

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 15/07/2021 12:36 (SGT)
Date of Accident 09/07/2021 11:50 (SGT)
Exact Location of Accident Singapore
Additional Location Information ALONG EUNOS RD 8 OUTSIDE PAYA LEBAR SQUARE
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBQ1880G

INSURED/POLICYHOLDER

Is company? Yes
Name Of Registered Owner ROSET LIMOUSINE SERVICES PTE. LTD.
Company Reg No 2XXXXX722Z
Email Address khierthii@rosetlimo.com
Mobile Phone No (Phone) +65-92383697
Alternative Phone No +65-92383697

VEHICLE PARTICULARS

Manufacturer Yamaha
Model Jupiter z1
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 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 HISYAM BIN SULEMAN
NRIC No SXXXX459Z

Date Of Birth	20/11/1990
Occupation	Outdoor
Date Of Driving Pass	14/06/2012
Driving experience	9 YEARS AND 1 MONTH
Gender	Male
Mobile Number	(Phone) +65-92383697
Alt. Phone Number	-
Email Address	syammysuleman@hotmail.com
Address	603 WOODLANDS DRIVE 42 #06-25 SPORE 730603
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	HIRER
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	Side Swipe
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 vehicle 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	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO SKETCH PLAN/POLICE REPORT

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	SHC8167P
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	HISYAM BIN SULEMAN
Address	-
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	-
Injured person in which vehicle?	FBQ1880G
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN

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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

[Signature]

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

[Signature]

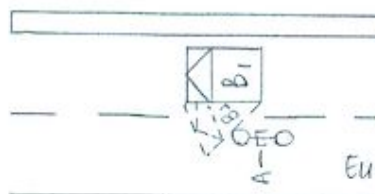
Witnessed by Reporting Centre Personnel

Sketch Plan

Paya Lebar Square

A: FBQ 1880G

B: SHC 8167P



Eunos Rd 8

Describe Circumstances of the Accident

Refer to police report G/20210709/7051

I am the hirer of Roset
Limousine Services Pte Ltd
and I am riding vehicle
FBQ 1880G for private use.

Declaration

We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

[Signature]

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

[Signature]

Witnessed by Reporting Centre Personnel



















**SINGAPORE
POLICE FORCE**



G/20210709/7051

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POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Report No. G/20210709/7051

Date/Time Report Made 09/07/2021 21:02		Vide Report No.		Station Diary No.	
Name Of Informant HISYAM BIN SULEMAN		Address 603 WOODLANDS DRIVE 42 #06-25 SINGAPORE 730603			
ID Type / ID No. NRIC NO / S9044459Z		Contact No. Home/Office: Mobile: 92383697			
Nationality SINGAPORE CITIZEN		Email Address syammysuleman@hotmail.com			
Occupation Other transport controllers and related workers nec		Sex Male	Age 30	Date of Birth 20/11/1990	Race Boyanesese
Institution/School Name		Language English			
Date/Time Of Incident 09/07/2021 11:50 - 09/07/2021 12:30		Location Of Incident EUNOS ROAD 8			
Brief details.					

On the 9th of July 2021 at 1150hrs i was travelling on my motorcycle which i have rented from Tribecar bearing plate number FBQ1880G along Eunos Road 8 at the junction opposite Paya Lebar Square Carpark Entrance when i was sideswiped from the right by a ComfortDelgro taxi bearing plate number SHC8167P. I was on the left lane heading straight on the two lane carriageway when the accident happened. Taxi was on the right lane and the driver swerved abruptly into my lane to avoid a collision with the vehicle ahead of him. When the taxi swerved into my lane, the left rear passenger side hit me

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2021 21:02
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



**SINGAPORE
POLICE FORCE**



G/20210709/7051

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20210709/7051

and i fell down after losing control of the motorcycle. The taxi driver and some passerbys assisted me to the side of the road and the driver called for ambulance. My statement was taken by Traffic Police upon arrival and i exchanged particulars with the taxi driver. The taxi driver and myself agreed to settle the matter via insurance claims. I headed to Bedok Polyclinic to consult a doctor for my injuries and was given 1 week of MC as i am unable to walk. That is all.

Subjects Involved			
Victim			
Person Name	HISYAM BIN SULEMAN		
ID Type	NRIC NO	ID No	S9044459Z
Gender	Male	Age	30
Race	Boyanesse	Language	English
Occupation	Other transport controllers and related workers nec	Address	603 WOODLANDS DRIVE 42 #06-25 SINGAPORE 730603
Mobile No	92383697	Is Informant A Victim?	Yes
Person Name HISYAM BIN SULEMAN (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2021 21:02
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	


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)		
CERTIFICATE NO.	: VFX/P2300235	Account No. : 00104
Coverage	: Third Party Fire & Theft Only	
Sum Insured	: Market Value At The Time Of Loss	
Name of Policy Holder	: ROSET LIMOUSINE SERVICES PTE LTD	
Vehicle Registration No.	: FBQ1880G	
Period of Insurance	: From 20/06/2021 To 19/06/2022 (Both Dates Inclusive)	
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 3 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 - SGOSTPR on 16/06/2021

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