when the car on my right which is in the second lane, the passenger suddenly opens the door. i tried to avoid the door but to no avail and hit the door with my right handle bar. while that happens, i lose balance and hit the side mirror of the car on my left. my fiancée and i were injured as we hit on the car on our left.

Driver		Name		GUALI PING		ID No.		S2685546B	
Related Vehicle		SJF 562U (Car)		Contact No.		91256096			
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			

CONTINUATION OF REPORT

Police Station Of Origin: Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000
Report No. T/20191012/7025
3 of 4



COVER NOTE INSURANCE Pg. 1

AXA Insurance Motor Cover Notes System

Page 1 of 1

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. **AN3178272 ()**

- 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.

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	MUHAMA'D RIDHWAN BIN ROSLI
MAKE AND DESCRIPTION OF VEHICLE	YAMAHA AEROX GDR155 CVT
VEHICLE REGISTRATION NO.	FBQ4297X
YEAR OF MANUFACTURE	2019
ENGINE NO.	G3J8E0097054
CHASSIS NO.	MH3SG4640K052721
ENGINE CAPACITY/TONNAGE	155
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	SPEEDWAY MOTOR PTE LTD
VALUE (S\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 25-Sep-2019 TO: 24-Sep-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 1987 (MALAYSIA).

AXA INSURANCE PTE LTD

Issued by ANDA INSURANCE AGENCIES PL on 25-Sep-2019 12:12:27 PM

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 S\$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

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid.

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception/renewal/endorsement. For all other cases, the premium in full should be paid before inception.

ATR/CNOTE/V01/03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

