

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	25/09/2019 17:30
Date Of Accident	24/09/2019 07:45
Exact Location Of Accident	KJE TWDS JALAN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN8465S
Insured/Policyholder	
Name Of Registered Owner	DINIE FITRI BIN SUKRI
NRIC No	S9131732Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94510504
Alternative Phone No	OFFICE-94510504

Vehicle Particulars

Manufacturer	KTM
Model	390 DUKE-390CC
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3170931
Cover Note Number	

Driver

Name of Driver	DINIE FITRI BIN SUKRI
NRIC No	S9131732Z
Date Of Birth	11/09/1991
Occupation	INDOOR
Date Of Driving Pass	03/12/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94510504
Fax Number	
Contact Number	OFFICE-94510504
E-Mail Address	NOEMAIL

Address	BLK 590A MONTREAL LINK #02-25
Postcode	751590
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?	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	SEMBANWANG NPC
Police Station Address	ROAD: 4 SEMBAWANG CRESCENT , POSTCODE: 757633 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20190924/2184.

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	FBK3624Z
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
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	DINIE FITRI BIN SUKRI
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FBN8465S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

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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.
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:

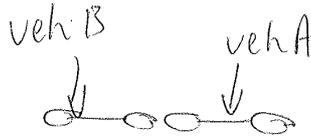

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

10/10/2018

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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

Policyholder's Signature
Date & Time:

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

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

Sketch Plan #3 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190924/2184

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

1 of 3
Report No. T/20190924/2184

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 21:47	Vide Report No.:	Station Diary No.: 132
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Informant's Particulars

Name of Informant: DINIE FITRI BIN SUKRI		Address: APT BLK 590A MONTREAL LINK #02-25 SINGAPORE 751590	
ID Type / ID No.: NRIC NO / S9131732Z		Contact No.: Home/Office: Mobile: 94510504	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 11/09/1991	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: SCDF REGULAR		Driving Licence Information: Class: 2B,2A,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/09/2019 07:45	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 KRANJI EXPRESSWAY JALAN BAHAR KJE towards Jalan Bahar				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3624Z	Motorcycle				Slightly Damaged	0
FBN8465S	Motorcycle	KTM	390 DUKE	White	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN8465S	AXA INSURANCE SINGAPORE PTE LTD	P2237782	20/12/2018	19/12/2019

Sketch Plan #4 Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190924/2184

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

2 of 3
Report No. T/20190924/2184

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Vijay	ID No.	NIL
Related Vehicle	FBK3624Z (Motorcycle)	Contact No.	91613682
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	Slight
Rider			
Name	DINIE FITRI BIN SUKRI	ID No.	S9131732Z
Related Vehicle	FBN8465S (Motorcycle)	Contact No.	94510504
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 24/09/2019 at about 0745hrs, while riding on the most right lane along KJE towards Jalan Bahar, another bike bearing registration no. FBK3624Z suddenly hit me from the back and both of us fell. Subsequently, we shifted our bikes to the side and exchanged our particulars. However, he claimed that he does not have any ID on him, only provided me with his name and contact number. I have been asking him for his ID but till now he kept delaying. The paramedics made a check on both of us and left after they did the dressings.

Subsequently, EMAS towed my bike to the nearest carpark and the other rider rode off from the scene himself. Afterwhich, I went to Choa Chu Kang Polyclinic and was issued 6 days MC.

The damage to my bikes are, damaged throttle, right body frame cracked, right slider broken, right mirror broken, right brake lever badly damaged, dent on the right side of the tank and scratches around the right side of the bike.

I sustained abrasions on my right arms, both palms, right knee, right shoulder right hip.



SINGAPORE
POLICE FORCE



T/20190924/2184

Police Station Of Origin:
Sembawang N.P.C
4 Sembawang Crescent SINGAPORE
757633
Tel No: 1800-5549999

3 of 3

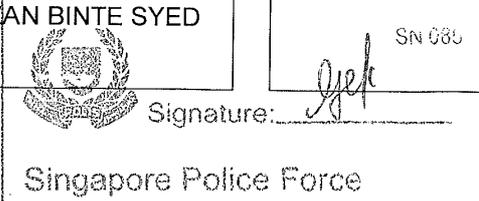
Report No. T/20190924/2184

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 GOH GEK LING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 24/09/2019 21:47
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID Contact No.: 65476172	Classification Of Case:  SN 080
Authentication Stamp NP168	

LETTER OF UNDERTAKING

I/We, DINIE FITRI RINI SUKRI, the owner of vehicle no. 7BX 8465

My/Our Insurance is under M/s AXA Insurance Pte Ltd , I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Pte Ltd with all relevant facts and documents **within 14(fourteen) days of occurrence or discovery of damage.**

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:



.....
Nric no. & signature of policyholder

.....
Company stamp

23/07/2019
.....
Date

Driving License Pg. 1

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9131732Z



Name
DINIE FITRI BIN SUKRI
دینی فتری بن سوکری
Race
BOYANESE
Date of birth
11-09-1991 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9131732Z
Name:
DINIE FITRI BIN SUKRI
Birth Date: 11 Sep 1991
Issue Date: 26 Oct 2017




3936282



NRIC No. S9131732Z



Date of Issue
25-09-2006

APT BLK 590A MONTREAL LINK #02-25
SINGAPORE 751590
S9131732Z 26/03/2014

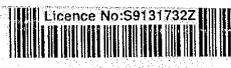
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

	EFFECTIVE DATE
Class 2B Motorcycles <= 200 CC	26 Oct 2017
Class 2A Motorcycles between 201 CC and 400 CC	03 Dec 2019
Class 5 Moto-cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	12 Nov 2018
Class 4 Heavy motor cars and motor tractors > 2500 kg	11 Apr 2019

S / No.9000321660

S9131732Z

NP 428A



Licence No: S9131732Z

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:

No. **AN3170931 ()**

MOTOR COVER NOTE

- 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 of Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992; or
- 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-AHMAD HABIBUR RAHMAN
 BIN ABDUL TALIB**

SCHEDULE

THE COMPANY	AXA INSURANCE PTE LTD
INSURED	DINIE FITRI BIN SUKRI
MAKE AND DESCRIPTION OF VEHICLE	KTM 390 DUKE
VEHICLE REGISTRATION NO.	FBN8465S
YEAR OF MANUFACTURE	2018
ENGINE NO.	893857502
CHASSIS NO.	VBKJPJ40XJC275986
ENGINE CAPACITY/TONNAGE	375
COVER TYPE	THIRD PARTY, FIRE & THEFT
HIRE PURCHASE	H L CYCLE PTE LTD
VALUE (S\$)	MARKET VALUE
PERIOD OF INSURANCE	FROM: 20-Dec-2018 TO: 19-Dec-2019
EXCESS (S\$)	500
AXA PREMIUM WORKSHOP?	Yes

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

[Signature]
 Authorised Signature

Issued by ANDA INSURANCE AGENCIES PTE LTD on 20-Dec-2018 5:25:01 PM

- 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 S\$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.

MTR C NOTE V01 03

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

