Veh No: TY 4/44 P YR Regr: 2004 1 Set Protection Cost Set Internated Cost Type: Moan I (Cost Spus I Van I Lorry / Taxil Prime Mover I Truck / Trailler or Truck / Trailer or Truck / Trailler or Truck / Trailer or Truck / Truck / Truck / Trail / Sto Intruck / S	ASS. REC. BY: (ASS.)	ASSIGNMENT (OF FRIRY, YORK JOHN
Truck / Trailer or Make: KAWASKI KRR ZXI SOM cc NY Colour BUVE ACC Insured / Std / NI / NA Express Survey Mack No Son Colour BUVE ACC Insured / Std / NI / NA Engino: Colour BUVE ACC Insured / Std / NI / NA Engino: Colour BUVE ACC Insured / Std / NI / NA Engino: Colour BUVE ACC Insured / Std / NI / NA Engino: Colour BUVE ACC Insured / Std / NI / NA Engino: Colour BUVE ACC Insured / Std / NI / NA Engino: Colour BUVE ACC Insured / Std / NI / NA Engino: Colour Buve ACC Insured / Std / NI / NA Engino: Colour Buve ACC 60 955 Gen. Cond. Good / Red/ Poor / Burnt or Begino: Colour Buve ACC 60 955 Gen. Cond. Good / Red/ Poor / Burnt or Sering: Insured / Leaked / Burnt or Modi Ni / SRih / STD Arkin or Tyre Size: F: 70/90-17 R: 80/90-17 R: 80/9	rom: Date:	
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Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Date / Time	CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / OS/ N/S / U/C / Rooftop or
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SA0A213G0007 / Ajax Mars Pte Ltd ENTRY DATE & TIME: 16/03/2021 18:29 (SGT) SUBMITTED BY: Susan VERSION: 1 (16/03/2021 18:29 (SGT))

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.
- 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 Submission
Date of Accident
Exact Location of Accident
Additional Location Information
Country/State of Loss

16/03/2021 18:29 (SGT) 15/03/2021 15:30 (SGT) Singapore RIVER VALLEY ROAD Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number

FY4144P

INSURED/POLICYHOLDER

Is company?
Name Of Registered Owner
NRIC No
Email Address
Mabile Phone No

Mobile Phone No
Alternative Phone No

No JEFREY SIVA KUMAR

SXXXX107I

brendangareth.kumar@gmail.com (Phone) +65-91076742

+65-91076742

VEHICLE PARTICULARS

Manufacturer Model

Variant

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?

Vehicle Category

Kawasaki KRR ZX150 M

Private use

No - Claiming third party

Motorcycle

INSURANCE COMPANY

Cover Note Number

Name of Insurance Company Type of Coverage Fleet Policy Policy Number

PNMC2020-00004137

ThirdParty

FWD

No

DRIVER

Name of Driver NRIC No Date Of Birth Occupation

BRENDAN GARETH KUMAR TXXXX662Z 05/06/2002 Outdoor Date Of Driving Pass Driving experience Gender Mobile Number Alt. Phone Number Email Address Address

Address complement
Postcode
Is the driver the policyholder?
If No, Relationship of the Driver with the Insured
Does Driver Own Other Vehicles?
Vehicle Registration Number of Other Vehicle Owned by Driver

Insurance Company of Other Vehicle Owned by Driver

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident Weather Conditions Road Surface

22

OTHER INFORMATION

Was any foreign vehicle involved in the accident?

Number of vehicles involved in the accident

Was anybody injured in the Accident?

Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged?

Number of Passengers (Including Driver)

Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?

DETAILS OF POLICE ACTION

Was the accident reported to the police?
Police Station Name
Police Station Phone No
Alt. Police Station Phone No
Police Station Address
Was notice of intended Prosecution given?
If yes, against whom?

Orchard Neighbourhood Police Centre (Phone) +65-18007359999 (Fax) +65-67331934 51 Killiney Road Singapore 239572 No

CIRCUMSTANCES OF ACCIDENT

Refer as police report (T/20210315/2112) Refer as police report (T/20210315/2112) LODGED AT ORCHARD N P C Brief Details

On 15/03/2021 at about 1530hrs, I was ridding my motorbike bearing plate number FY4144P on lane 1 of River Valley Road and

At the bus stop opposite the slip road into Leonie Hill Road, the driver of taxi vehicle bearing plate number SHC7257U changed lanes from lane 2 to lane 1 without signaling and checking his blink spots. At this point, I decided to swerve into lane 2 immediately so as to avoid a collision with the taxi. Shortly after, the taxi driver change lanes again from lane 1 to lane 2 without signaling or checking at his blind spots. I was not able to change lane in time and the taxi driver's rear bumper collided with the head (front area) of my bike. The head of my bike had some cracks as a result of the accident. The accident caused my pelvis area to hit against the tank and my left particulars with the other driver as I mentioned that I did not require ambulance.

The taxi driver offered to pay me S\$200/- to settle the matter privately but I did not feel that it was appropriate for him to do so at that I went to KAO & TAN Family Medical Control & Control &

I went to KAO & TAN Family Medical Centre & Surgery Pte Ltd located at Blk 18 Jalan Membina #02-03 Singapore 164018 as I felt am not sure about the costs to repair the damages my motorbike had sustained due to this accident as I have yet to send it to the

I wish to add that I do not have a camera installed on my helmet or any other parts of my motorbike when the accident happened. I am lodging this report for record.

brendangareth.kumar@gmail.com HDB Choa Chu Kang Blk 297A (MSCP) - CK59, 297A Choa Chu Kang Avenue 2 #07-120

681297 No Child No

05/10/2020

5 MONTHS

(Phone) +65-91076742

-

Collision - Change/cross lane

Clear Dry

No

Yes

No

Yes

1

No

2

Accident report SA0A213G0007

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ATTACHMENT(S)

Are accident photos available for attachment? Was there any video captured by Car Camera? Was there any audio recorded?

Yes No No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Vehicle Manufacturer

Vehicle Model

Vehicle Variant

Vehicle Colour Vehicle Category

Name of Driver NRIC No

Contact Number

Address

Address complement

Postcode

Insurance Company Name

Nature Of Damage

Details of property damaged in accident

No. Of Passenger (Including Driver)

SHC7257U

Hvundai

140 1.7 CRDI F/L AT ABS AIRBAG 4DR

Yellow Taxi

TEO SENG HUAT

SXXXX442H

(Phone) +65-97325979

INJURED PERSONS DETAILS

INJURED 1

Name of injured person

Address

Address Complement

Post Code

Approximate Age Years Old

Injuries Sustained

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

BRENDAN GARETH KUMAR

HDB Choa Chu Kang Blk 297A (MSCP) - CK59, 297A Choa Chu

Kang Avenue 2

#07-120

681297

FY4144P

No

SKETCH PLAN

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. 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:

- 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)
 - (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.
- 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)

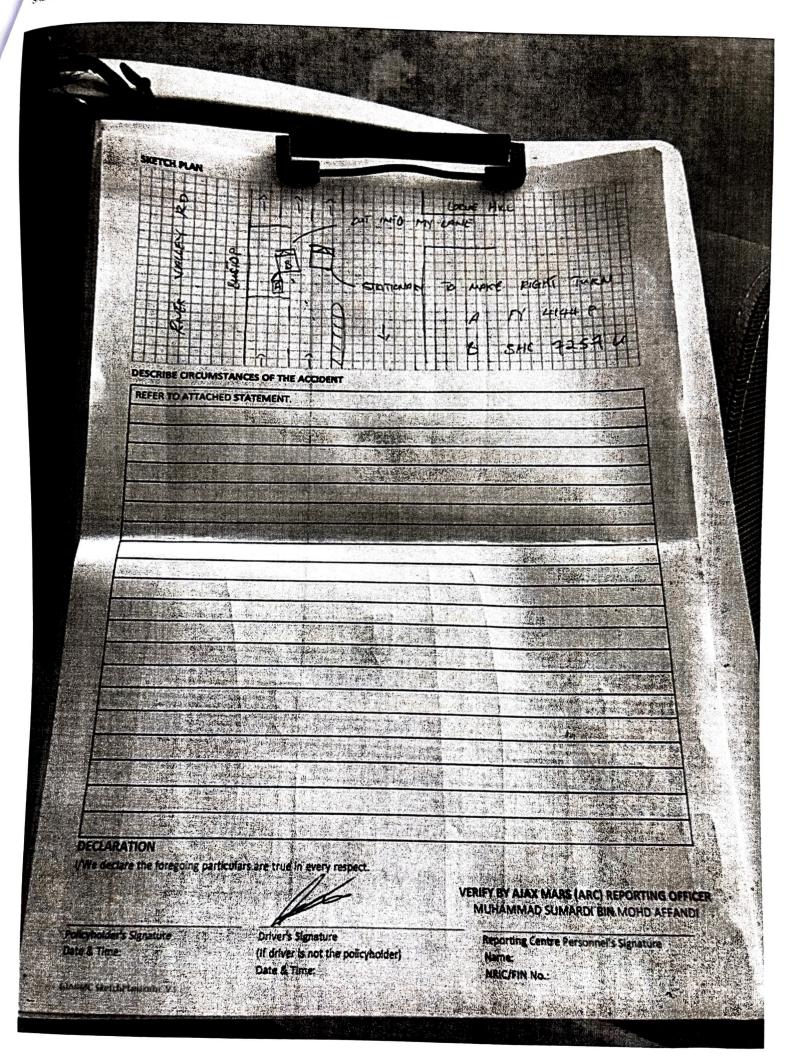
Date & Time

VERIFY BY AJAX MARS (ARC) REPORTING OFFICER

MUHAMMAD SUMARDI BIN MOHD AFFANDI

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:



mm

, Back to One Motoring

Enquire PARF/COE Rebate for Registered Vehicle

	A CONTRACT OF THE PROPERTY OF
Owner ID Type:	Singapore NRIC
Owner ID:	1071
Vertical alternatives with the vertical and the vertical	
Vehicle No.:	FY4144P
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Mar 2021
Vehicle Make:	KAWASAKI
Vehicle Model:	KRR ZX150 M
Primary Colour:	Red
Manufacturing Year:	2004
Engine No.:	KR150EEA60955
Chassis No.:	KR150KA60955
Maximum Power Output:	-
Open Market Value:	\$2,830.00
Original Registration Date:	15 Sep 2004
First Registration Date:	15 Sep 2004
Transfer Count:	2
Actual ARF Paid:	\$425.00
· · · · · · · · · · · · · · · · · · ·	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
COE Expiry Date:	20.4
COE Category:	30 Apr 2024
COE Period(Years):	D - Motorcycle
PQP Paid:	10
COE Rebate Amount:	\$3,256.00
Total Rebate Amount:	\$1,009.00
The information contained by the state of th	\$1,009.00

The information contained herein is correct as at 24 Mar 2021