

## 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 Submission ..... 23/03/2021 12:32 (SGT)  
Date of Accident ..... 12/03/2021 21:30 (SGT)  
Exact Location of Accident ..... Singapore  
Additional Location Information ..... ALONG GEYLANG BAHRU  
Country/State of Loss ..... Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number ..... FBP3216S

#### INSURED/POLICYHOLDER

Is company? ..... Yes  
Name Of Registered Owner ..... ROSET LIMOUSINE SERVICES PTE. LTD.  
Company Reg No ..... 2XXXXX722Z  
Email Address ..... sbrmrzq@gmail.com  
Mobile Phone No ..... (Phone) +65-90296514  
Alternative Phone No ..... +65-90296514

#### VEHICLE PARTICULARS

Manufacturer ..... Yamaha  
Model ..... Jupiter z1  
Variant ..... -  
Exact purpose for which vehicle was being used at time of accident ..... Employment  
Are you claiming under your own insurance policy for repair to your vehicle? ..... No - Claiming third party  
Vehicle Category ..... Motorcycle  
Transmission ..... Manual  
CC ..... 114

#### INSURANCE COMPANY

Name of Insurance Company ..... AXA Insurance Pte Ltd  
Type of Coverage ..... ThirdPartyFireTheft  
Fleet Policy ..... Yes  
Policy Number ..... -  
Cover Note Number ..... -

#### DRIVER

Name of Driver ..... SABRI MARZUQI BIN SELAMAT  
NRIC No ..... SXXXX580D

Date Of Birth .....	03/05/1998
Occupation .....	Outdoor
Date Of Driving Pass .....	07/10/2016
Driving experience .....	4 YEARS AND 5 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90296514
Alt. Phone Number .....	-
Email Address .....	sbrmrzq@gmail.com
Address .....	53 PIPIT ROAD #02-96 SPORE 370053
Address complement .....	-
Postcode .....	-
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Employee
Does Driver Own Other Vehicles? .....	No
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other material or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No

#### PASSENGER 1

Name .....	NURSHAZLINA BTE MOHAMMED NOOR
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

#### REFER TO SKETCH PLAN

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	VIDEO WITH POLICE
Was there any audio recorded? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SHA3070C
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-

Vehicle Category .....	Taxi
Name of Driver .....	-
Contact Number .....	-
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	-

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	SABRI MARZUQI BIN SELAMAT
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP3216S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

##### INJURED 2

Name of injured person .....	NURSHAZLINA BTE MOHAMMED NOOR
Address .....	-
Address Complement .....	-
Post Code .....	-
Approximate Age Years Old .....	-
Injuries Sustained .....	-
Injured person in which vehicle? .....	FBP3216S
Were seat belts worn? .....	-
Was this injured conveyed to hospital by ambulance? .....	-

#### WITNESS DETAILS

##### WITNESS 1

Name .....	-
Phone .....	(Phone) +65-90673850
Email .....	-

##### WITNESS 2

Name .....	-
Phone .....	(Phone) +65-91857280
Email .....	-

**SKETCH PLAN****IMPORTANT NOTICE**

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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.
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.

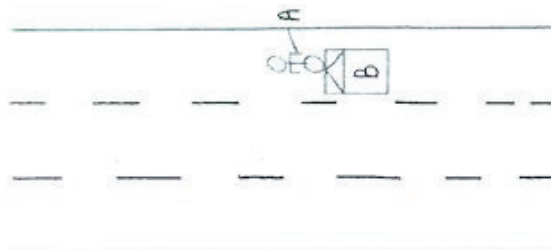


Policyholder's Signature / Date & Time

Sketch Plan

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

Witnessed by Reporting Centre Personnel



A: FBP3216S  
B: SHA3070C

## Describe Circumstances of the Accident

I was travelling straight along Geylang Bahru at the most right lane. Out of sudden, I felt an impact from my rear left causing me to fall towards left side. Vehicle B came from no where hit onto the rear left portion of my bike. I got an eye witness told me that he was behind of us and his camera captured the scene. He also informed me that he already submitted the video footage to traffic police and made the police report.

I am the hirer of Roset Limousine Service Pte Ltd and I am using this vehicle for working purpose.

## Declaration

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

Witnessed by Reporting Centre Personnel







































**AXA INSURANCE PTE LTD**  
 8 Shenton Way, #24-01  
 AXA Tower, Singapore 068811  
 Customer Centre #01-21  
 Tel: 1800 8804888 Fax:-  
 Website: www.axa.com.sg  
 GST Registration Number: 199903512M  
 customer.care@axa.com.sg

**CERTIFICATE OF INSURANCE**

■ Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) ■ Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 ■ Road Transport Act, 1987 (Malaysia) ■ Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

<b>CERTIFICATE NO.</b>	<b>: VFX/P2300235</b>	<b>Account No. : 00104</b>
<b>Coverage</b>	<b>: Third Party Fire &amp; Theft Only</b>	
<b>Sum Insured</b>	<b>: Market Value At The Time Of Loss</b>	
<b>Name of Policy Holder</b>	<b>: ROSET LIMOUSINE SERVICES PTE LTD</b>	
<b>Vehicle Registration No.</b>	<b>: FBP3216S</b>	
<b>Period of Insurance</b>	<b>: From 20/06/2020 To 19/06/2021 (Both Dates Inclusive)</b>	

**PERSONS OR CLASSES OF PERSONS ENTITLED TO DRIVE\***

Any other person provided he is in the Policyholder's employ and is driving on their order or with their permission

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

**LIMITATIONS AS TO USE\***

- (a) Use only for the Policyholder's business or profession
- (b) Use for social, domestic, and pleasure purposes by the Policyholder

The Policy does not cover use for the carriage of passengers for hire or reward, racing, pace-making, reliability trial or speed testing

(13)

**EXCESS :**

**Sect II - Any Rider : SGD 500.00**

\* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia).

**AXA INSURANCE PTE LTD**
  
**Authorized Signature**

Issued by - SGOGOWT on 12/06/2020

**IMPORTANT :**

Policyholders are warned that on the sale of a motor vehicle they must surrender the Certificate of Insurance and the Policy to the insurance company. If the Certificate of Insurance has been lost or destroyed a Statutory Declaration to the effect must be made. Failure to comply with this obligation is an offence under the Motor Vehicle (Third-Party Risks and Compensation) Act (Cap. 189).

**FOR INDIVIDUAL CUSTOMERS** : Cover Under the policy is valid only upon the payment of the full premium stated on the policy.

**FOR NON-INDIVIDUAL CUSTOMERS** : Please refer to the Premium Warranty Clause on the policy