

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 ability
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 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	15/03/2016 00:45
Date Of Accident	11/03/2016 21:15
Exact Location Of Accident	JUNCTION OF MIDDLE ROAD & WATERLOO STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7194B
Insured/Policyholder	
Name Of Registered Owner	FIRHAN BIN ABDUL RASHED
NRIC No	S8929111I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81832044
Alternative Phone No	Others-81832044

Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000 ABS MANUAL
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?	No
If No, Please state action to be taken	Third Party
Vehicle Category	Motorcycle

Insurance Company

Name of Insurance Company	EQ Insurance Company Ltd
Type Of Coverage	Third Party
Fleet Policy	No
Policy Number	
Cover Note Number	30155

Driver

Name of Driver	FIRHAN BIN ABDUL RASHED
NRIC No	S8929111I
Date Of Birth	21/08/1989
Occupation	Indoor
Date Of Driving Pass	30/05/2014
Driving Experience	1 Year And 9 Months
Gender	Male
Mobile Number	(Local) +65-81832044
Fax Number	
Contact Number	Others-81832044
EEmail Address	NOEMAIL

Address	BLK 147 TAMPINES AVENUE 5 #02-232
Postcode	521147
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	Collision- Head to Side
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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	Pasir Ris Neighbourhood Police Centre
Police Station Address	ROAD: 1 Pasir Ris Drive 4 , POSTCODE: 519457 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED POLICE REPORT NO: T/20160312/2152.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGQ7195C
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	FIRHAN BIN ABDUL RASHED
Approximate Age	
Injuries Sustain	

Injured person in which vehicle?

FBJ7194B

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

Accident Sketch Plan

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

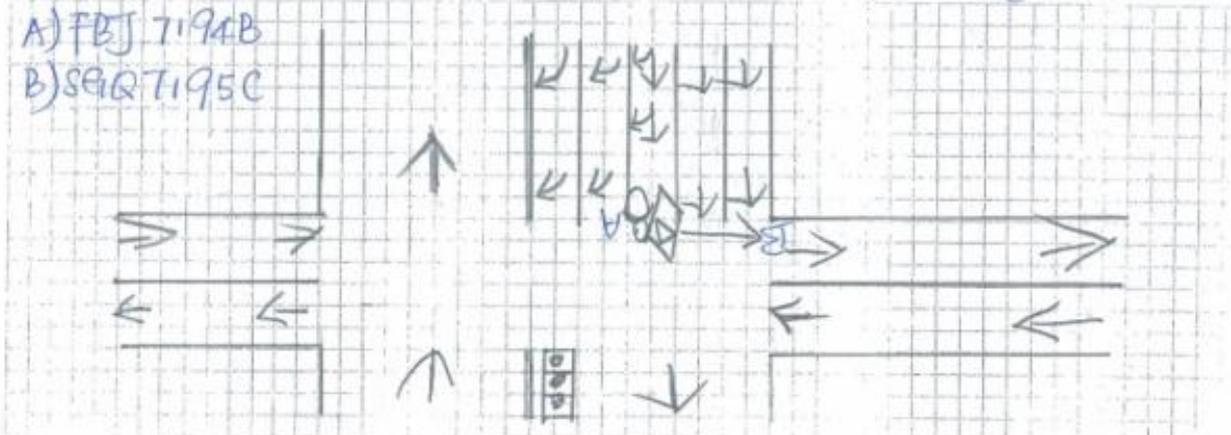
Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

JUNCTION OF WATERLOO STREET & MIDDLE ROAD.

A) FBJ 7194B
B) SBQ 7195C



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident

AS PER POLICE REPORT. T/20160312/2152

I WISH TO STATE THAT I HAVE 2 WITNESSES, NAMELY:

KEYVIN LAI, HP: 96465890 x ~~HP~~ INDPAL KAUR, HP: 81026729.

WITNESS KEVIN LAI FURNISH THE VIDEO FOOTAGE FROM HIS CAR. THE TRAFFIC LIGHT WAS STILL RED FOR TURNING RIGHT. THE DRIVER IS BEATING RED LIGHT.

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

POLICE REPORT (2) Pg.1



**SINGAPORE
POLICE FORCE**



T/20160312/2152

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

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Report No. T/20160312/2152

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Ric			
Name	FIRHAN BIN ABDUL RASHED	ID No.	S8929111
Related Vehicle	FBJ7194B (Motorcycle)	Contact No.	81832044
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	12/03/2016	Date Discharge	12/03/2016
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Passenger			
Name	INDPAL KAUR	ID No.	NIL
Related Vehicle	SGQ7195C (Car)	Contact No.	81026729
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	LIM WONG MING DANIEL	ID No.	S728739B
Related Vehicle	SGQ7195C (Car)	Contact No.	91737056
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

Brief Details.

On the 11/03/2016 at about 2115hrs, I was travelling on my vehicle (FBJ7194B) along Waterloo Street. I was travelling on the third lane. The lane that I was in could either travel straight or turn right.

I was travelling behind another vehicle (SGQ7195C). As the traffic light was in my favour of going straight and the traffic light to turn right was red, I proceed on as the car (SGQ7195C) in front of me moved. Just as I passed the traffic light, I was about to make a lane change to overtake the vehicle (SGQ7195C) in front. The vehicle (SGQ7195C) in front of me which by then was on my left side make a sudden turn and wanted to turn into Middle Road even though the traffic light arrow was red to turn right. Due to this, both



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T/20160312/2152

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3 of 4

Report No. T/20160312/2152

CONTINUATION OF REPORT

vehicles collided.

Few minutes later, traffic police and ambulance arrived at scene. Both drivers then exchanged particulars. On the 12/03/2016, I went to Tan-Tock-Seng as my whole body was hurting. I was then being treated and was given 3 days MC (12/03/2016 to 15/03/2016)

My injuries are abrasion on my left and right arm, left knee abrasion and swollen, right ankle swollen, neck strain, back and waist strain.



**SINGAPORE
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T/20160312/2152

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Report No. T/20160312/2152

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: G / FIRHAN BIN ABDUL RASHED	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 12/03/2016 22:31
Officer In Charge Of Case: TP / GIT / MOHAMMAD SUFYAN S/O MOHD SHAFIE Contact No.: 65476428	Classification Of Case:

Authentication Stamp
 NP168

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8929111



Name
FIRHAN BIN ABDUL RASHED

Race
MALAY

Date of birth Sex
21-08-1989 M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE



IC17716771

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8929111



Name
FIRHAN BIN ABDUL RASHED

Race
MALAY

Date of birth Sex
21-08-1989 M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENSE



IC17716771

3 8 0 5 5 0 8



NRIC No. S89291111

Date of issue
27-08-2004

Address:
APT. BLK. 147, TAMPINES AVENUE 5
#02-232
SINGAPORE 521147

Class 1B	Motorcycles <= 200 CC	06 Aug 2009
Class 2A	Motorcycles between 201 CC and 400 CC	23 Mar 2011
Class 2	Motorcycles > 400 CC	30 Mar 2014
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver, and motor tractors/vehicles <= 2500 kg	05 Sep 2008

S/No. 9000190914

S89291111

3 8 0 5 5 0 8



NRIC No. S89291111

Date of issue
27-08-2004

Address:
APT. BLK. 147, TAMPINES AVENUE 5
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S/No. 9000190914

S89291111

MOTOR COVER NOTE

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 and Compensation) Rules 1969 (Malaysia)

Whereas the Insured named in the Schedule below having proposed for insurance in respect of the Motor Vehicle described in the Schedule below the risk is hereby HELD COVERED in the terms of the Company's usual form of Policy applicable thereto for the period as stated below unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE	
Agent / Broker Code:	BAN HOOK HIN CO PTE LTD / AG0338
Policy No.	Cover Note no. : 30155
Name of Insured	Firhan Bin Abdul Rashed
Registration Number	FBJT194B
Make / Model	Kawasaki
Year of Registration	2014
Cubic Capacity	1043
Engine Number	ZRT00DE059523
Chassis Number	JKAZRT00FGA001248
Cover Type	Third Party Only
Value	
Period of Insurance	From: 29/09/2015 (Time: 5.30 am/pm) To: 28/09/2016
Hire Purchase Company	-
Excess	-
Type Of Plan	Classic / Premier

We hereby certify that this Cover Note is issued in accordance with the provisions of Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia) or any Amendment, Act or Acts passed in substitution thereof.

Not valid unless counter-signed by Authorised Agent

EQ Insurance Company Limited



29/09/2015

Signature / Date

Authorised Signature

This Cover Note is valid for 30 days from the first day of the Policy Period.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



ODOMETER READING



CHASSIS NUMBER

