

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 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	17/01/2018 11:49
Date Of Accident	15/01/2018 08:35
Exact Location Of Accident	PIE TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH977R
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Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE LTD
Co Reg No	200822933W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94520693

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR 125 MANUAL
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	MT20171781

Driver

Name of Driver	MOHAMAD FAZELEE BIN MOHAMAD SHARIFF
NRIC No	S8731876A
Date Of Birth	11/10/1987
Occupation	OUTDOOR
Date Of Driving Pass	16/12/2010
Driving Experience	7 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94520693
Fax Number	
Contact Number	
EEmail Address	TAMAO_SERIZAWA87@LIVE.COM

Address	BLK 201 BEDOK NORTH ST 1 #06-523
Postcode	460201
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
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 INJURED PERSON 1

Name	MOHAMAD FAZELEE BIN MOHAMAD SHARIFF
Approximate Age	
Injuries Sustain	RIGHT SHOULDER
Injured person in which vehicle?	FBH977R
Were seat belts worn?	
Was this 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.
- (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.



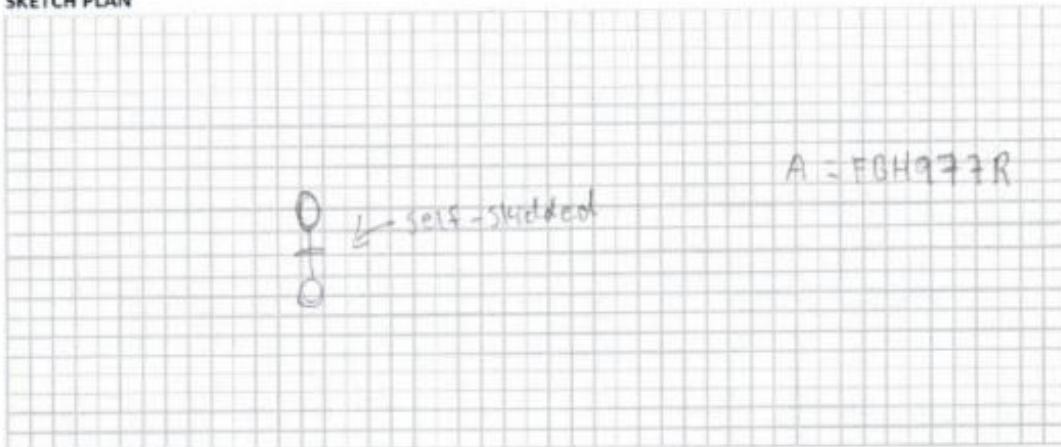
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/1/18
1000 hrs

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

Accident Sketch Plan

SKETCH PLAN



A = FGH977R

self-sketch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As attached.

DECLARATION

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



(G:\MAMC Sketch\FullForm_v3)

Driver's Signature
(If driver is not the policyholder)
Date & Time: 17/1/18 1050 AM

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20180115/2133

1 of 2

POLICE REPORT (NP299)

Report No. G/20180115/2133

Police Station Of Origin
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

Date/Time Report Made 15/01/2018 17:44	Vide Report No.	Station Diary No. 11
Name Of Informant MOHAMAD FAZELEE BIN MOHAMAD SHARIFF	Address APT BLK 201 BEDOK NORTH STREET 1 #06-523 SINGAPORE 460201	
ID Type / ID No. NRIC NO / S8731876A	Contact No. Home/Office Mobile 94520693	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation CISCO OFFICER	Sex Male	Age 30
Institution/School Name	Date of Birth 11/10/1987	Race Malay
	Language	
Date/Time Of Incident 15/01/2018 08:35	Location Of Incident 188 JALAN EUNOS EUHABITAT SINGAPORE 419538 PIE Towards Tuas Before Jalan Eunoss, EU Habitat is at right	

Brief details.

On 15/1/2018 at around 835am, I was riding a motorcycle bearing Reg No: FBH977R (Owned by Certis Cisco). I was riding the said motorcycle along PIE towards Tuas, Before Jalan Eunoss (Eu Habitat is on my right). Due to the wet road, I skidded on my motorcycle and fell off. I was injured on my right shoulder and was given 2 days of MC from Changi General Hospital. I noticed some scratches on the motorcycle's crashbar.

Signature Of Officer Recording The Report: G / Sgt 1 TAN LI JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 15/01/2018 17:44
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / ASP JAGANESON S/O JAYAGOPALAN Contact No.:	Classification Of Case:

Authentication Stamp



POLICE REPORT



SINGAPORE
POLICE FORCE



G/20180115/2133

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20180115/2133

I am lodging this report for my company's insurance claim.

Signature Of Officer Recording The Report:

G / Sgt 1 TAN LI JIE

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
G / Bedok Police Divisional Investigation Branch /
ASP JAGANESON S/O JAYAGOPALAN
Contact No.:

Signature Of Informant:

Date/Time:
15/01/2018 17:44

Classification Of Case:

Authentication Stamp



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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