

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 14/06/2021 17:39 (SGT)
Date of Accident 11/06/2021 18:40 (SGT)
Exact Location of Accident 1 Woodlands Square, Singapore 738099
Additional Location Information CAUSEWAY POINT BASEMENT CARPARK
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJK7136U

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner ABDUL RAHMAN BIN AHMAD BAJURI
NRIC No SXXXX375F
Email Address lynn.bmt@gmail.com
Mobile Phone No (Phone) +65-92322360
Alternative Phone No +65-92322360

VEHICLE PARTICULARS

Manufacturer Honda
Model Airwave
Variant -
Exact purpose for which vehicle was being used at time of accident Private use
Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party
Vehicle Category Private car
Transmission Auto
CC 1496

INSURANCE COMPANY

Name of Insurance Company AXA Insurance Pte Ltd
Type of Coverage ThirdParty
Fleet Policy No
Policy Number GA556092
Cover Note Number -

DRIVER

Name of Driver ABDUL RAHMAN BIN AHMAD BAJURI
NRIC No SXXXX375F

Date Of Birth	27/02/1981
Occupation	Outdoor
Date Of Driving Pass	07/10/2010
Driving experience	10 YEARS AND 8 MONTHS
Gender	Male
Mobile Number	(Phone) +65-92322360
Alt. Phone Number	+65-92322360
Email Address	lynn.bmt@gmail.com
Address	BLK 854 WOODLANDS ST 83 #02-80
Address complement	-
Postcode	730854
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
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)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bukit Panjang North Neighbourhood Police Post
Police Station Address	Blk 27 Marsiling Drive Singapore 730027
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT: T/20210612/2039.

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFL9393U
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	LI SHIYANG
NRIC No	SXXXX797A

Contact Number	(Phone) +65-83186877
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	VEHICLE B
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ABDUL RAHMAN BIN AHMAD BAJURI
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	SJK7136U
Were seat belts worn?	Yes
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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' law yers/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' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

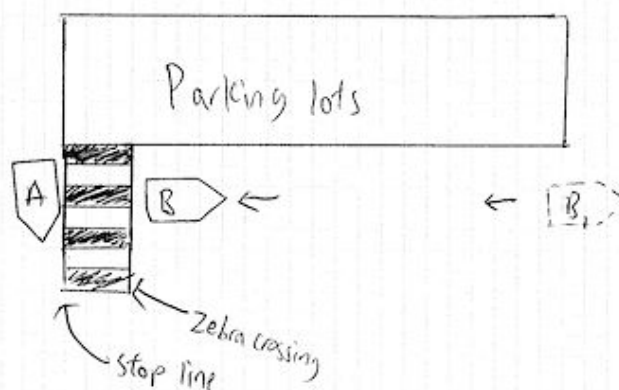
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.


Policyholder's Signature / Date &
Time
14/6/21

Sketch Plan


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

Witnessed by Reporting Centre
Personnel



A-SJK7136U

~~B-SJK7136U~~

B-SFL9393J

Ryder Auto

Describe Circumstances of the Accident

I WAS AT CAUSEWAY POINT BASEMENT CARPARK. I WAS STATIONARY AT THE STOP LINE BEFORE THE ZEBRA CROSSING AS THERE WERE PEDESTRIAN CROSSING. SUDDENLY VEHICLE B (SFC9393U) REVERSE ALL THE WAY FROM THE FRONT TO THE BACK AND HIT ONTO THE FRONT PORTION OF MY VEHICLE.

AFTER THE INCIDENT VEHICLE B MESSAGE ME AND REQUEST FOR PRIVATE SETTLEMENT.

Declaration

I/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

LETTER OF UNDERTAKING

I/We, ABDUL RAHMAN BIN AHMAD BAJURI, the owner of vehicle no. SJK7136U

My/Our Insurance is under M/s AXA Insurance Singapore Pte Ltd, I/we shall decide whether to claim under my/our Policy or against the Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handle by my/our preferred workshop, _____

Signed and Acknowledge by:

S8215375F 
Nric no. and signature of policyholder

Company Stamp

11/6/2021

Date











SINGAPORE POLICE FORCE		120210612/2039				
Police Station Of Origin Bukit Panjang North NPP 27 Marsling Drive #01-237 SINGAPORE 730027 Tel No 1800-3689999		5 of 4 Report No. T20210612/2039				
REPORT OF A TRAFFIC ACCIDENT						
Date/Time Report Made 12/06/2021 13:54		Vide Report No. Station Diary No. 12				
Informant's Particulars						
Name of Informant ABDUL RAHMAN BIN AHMAD BAJURI		Address APT BLK 854 WOODLANDS STREET 83 #02-80 SINGAPORE 730854				
ID Type / ID No. NRIC NO / S8107227B		Contact No. Home/Office Mobile: 92322360				
Nationality SINGAPORE CITIZEN		Email:				
Sex Male	Age 40	Date of Birth 27/02/1981	Type of Informant Driver			
Race Boyannese		Language	Institution / School Name			
Occupation Self-Employed		Driving Licence Information: Class: Date of Expiry:				
General Information of the Accident						
Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 11/06/2021 18:35			
Type of Location: T-Junction						
Location: WOODLANDS SQUARE						
Weather: Clear		Road Surface: Dry	Road Speed Limit			
Traffic Flow One Way		Traffic Control Not Controlled	Traffic Volume:			
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No			
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFC9393U	Car					0
SJK7136U	Car	HONDA	AIRWAVE 1.5M A	Blue	Slightly Damaged	0
Details of Vehicle Insurance						
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date		
SJK7136U	AXA INSURANCE SINGAPORE PTE LTD	GA558092	13/11/2020	29/10/2021		



**SINGAPORE
POLICE FORCE**



1/20210612/2039

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No 1800-3689999

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Report No: 1/20210612/2039

CONTINUATION OF REPORT

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Driver

Name	LI SHIYANG	ID No	S9971797A
Related Vehicle	SFC9393U (Car)	Contact No	83186877
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Driver

Name	ABDUL RAHMAN BIN AHMAD BAJURI	ID No	S8107227B
Related Vehicle	SJK7136U (Car)	Contact No	92322360
Hospital/Clinic	HEARTLAND FAMILY CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2021	Date Discharge	12/06/2021
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On the 11/06/2021 at around 635pm, I was driving my vehicle, SJK7136U, at Causeway Point B2 Carpark when I got into an accident.

I was approaching a T-junction in the carpark and was about to make a left turn when I realized there is a zebra crossing at the left turn and there was people crossing. I stop just before the zebra crossing to allow the people to cross.

Out of a sudden, a car, SFC9393U, that was in front of me did a fast reverse and collided into me. The impact caused my car to suffer dents and scratches on the front left bumper. My front bumper also shifted causing the wheels to rub against the frame making it unable to drive. My headlight was damaged too.

We both alighted to make a check and exchange particulars. My vehicle was then towed away by my workshop after I managed to drive it home.

On the 12/06/2021, I felt pain in my lower body due to the accident and I decided to see a doctor to seek treatment. I was given 1 week MC and a referral to KTPH for a check up but the date has yet been confirmed.



SINGAPORE
POLICE FORCE



T/20210612/2039

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Report No. T/20210612/2039

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No. 1800-3889999

CONTINUATION OF REPORT

1/6 photos taken

 **SINGAPORE
POLICE FORCE**
Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No. 1800-3689999



T/20210612/2039

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Report No. T/20210612/2039

CONTINUATION OF REPORT

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.

Signature Of Officer Recording The Report:
L /
Sgt 3 SPENCER HO JIAN LOONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/06/2021 13:54

Officer In Charge Of Case:
TP / AEIT /
SI ANG YI TING, STEPHANIE
Contact No.: 65475414

Classification Of Case:

Authentication Stamp
NP168

SN 127

Signature :

Singapore Police Force

email: ryder@www.singaporepolice.com.sg
Tel: 67418277 Fax: 67468277

12/6 photos taken



redefining / insurance

AXA Insurance Pte Ltd
 1800 880 4888 (Within Singapore)
 (65) 6880 4888 (International)
 (65) 6880 4740
 customer.care@axa.com.sg
 www.axa.com.sg

account number
 04196

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)

Policy details

Policyholder name	ABOUL RAHMAN BIN AHMAD BAJURI	Certificate number	GA556092 / 1
Cover	Third Party Only	Chassis number	GJ11306125
Plan name	Third Party	Engine number	L15A5207467
NCD applicable	0%		
Vehicle registration number	SJK7136U		
Period of Insurance	from 13/11/2020 to 29/10/2021 (both dates inclusive)		
Finance loan company	RICARDO CARS PTE LTD		

Persons or classes of persons entitled to drive*

- (a) The Policyholder
 (b) Any person who is driving on the Policyholder's 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.

Limitation as to use*

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The policy does not cover - use for hire or reward, racing, pace-making, reliability trial, speed testing, the carriage of goods other than samples in connection with any trade or business or use for any purpose in connection with motor trade; or when the Motor Car, whether stationary, in use or otherwise, is in or on, a racing track, circuit, route, course or any other roads by whatever name called that are typically used for racing, pace-making or such similar purposes.

* 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.

An Additional Excess is applicable as follows:

1. S\$500 for unnamed *Authorised Driver*
2. S\$500 for declared *Young and Inexperienced Driver*
3. S\$5,000 for undeclared *Young and Inexperienced Drivers*. This additional excess is reduced to S\$2,500 if You have chosen AXA Premium Workshops.

Additional clauses & endorsements to your policy

Nil

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision 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

Authorised signatory

Important note

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).

The Premium Warranty Clause requires the premium to be paid in full within a specific period failing which there would be no liability under the policy, renewal certificate, endorsement etc.

AXA Insurance Pte Ltd (199903512M)
 8 Shenton Way, #24-01, AXA Tower,
 Singapore 068811
 Customer Centre, #B1-01

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