

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	19/09/2020 11:59
Date Of Accident	19/09/2020 08:40
Exact Location Of Accident	BLK 60 DAKOTA CRESCENT CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBQ4513Y
Insured/Policyholder	
Name Of Registered Owner	JUAINIZAL BIN JOHANI
NRIC No	SXXXX752E
Email Address	BUNCIITT96@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87485714
Alternative Phone No	OTHERS-87485714

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF MANUAL

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? YES

If No, Please state action to be taken

Vehicle Category	MOTORCYCLE
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VMX/P2351151
Cover Note Number	

Driver

Name of Driver	JUAINIZAL BIN JOHANI
NRIC No	SXXXX752E
Date Of Birth	11/02/1996
Occupation	INDOOR
Date Of Driving Pass	28/05/2019
Driving Experience	1 YEAR AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87485714
Fax Number	
Contact Number	OTHERS-87485714
Email Address	BUNCIITT96@GMAIL.COM

Address	APT BLK 655 WOODLANDS RING ROAD #02-318
Postcode	730655
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	FIRE, EXPLOSION OR LIGHTNING
Weather Conditions	HEAVY RAIN
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	1
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
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)



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

Sketch Plan

SKETCH PLAN

Vehicle
 A -
 B -

No Sketch Plan

Legend

 Vehicle
 
 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

When to park the bike at Dakota Bldg at 5-30am and
When to work, received a call from Police at 9-12am.
Police told me that my bike was on fire and told me that
incident happen at around 8-30am

Refer to Police Report.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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 #2


SKETCH PLAN

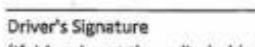
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded 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:

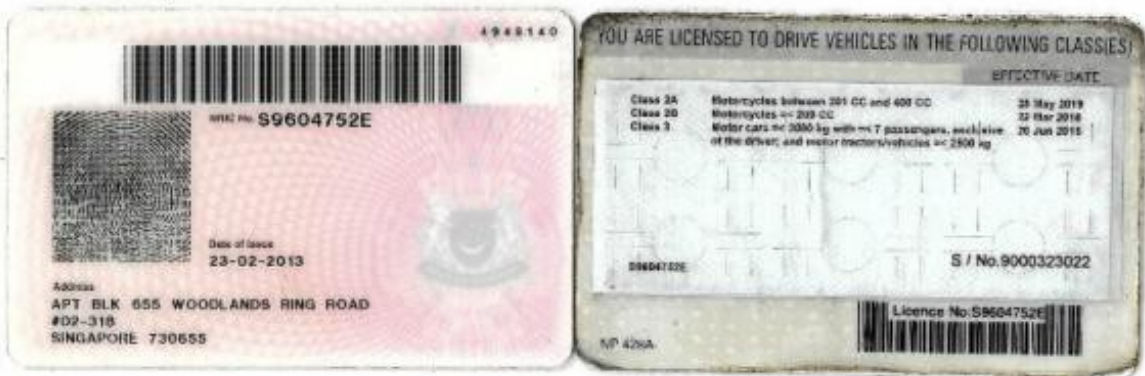
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Driving License & NRIC



POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200919/2039

1 of 2

POLICE REPORT (NP299)

Report No. G/20200919/2039

Police Station Of Origin
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Date/Time Report Made 19/09/2020 13:21	Vide Report No. G/20200919/0117	Station Diary No. 32
Name Of Informant JUAINIZAL BIN JOHANI	Address APT BLK 655 WOODLANDS RING ROAD #02-318 SINGAPORE 730655	
ID Type / ID No. NRIC NO / S9604752E	Contact No. Home/Office	Mobile 8748 5714
Nationality SINGAPORE CITIZEN	Email Address bunciitt96@gmail.com	
Occupation ASSISTANT STATION MANAGER	Sex Male	Age 24
Institution/School Name	Date of Birth 11/02/1996	Race Javanese
Date/Time Of Incident 19/09/2020 08:40	Location Of Incident 60 DAKOTA CRESCENT HDB-KALLANG AIRPORT SINGAPORE 390060 CARPARK	

Brief details.

On 19 September 2020 at around 5.40am, I parked my motorcycle, one Honda CB400 Super Four (registration plate: FBQ 4513Y) at the carpark of Blk 60 Dakota Crescent. I had parked my motorcycle in either lot 15 or 16; I was unsure as the numbering of the lot were unclear. I then left my motorcycle and proceeded for work by taking the train at Dakota MRT station. On the same day at around 9.14am, I received a call from a private number and the caller told me that my motorcycle had caught fire. She then

Signature Of Officer Recording The Report: G / Sgt 3 AMIRUL HARITH BIN ABD MAJID	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 19/09/2020 13:21
Officer In-Charge Of Case: G / Geylang N.P.C / Sr Staff Sgt TAN JUNKAI Contact No.: 68486999	Classification Of Case:

Authentication Stamp



[Handwritten signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20200919/2039

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20200919/2039

requested me to proceed back to Blk 60 Dakota Crescent open carpark. I then told that I needed 30 minutes to reach from Botanic Garden MRT station. I arrived on the same day at about 10am and I realized that the fire on my motorcycle had been put out by SCDF. They had asked me several questions which I could not recall. I was then handed over the incident number: G/20200919/0117 and was told to lodge a cover report. I wish to state that my motorcycle was left intact when I parked it at Blk 60 Dakota Crescent and I am unsure of the cause of the fire.

Signature Of Officer Recording The Report:

G / Sgt 3 AMIRUL HARITH BIN ABD MAJID

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/09/2020 13:21

Officer In-Charge Of Case:
G / Geylang N.P.C /
Sr Staff Sgt TAN JUNKAI
Contact No.: 68486999

Classification Of Case:

Authentication Stamp



SINGAPORE
POLICE FORCE

Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident : <u>19/9/2020</u> Time : <u>8:40am</u>		2 Exact location of accident : <u>BLK 60 Dakota Crescent</u>		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B : No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles : No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) _____ _____ _____	
				Vehicle Video Camera Available : No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) FBQ 45135

6 Insured / policyholder (see Insurance cert.)
 Name Juanizul Bin Johari
 (capital letters)

Address Apt B116 55 Woodlands Ring Road #02-318 (S) 738655

NRIC / Passport no. S9604752E

Tel no. (from 9am till 5pm) _____

HP 8748 5714

7 Vehicle
 Make, type Honda / CB400SF Manual

8 Insurance company
AXA ☒ C ☐ TPFT ☐ TPO

Does the policy cover damage to vehicle A?
 No ☐ Yes ☐

Policy No. VMX/P2351151

9 Driver ☒ Same as Owner

Name _____
 (capital letters)

NRIC / Passport no. _____

Class of licence 2A

HP _____

Gender Male ☒ Female ☐

10 Indicate the point of initial impact with an arrow (→)



11 Visible damage to vehicle A

14 My remarks

* In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

12 CIRCUMSTANCES
 Put a cross (X) in each of the relevant boxes applicable to your vehicle

- ☐ Chain Collision
- ☐ Collided into Bicycle
- ☐ Collided into Motorcycle
- ☐ Collided into Parked Vehicle
- ☐ Collided into Pedestrian
- ☐ Collided into Property
- ☐ Collision - Change/Cross Lane
- ☐ Collision - Cross Junction
- ☐ Collision - Head on Collision
- ☐ Collision - Head to Rear
- ☐ Collision - Major/Minor Rd
- ☐ Collision - Opening Door of Vehicle
- ☐ Collision - Roundabout
- ☐ Collision - U-Turn
- ☐ Drunk Driving / Drug Influence
- ☐ Fire, Explosion or Lightning
- ☐ Flood
- ☐ Hit and Run / Vandalism / Damaged whilst Parked
- ☐ Hit by Fallen Tree / Other Objects
- ☐ No Collision
- ☐ Side Swipe
- ☐ Theft

← State TOTAL number of boxes marked with a cross →

13 Sketch of accident when impact occurred

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads



Alternatively, please make reference to one of the sketches on page 4: _____

15 Signatures of drivers

[Signature]

A

14 My remarks

For insured's individual Statement (Part II) see overleaf →

B

For insured's individual Statement (Part II) see overleaf →

Individual Statement

buncitH96@gmail.com

INDIVIDUAL STATEMENT (Part II)						Own Workshop Email / Fax (if any)	
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary)							
Insured	1 Occupation (if more than one, state all)						Email: <u>BuncitH96@gmail.com</u>
	2 Vehicle registration no.		C.C.		If commercial vehicle, state permissible carrying capacity		
	3 Is driver the owner? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		If no, State Relationship of Driver with owner		state the vehicle number and name of insurer of driver's own vehicle (where applicable)		
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private Hire <input type="checkbox"/> Others - please specify						
	5 Is the vehicle still in use? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____						
Of which vehicle are you the owner?	6 Are you claiming under your own insurance policy for repair to your vehicle? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
	If no, state action to be taken <input type="checkbox"/> Third Party <input checked="" type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)						
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth		Occupation		Date of license pass		Was vehicle driven with the insured's permission? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
	11/2/1996		Indoor <input checked="" type="checkbox"/> Outdoor <input type="checkbox"/>		28/5/2019		Was driver an employee of the insured's company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
	8 Give details of any pre-existing impairment of sight or hearing and of any other disability						
	9 Full details of all driving convictions including pending prosecutions in the last 36 months						
Injured persons	10 Name(s), address(es) and approximate age(s)		Injuries sustained		If vehicle occupants, state in which vehicle		Were seat belts being worn? Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
							Yes <input type="checkbox"/> No <input type="checkbox"/>
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property		Nature of damage		Insurer's name and address (if known)
Police action	12 Was the accident reported to the Police? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Bedok North NPC</u>						
	13 Was notice of intended prosecution given? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, against whom?						
Accident details	14 Weather conditions		Clear <input type="checkbox"/> Raining <input type="checkbox"/>		Others <u>Heavy Rain</u>		
	15 Road surface		Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/>		Others		
	16 Speed of vehicles		A <input type="checkbox"/> km/hr		B <input type="checkbox"/> km/hr		
	17 What warnings were given by driver or other party?						
	18 Were street lights illuminated? Yes <input type="checkbox"/> No <input type="checkbox"/>						
	19 What lights were displayed on your vehicle/the other vehicle(s)?						
	20 If your vehicle is commercial, state weight of load carried at time of accident						
21 State how accident happened, width of roads, speed limits, etc (Refer to attached)							
22 State number of Passengers (including Driver) <u>0</u>							
Declaration	I/We declare the foregoing particulars are true in every respect						
	Policyholder's signature _____				Date _____		
	Driver's signature (if driver is not the policyholder) _____				Date _____		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



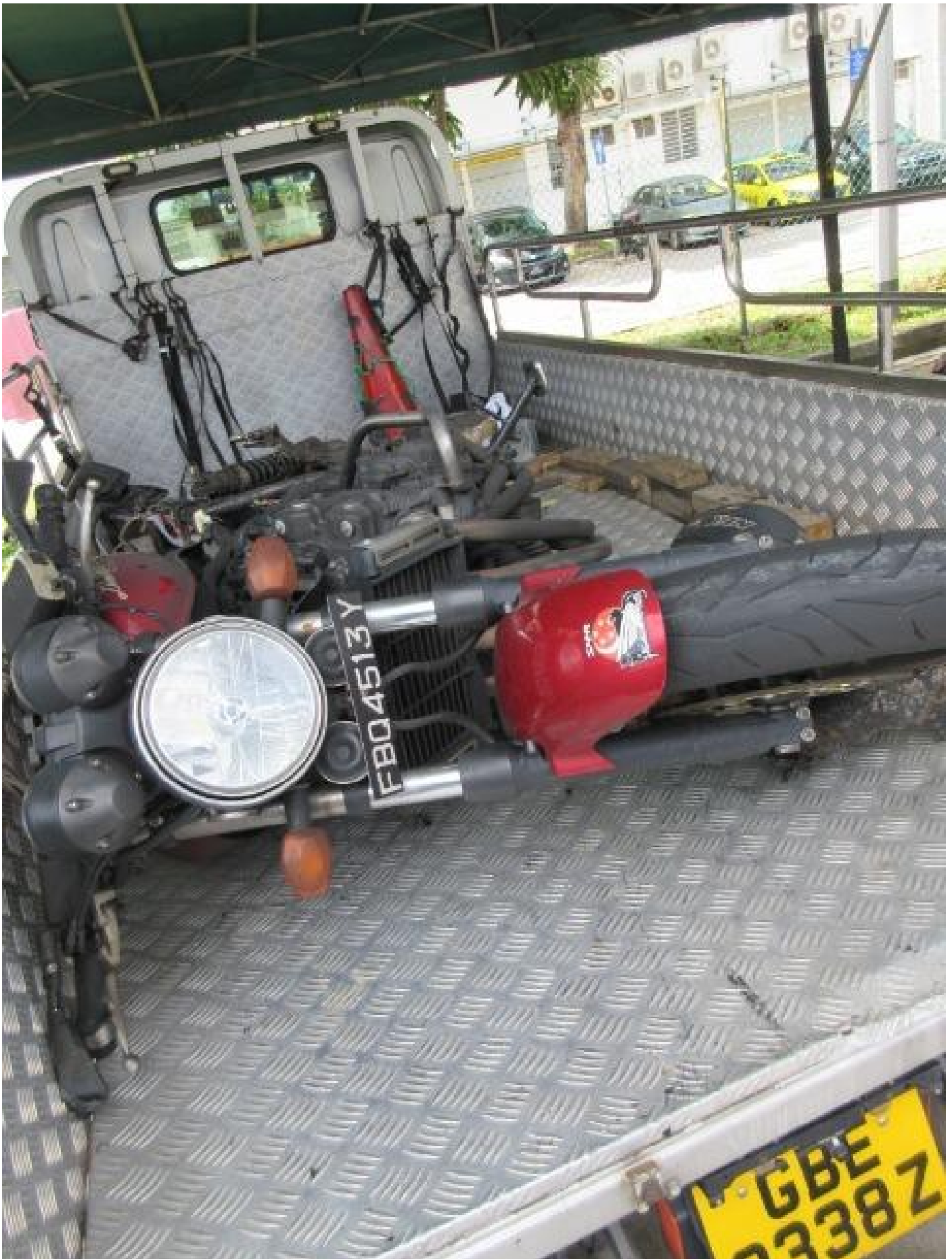
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MPA 220081417 Vehicle Registration No: FBQ 4513Y
Name (as shown in NRIC) : Juainizal Bin Johani NRIC/FIN/Passport No : S9604752E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore()
Contact (Tel) : _____ Mobile No. : 87485714
Email Address : _____
Date of Accident : 19/9/2020 Time of Accident : 0840
Place of Accident : Blk 60 Dakota Crescent
Insurance Company : AXA

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Reporting change to OD claims

Policyholder / Driver's Signature
Date: 28/9/2020

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