

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	09/12/2017 15:30
Date Of Accident	06/12/2017 08:30
Exact Location Of Accident	PIE TWDS CHANGI BEFORE LORNIE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF4085Z
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Insured/Policyholder

Name Of Registered Owner	JOHANN MOHAMED SALLEH MOSBIT
NRIC No	S7904851H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93968560
Alternative Phone No	Office-93968560

Vehicle Particulars

Manufacturer	YAMAHA
Model	TMAX 500
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100304511-05000
Cover Note Number	-

Driver

Name of Driver	ROYHANN MOHAMED SALLEH MOSBIT
NRIC No	S8702324I
Date Of Birth	17/01/1987
Occupation	INDOOR
Date Of Driving Pass	14/04/2009
Driving Experience	8 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90462254
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 550A SEGAR RD #09-612
Postcode	671550
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	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	EUNOS NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	SLJ7018J
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	INDRA SAFARUDIN BIN ISZAL
Phone Number	83715111
Email Address	

DETAILS OF INJURED PERSON 1

Name	ROYHANN MOHAMED SALLEH MOSBIT
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Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF4085Z
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

- (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.
- (d) 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.

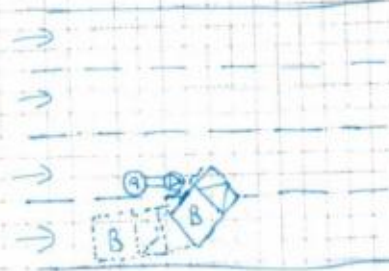
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SKETCH PLAN

VEHICLE A - ABF 4085 Z
 VEHICLE B - SLJ 7018 J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NO

: T/20171209/2062

VEHICLE A - ABF 4085 Z

VEHICLE B - SLJ 7018 J

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:

Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20171209/2062

1 of 3

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20171209/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/12/2017 14:13	Vide Report No.:	Station Diary No.: 11
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Informant's Particulars			
Name of Informant: ROYHANN MOHAMED SALLEH, MOSBIT		Address: APT BLK 550A SEGAR ROAD #09-612 SINGAPORE 671550	
ID Type / ID No.: NRIC NO / S87023241		Contact No.: Home/Office: Mobile: 90462254	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 17/01/1987	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Auxiliary police officer		Driving Licence Information: Class: 2,3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 06/12/2017 08:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 PAN ISLAND EXPRESSWAY LORNIE ROAD PIE towards Changi Airport before Lornie Exit (Lornie Rd)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF4085Z	Motorcycle	YAMAHA	TMAX	Black	Seriously Damaged	0
SLJ7018J	Car	VOLVO		Black	Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBF4085Z	AIG ASIA PACIFIC INSURANCE PTE. LTD.	2100304511-05000	14/06/2017	13/06/2018	

POLICE REPORT



**SINGAPORE
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T/20171209/2062

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439999

2 of 3

Report No. T/20171209/2062

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROYHANN MOHAMED SALLEH, MOSBIT	ID No.	S8702324I
Related Vehicle	FBF4085Z (Motorcycle)	Contact No.	90462254
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2,3,4 Date of Expiry: NIL
Date Treatment	06/12/2017	Date Discharge	08/12/2017
No. of Days granted Medical Leave	25	Degree of Injury	Serious
Driver			
Name	M/CHINESE	ID No.	NIL
Related Vehicle	SLJ7018J (Car)	Contact No.	NIL
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 06/12/2017 at about 8:30am, while I was riding on my motorcycle bearing the registration no FBF4085Z on the 2nd lane of PIE towards Changi Airport just before Lormie exit when a vehicle (SLJ7018J) that was travelling on my right which was on the extreme right lane made a sudden left lane change into the lane that I was travelling as a result the driver collided into the front right side of my motorcycle causing me to loose balance and thereafter was thrown out of my motorcycle and landed forward on the 2nd lane

I was conveyed by ambulance where I was warded for 3 days and given 25 days of hospitalization leave from the 06/12/2017 to 30/12/2017

Damage to my motor cycle - Serious damage to the front, rear, both sides, the seats and the box.



**SINGAPORE
POLICE FORCE**



T/20171209/2062

3 of 3

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SINGAPORE 470629
Tel No: 1800-4439999

Report No. T/20171209/2062

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 /

SI MOHAMED SHAHARUM B ABDUL JEBAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

09/12/2017 14:13

Officer In Charge Of Case:

TP / GIT /

Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

