

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	08/01/2018 18:09
Date Of Accident	05/01/2018 10:30
Exact Location Of Accident	SENGKANG EAST RD NEXT TO SENGKANG NPP
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL4199Y
Insured/Policyholder	
Name Of Registered Owner	MOHD SHAM BIN PUTEH
NRIC No	S1820347B
Email Address	P67MDSHAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97889294
Alternative Phone No	OTHERS-97889294

Vehicle Particulars

Manufacturer	BMW
Model	R1200RT-1.2
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY BACK HOME
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	AVMCSB0026151701
Cover Note Number	

Driver

Name of Driver	MOHD SHAM BIN PUTEH
NRIC No	S1820347B
Date Of Birth	16/02/1967
Occupation	INDOOR
Date Of Driving Pass	17/08/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97889294
Fax Number	
Contact Number	OTHERS-97889294
EEmail Address	P67MDSHAM@GMAIL.COM

Address	BLK 920 HOUGANG STREET 91 #04-11
Postcode	530920
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 - U-TURN
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180106/2123

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	SJF2577P
Vehicle Make/Model/Colour	MAZDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD AKIF BIN SANUSI
NRIC/Passport Number	S9205979J
Contact Number	87421323
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHD SHAM BIN PUTEH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBL4199Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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6. The 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 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: 8-1-2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

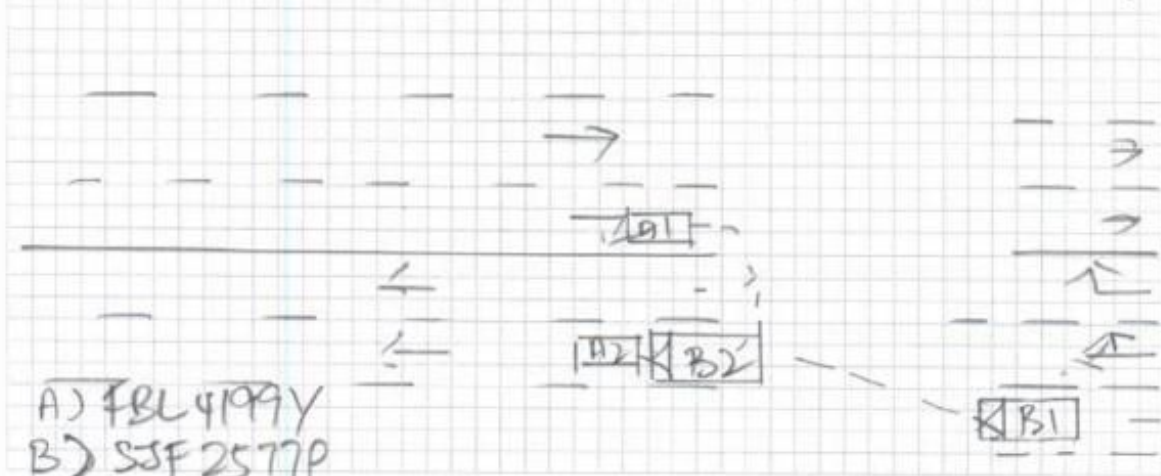
Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

ALONG SINGAPORE ROAD NEAR TO SINGAPORE NPP



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

MS REFER TO POLICE REPORT
1/20/80106/2123

DECLARATION

I/We declare the foregoing particulars are true in every respect.

[Signature]
 Policyholder's Signature
 Date & Time: 8.1.2018

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

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180106/2123

1 of 4

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20180106/2123

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/01/2018 18:58		Vide Report No.:		Station Diary No.: 95	
Informant's Particulars					
Name of Informant: MOHD SHAM BIN PUTEH			Address: APT BLK 920 HOUGANG STREET 91 #04-11 SINGAPORE 530920		
ID Type / ID No.: NRIC NO / S1820347B			Contact No.: Home/Office: Mobile: 97889294		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 50	Date of Birth: 16/02/1967	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Technician			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2018 10:30	Type of Location: Straight Road
Location: Along Road 1 SENGKANG EAST ROAD next to Sengkang Neighbourhood Police Centre				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL4199Y	Motorcycle	BMW	R1200R ABS MANUAL	White	Seriously Damaged	0
SJF2577P	Car	MAZDA		Black	Slightly Damaged	4

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180106/2123

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

2 of 4

Report No. T/20180106/2123

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL4199Y	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVMCSB00261517 01	11/10/2017	10/10/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD SHAM BIN PUTEH	ID No.	S1820347B
Related Vehicle	FBL4199Y (Motorcycle)	Contact No.	97889294
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/01/2018	Date Discharge	06/01/2018
No. of Days granted Medical Leave	09	Degree of Injury	Slight
Driver			
Name	Muhammad Akif Bin Sanusi	ID No.	S9205979J
Related Vehicle	NIL	Contact No.	87421323
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 05.01.2018 at 10.30am, I was riding my motorcycle of registration no. FBL4199Y (white BMW1200R) along Sengkang East Road (next to Sengkang Police Centre). I was making a U-TURN at the junction and there is a saloon car in front of me. The traffic light was amber when the vehicle makes a U-TURN.

As I was making a U-TURN, I do not notice if there is green arrow indicator as there is a bus, move forward and stop at the yellow box, on the left side of the road (5-lane road) to make a right turn (blocking the view of the opposite vehicle on lane 1). All of a sudden, there is a saloon car of registration no. SJF2577P (Black/Mazda) swerve from the bus and collided on the left side of my motorcycle.

Due to the accident, I fell off to the ground (left side). I wish to state that traffic police attended. Damage to my motorcycle is on the left side.

Later at 11.00am, I decided to seek treatment at Khoo Teck Puat Hospital. I suffer the following injuries:

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180106/2123

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

3 of 4

Report No. T/20180106/2123

CONTINUATION OF REPORT

left shoulder and arm abrasion, spine area and left leg. I was admitted for one day and subsequently being given 9 days of hospitalization leave by the doctor.

[Handwritten signature]

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180106/2123

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

4 of 4

Report No. T/20180106/2123

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:

F /

Sr Staff Sgt SAIFUDIN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/01/2018 18:58

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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