

## 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	25/01/2018 17:32
Date Of Accident	18/01/2018 20:50
Exact Location Of Accident	LORNIE ROAD HEADING TWDS FARRER ROAD LANE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD9287K
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#### Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	YONG_KAI_KEAT@CERTISSECURITY.COM
Mobile Phone No	(LOCAL) +65-90023403
Alternative Phone No	OFFICE-90023403

#### Vehicle Particulars

Manufacturer	HONDA
Model	XL125V
Exact Purpose for which vehicle was being used at time of accident	WORK
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171691

#### Driver

Name of Driver	HASHIM BIN MOHAMED YATIM
NRIC No	S1480586I
Date Of Birth	30/10/1961
Occupation	OUTDOOR
Date Of Driving Pass	09/11/1984
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90023403
Fax Number	
Contact Number	OTHERS-90023403
EEmail Address	YONG_KAI_KEAT@CERTISSECURITY.COM

Address	BLK 298D COMPASSVALE STREET #01-48
Postcode	544298
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### 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?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : MOHD HAIKAL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 SINGAPORE , <b>POSTCODE:</b> 545025 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800 - 3438999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180122/2104

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	REVERT
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJW2168Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	HASHIM BIN MOHAMED YATIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBD9287K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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.

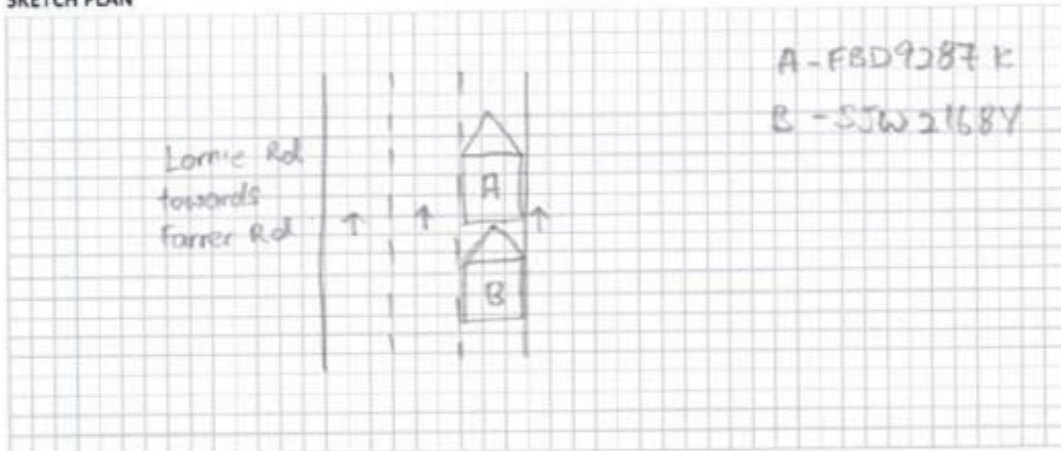
Policyholder's Signature  
Date & Time:

Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 24/11/2018

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

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to attach police report : T/20180122/2104

### 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.:

Q&A MC (Survey of Road Users) 3/3

## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180122/2104

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

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Report No. T/20180122/2104

**CONTINUATION OF REPORT**

<b>Rider</b>			
Name	HASHIM BIN MOHAMED YATIM	ID No.	S1480586I
Related Vehicle	FBD9287K (Motorcycle)	Contact No.	90023403
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Slight

**Brief Details.**

On 18/01/2018 at about 2050hours, I was riding my Certis Cisco company motor bike bearing FBD9287K at along Lornie Road heading towards Farrer road, lane 01. I had a partner by the name Haikal, tel no. 96667411 as my pillion. While I was on the move, I felt an impact coming from behind which caused my partner and myself falling down from my motorbike. Then, I discovered that a Subaru vehicle bearing SJW2168Y had hit onto the rear side of my motorbike. The accident took place near to PIE Exit. Ambulance and police had came to scene. My partner and I was conveyed to Tan Tock Seng Hospital and was given 14 days of Medical Leave. I suffered abrasions on my face, small abrasions on my legs and my hands and fractured rib.



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180122/2104

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3  
Report No. T/20180122/2104

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 14:37	Vide Report No.:	Station Diary No.: 112
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### Informant's Particulars

Name of Informant: HASHIM BIN MOHAMED YATIM			Address: APT BLK 298D COMPASSVALE STREET #01-48 SINGAPORE 544298		
ID Type / ID No.: NRIC NO / S1480586I			Contact No.: Home/Office: Mobile: 90023403		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 56	Date of Birth: 30/10/1961	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: CERTIS CISCO OFFICER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/01/2018 20:50	Type of Location: Straight Road
Location: Along Road 1 LORNIE ROAD				
Along Lornie road heading towards Farrer Road, lane 01				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9287K	Motorcycle					0
SJW2168Y	Car					0

### Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180122/2104

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Report No. T/20180122/2104

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

## CONTINUATION OF REPORT

Rider			
Name	HASHIM BIN MOHAMED YATIM	ID No.	S14805861
Related Vehicle	FBD9287K (Motorcycle)	Contact No.	90023403
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	18/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Slight

### Brief Details.

On 18/01/2018 at about 2050hours, I was riding my Certis Cisco company motor bike bearing FBD9287K at along Lornie Road heading towards Farrer road, lane 01. I had a partner by the name Haikal, tel no. 96667411 as my pillion. While I was on the move, I felt an impact coming from behind which caused my partner and myself falling down from my motorbike. Then, I discovered that a Subaru vehicle bearing SJW2168Y had hit onto the rear side of my motorbike. The accident took place near to PIE Exit. Ambulance and police had came to scene. My partner and I was conveyed to Tan Tock Seng Hospital and was given 14 days of Medical Leave. I suffered abrasions on my face, small abrasions on my legs and my hands and fractured rib.



Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Sengkang N.P.C  
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545025  
Tel No: 1800-343 8999



T/20180122/2104

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Report No. T/20180122/2104

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 /  
Sgt 3 LEE JIN WEI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/01/2018 14:37

Officer In Charge Of Case:  
TP / GIT /  
SI THABAGESH JEYATHESH  
Contact No.: 65476232

Classification Of Case:

Authentication Stamp  
NP168



Signature:

Singapore Police Force