

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	10/11/2020 15:23
Date Of Accident	09/11/2020 00:15
Exact Location Of Accident	WOODLANDS AVENUE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP67A
Insured/Policyholder	
Name Of Registered Owner	SHAFIQ BIN SULAIMAN
NRIC No	SXXXX071D
Email Address	JRIDER7710@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90628471
Alternative Phone No	OTHERS-90628471

Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300-292CC
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

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	P2259175
Cover Note Number	

Driver

Name of Driver	SHAFIQ BIN SULAIMAN
NRIC No	SXXXX071D
Date Of Birth	24/07/1985
Occupation	INDOOR
Date Of Driving Pass	25/04/2006
Driving Experience	14 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90628471
Fax Number	
Contact Number	OTHERS-90628471
Email Address	JRIDER7710@GMAIL.COM

Address	BLK 816A KEAT HONG LINK #02-53 SINGAPORE
Postcode	681816
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	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	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , 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 THE ATTACH STATEMENT RECORDED BY PEI WEN - 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

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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:

10/11/2020
3:20pm

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

Vehicle

A -

B -

Legend

 Vehicle

 Motorcycle

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:

320pm
10/11/2020

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

must be made within the stipulated time.

Working Centre Personnel's Signature: 

PC/FIN No.: 

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 9/11/2020		Time 0015		2 Exact location of accident Woodlands Ave 3		To be signed by BOTH drivers	
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) FB867A

6 Insured / policyholder (see insurance cert.)
Name Shafiq Bin Sulaiman
(capital letters)
Address B816A Keat Hong
#05-53 5681816
NRIC / Passport no. S8524071D
Tel no. (from 9am till 5pm) 9062 8471
HP 9062 8471

7 Vehicle
Make, type Yamaha (2D) 300A

8 Insurance company
AXA ☐ C ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. P2559175

9 Driver ☒ Same as Owner
Name Shafiq Bin Sulaiman
(capital letters)
NRIC / Passport no. 3
Class of licence 3
HP 9062 8471
Gender Male ☒ Female ☐

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

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

State TOTAL number of boxes marked with a cross

Registration No. (VEHICLE B)

6 Insured / policyholder (see insurance cert.)
Name Shafiq Bin Sulaiman
(capital letters)
Address B816A Keat Hong
NRIC / Passport no. S8524071D
Tel no. (from 9am till 5pm) 9062 8471
HP 9062 8471

7 Vehicle
Make, type Yamaha (2D) 300A

8 Insurance company
AXA ☐ C ☒ TPFT ☐ TPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☒
Policy No. (if available) P2559175

9 Driver (See driving licence) (if different from Insured B above)
Name Shafiq Bin Sulaiman
(capital letters)
NRIC / Passport no. 3
Class of licence 3
HP 9062 8471
Gender Male ☒ Female ☐

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

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

REFER TO ATTACHED

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

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

11 Visible damage to vehicle A

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A Shafiq Bin Sulaiman

14 My remarks

B

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

Do not alter anything in the statement after signing. Subsequently, each driver should take one copy.

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

Individual Statement

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>Spider 7710@gmail.com</u>												
	2 Vehicle registration no.	C.C.	If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No. If no, state where it is at present _____ Tel no. _____														
Of which vehicle are you the owner? <input checked="" type="checkbox"/> A <input type="checkbox"/> B	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If no, state action to be taken: <input type="checkbox"/> Third Party <input 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												
	<u>24/7/85</u>	<u>Indoor</u> <u>Outdoor</u>	<u>25/4/2006</u>												
	Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
	Was driver an employee of the insured's company? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No														
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															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
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?		Was injured conveyed to hospital by ambulance?													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No													
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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state which Police station: <u>Woodlands East NR</u>														
	13 Was notice of intended prosecution given? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, against whom? _____														
Accident details	14 Weather conditions: <input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others _____														
	15 Road surface: <input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others _____														
	16 Speed of vehicles: A _____ km/hr B _____ km/hr														
	17 What warnings were given by driver or other party? _____														
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	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>1</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 _____														



**SINGAPORE
POLICE FORCE**



L/20201110/2004

1 of 2

POLICE REPORT (NP299)

Report No. L/20201110/2004

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

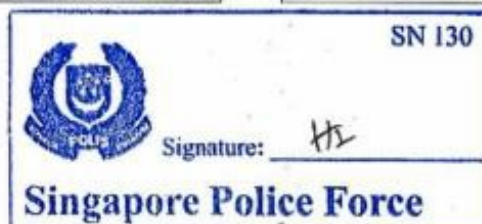
Date/Time Report Made 10/11/2020 00:44	Vide Report No.	Station Diary No. 11
Name Of Informant SHAFIQ BIN SULAIMAN	Address APT BLK 816A KEAT HONG LINK #02-53 SINGAPORE 681816	
ID Type / ID No. NRIC NO / S8524071D	Contact No. Home/Office	Mobile 90628471
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Electrical engineering technician (general)	Sex Male	Age 35
Institution/School Name	Date of Birth 24/07/1985	Race Javanese
Date/Time Of Incident 09/11/2020 00:15	Location Of Incident WOODLANDS AVENUE 3 SINGAPORE Junction underneath BKE flyover	

Brief details.

On 09/11/2020 at around 0015hrs, I was riding my motorbike (FBP67A) at Woodlands Ave 3 towards Marsiling and I was at the junction underneath the BKE flyover when I smelled oil coming from my motorbike. I made a check while I was at the red light and saw that there was a fire coming from my motorbike's engine. I immediately beat the red light and parked my motorbike to attempt to put out the fire. I emptied out my motorbike's compartment and set the items aside along with my sling pouch that was on my body as I tried to put out the fire with my shirt. However, the fire got bigger and started to

Signature Of Officer Recording The Report: L / SCSGT(1) HILMI BIN ISHAK <i>H2</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2020 00:44
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp TAY MING WEI Contact No.: 64660000	Classification Of Case:

Authentication Stamp





**SINGAPORE
POLICE FORCE**



L/20201110/2004

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT



Report No. L/20201110/2004

spread to the grass patch where my items were. The fire then damaged some of the items such as sling pouch, tool bag, SP Safety Helmet and SP Safety Vest. The Police and SCDF attended to my scene and managed to put out the fire subsequently.

The items in my sling pouch that got engulfed in the flame are the following:

- SP Power Pass Card
- SP Power Substation Key
- Multiple bank cards
- Vocational License for Taxi/Bus

I am making this report for record purposes.

Signature Of Officer Recording The Report: L / SCSGT(1) HILMI BIN ISHAK 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 10/11/2020 00:44
Officer In-Charge Of Case: L / Woodlands Police Divisional Investigation Branch / Insp TAY MING WEI Contact No.: 64660000	Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

