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 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.

	ACCIDENT STATEMENT
Date Of Report	25/02/2020 16:40
Date Of Accident	24/02/2020 18:35
Exact Location Of Accident	JALAN BESAR TOWARDS BENCOOLEN ST NEAR MAYO ST
Country/State of Loss	SINGAPORE
· 在新年 阿里 阿克斯拉斯斯里斯拉斯	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FW180X
Insured/Policyholder	
Name Of Registered Owner	LIM HOCK SIONG
NRIC No	SXXXX601B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90036187
Alternative Phone No	OTHERS-90036187
Vehicle Particulars	
Manufacturer	HONDA
Model	FJS400-399CC (A)
Exact Purpose for which vehicle was bei	ing 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 P2289680

Cover Note Number

Driver

Name of Driver LIM HOCK SIONG

NRIC No SXXXX601B Date Of Birth 06/05/1959 Occupation OUTDOOR Date Of Driving Pass 07/11/1987

Driving Experience 32 YEARS AND 3 MONTHS

MALE Gender

(LOCAL) +65-90036187 Mobile Number

Fax Number

OTHERS-90036187 Contact Number

EMail Address NOEMAIL APT BLK 406 ANG MO KIO AVENUE 10

Address #11-715

560406

Postcode

Was driver an employee of the Insured's Company NO

OWNER If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - HEAD TO REAR Type Of Accident

CLEAR Weather Conditions DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by ambulance?

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

NO soliciting/offering accident claims assistance.

1 Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

MACPHERSON NEIGHBOURHOOD POLICE POST Police Station Name

ROAD: BLK 54 PIPIT ROAD #01-82/84, POSTCODE: 370054, COUNTRY: Police Station Address

SINGAPORE

TEL NO: 1800-7449999 - FAX NO: 65476366 Police Station Contact

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

YES Are accident photos available for attachment? NO Was there any video captured by Car Camera? NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SHD4440X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 19

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1		
lame	LIM HOCK SIONG	
Approximate Age		
njuries Sustain		
njured person in which vehicle?	FW180X	
Vere seat belts worn?	YES	
Vas this injured conveyed to hospital by ambulance?	NO	
Address		
Postcode		

Sketch Plan

KETCH PLAN		
		Vehicle A-FW 180X B-SHV 4440
	x >	
	M ->	7
	N =>	1
	> ->	AOO Legend
		N X
		V
		Vehicle Metarcycle
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	1
Refer to Police	Report	
KELCE 10 bould	Kepor 1	
DECLARATION:		
DECLARATION	inulars are true in euery sornest	
y we declare the foregoing part Please be advised that your insurer ma from the day of occurrence. Kindly che		rst own policy rilest be made within the stipulated timetrans.
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time.	(If driver is not the policyholder) Date & Time:	Name. NRIC/FIN No.

Sketch Plan #2

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- Information provided must be as <u>truthful</u> and accurate as <u>possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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-
- 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 Insurence 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 :
 - 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:
 - 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
 - (iii) for complying with requirements under any regulations, laws or court orders.

3400

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.





1 of 3

Report No. T/20200225/2058

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

I CEL OILL OF THE THE		The state of the s
Date/Time Report Made:	Vide Report No.:	Station Diary No.:
25/02/2020 13:51		22
25/02/2020 13:51		

25/02/2020 13.51				
Informa	nt's Particu	lars		是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
Name of Informant: LIM HOCK SIONG			Address: APT BLK 406 ANG MO KIO AVENUE 10 #11-715 SINGAPORE 560406	
ID Type / ID No.: NRIC NO / S1391601B)1B	Contact No.: Home/Office: 90036187	Mobile:
Nationality: SINGAPORE CITIZEN		EN	Email:	
Sex: Age: Date of Birth: Male 60 06/05/1959		Date of Birth: 06/05/1959	Type of Informant:	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information Class: 2B,2A,2,3	: Date of Expiry:

General Inform	nation of the Accident	A STATE WAS DEED TO STATE OF		A
Type of Accident:	Attended by Police Drive: Accident:		Date/Time of Accident: 24/02/2020 18:35	Type of Location: T-Junction
Location: Along Road 1 JALAN BESA	R coolen St near Mayo St			140
Weather: Clear	·	Road Surface: Wet	12.2	Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collis	ion: ing Vehicles - Side Swipe	e - Same Direction		Anyone conveyed by ambulance: No

Details of V	ehicle Involve	d .				
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FW180X	Motorcycle	HONDA	FJS400A	White	Slightly Damaged	0 .
SHD4440X	COMFORT				Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW180X	AXA INSURANCE SINGAPORE PTE	P2289680	30/04/2019	29/04/2020





T/20200225/2058

2 of 3

Report No. T/20200225/2058

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054 Tel No: 1800-7449999

CONTINUATION OF REPORT

Details of Perso	n Involved				
Any Pedestrian Ir	volved: No			4	*
No. of Pedestrian	Use of Ped	destrian	Cross	ing: NA	
Rider					
Name	LIM HOCK SIONG		ID No.		S1391601B
Related Vehicle	FW180X (Motorcycle)		Conta	ct No.	90036187
Hospital/Clinic	HO TONG CLINICK		Class Driving Licence Expiry	g ce &	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/02/2020	Date Disc	harge	NIL	
	ted Medical Leave 03	Degree of	Injury	Sligh	t
Driver					
Name	HAIRUINARASHID BIN ABDUL	RAHMAN	ID No.		S7413878J
Related Vehicle	SHD4440X (COMFORT TAXI)		Conta	ct No.	NIL
Hospital/Clinic	NIL		Class Drivin Licend Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc	harge	NIL	
No. of Days gran	ited Medical Leave NIL	Degree of	f Injury	NIL	

Brief Details.

On the 24/02/2020 at 1835 hrs I was riding my bike FW180X along Jalan Besar on the 1st lane approaching Mayo St which was on my right. As I was passing Mayo St, suddenly a taxi SHD4440X who was on the 2nd lane suddenly turn right at Mayo St and hit the rear left side of my bike and I skidded and fell. I sustained bruises and lacerations on my left arm and leg. Traffic Police and Ambulance came but I did not conveyed to hospital. That is all.





3 of 3

Report No. T/20200225/2058

Police Station Of Origin: MacPherson NPP 54 Pipit Road #01-82/84 SINGAPORE 370054

Tel No: 1800-7449999

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.

CONTINUATION OF REPORT

G/	cer Recording The Report:
Staff Sgt MOHAN HARON	MAD HAFEEZ ASHRAÉ BÌN
Signature Of Intel Not applicable	rpreter:
Trot applicable	
Officer In Charge	Of Case:
10/(211/	
TP / GIT /	IEN
SI ONG CHEE H Contact No.: 654	

Signature Of Informant:	
Date/Time:	
25/02/2020 13:51	
Classification Of Case:	
Classification Of Case: SINGAPORE POLICE FORCE	
// N	

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$1391601B



Name

LIM HOCK SIONG

林 福 祥

Race

CHINESE Date of birth

06-05-1959 Country/Place of birth

Sex

M

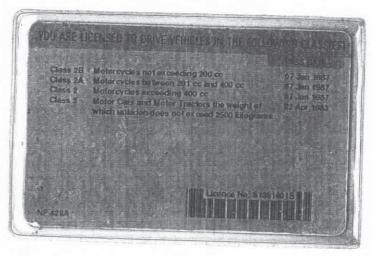
SINGAPORE



8 3916018







*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. AN3174334 ()

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 care 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	LIM HOCK SIONG			
MAKE AND DESCRIPTION OF VEHICLE	HONDA FJS400D			
VEHICLE REGISTRATION NO.	FW180X			
YEAR OF MANUFACTURE	2016			
ENGINE NO.	JH2NF039X9K000241			
CHASSIS NO.	NF01E5222442			
ENGINE CAPACITY/TONNAGE	399			
COVER TYPE	THIRD PARTY, FIRE & THEFT			
HIRE PURCHASE	LOOI'S MOTOR ENTERPRISE PTE LTD			
VALUE (S\$)	MARKET VALUE			
PERIOD OF INSURANCE	FROM: 30-Apr-2019 TO: 29-Apr-2020			
EXCESS (S\$)	500			
AXA PREMIUM WORKSHOP?	Yes			

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

ANDA INSURANCE AGENCIES

30-Apr-2019 10:55:49 AM

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:

PL

Issued by

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



THE WIND LINE

Licence Number S 13916018

LIM HOCK SIONG

Birth Date 06 May 1959 Issue Date: 07 Apr 2003



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

PASS DATE

Class 2B Motorcycles not exceeding 200 cc
Class 2A Motorcycles between 201 cc and 400 cc
Class 2 Motorcycles exceeding 400 cc
Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 killograms

07 Jan 1987 07 Jan 1987 07 Jan 1987 02 Apr 1983

NP 428A

Licence No: \$1391601B