

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	13/02/2018 10:59
Date Of Accident	12/02/2018 13:00
Exact Location Of Accident	YISHUN RING RD BLK 332 YISHUN CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9228U
Insured/Policyholder	
Name Of Registered Owner	ISHAK BIN AHMAT
NRIC No	S2164433A
Email Address	ZALTEDDY88@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87421030
Alternative Phone No	OTHERS-87421030

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MC/00371638
Cover Note Number	

Driver

Name of Driver	ISHAK BIN AHMAT
NRIC No	S2164433A
Date Of Birth	15/05/1956
Occupation	OUTDOOR
Date Of Driving Pass	26/04/1994
Driving Experience	23 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87421030
Fax Number	
Contact Number	OTHERS-87421030
EEmail Address	ZALTEDDY88@GMAIL.COM

Address	BLK 332 YISHUN RING ROAD #06-1380
Postcode	760332
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 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)	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

PLS REFER TO THE POLICE REPORT: T/20180212/2102 & T/20180212/2212

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	SGH88Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PHANG CHYE HUAT
NRIC/Passport Number	S1731094A
Contact Number	85400414
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ISHAK BIN AHMAT
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK9228U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

Sketch Plan


SKETCH PLAN

IMPORTANT NOTICE

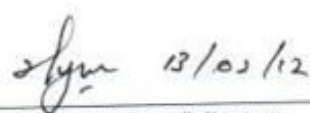
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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.

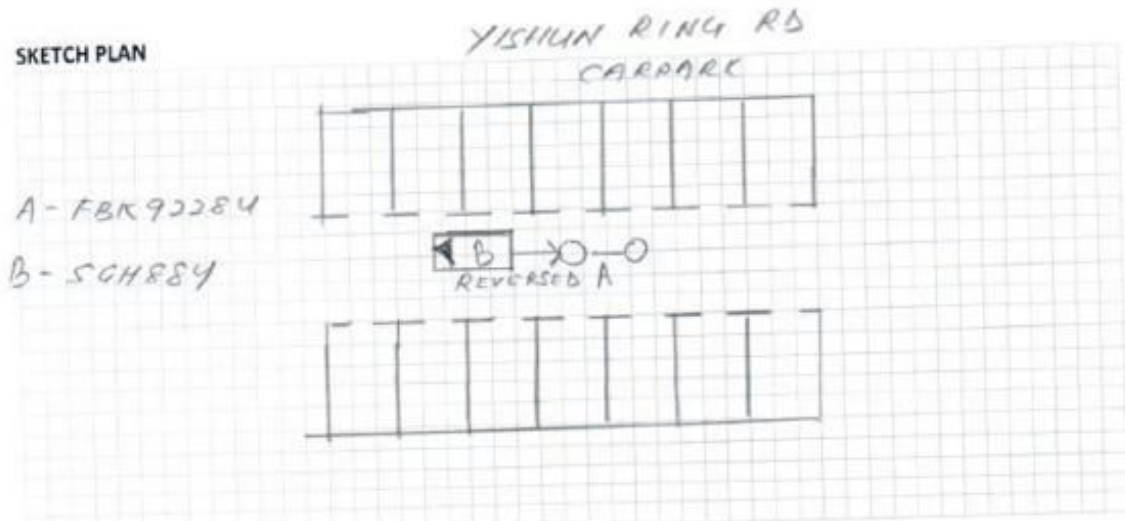

Policyholder's Signature
Date & Time:

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


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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20180212/2103
7/20180212/2212

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180212/2102

2 of 3

Report No. T/20180212/2102

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISHAK BIN AHMAT	ID No.	S2164433A
Related Vehicle	NIL	Contact No.	87421030
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 12/02/2018, at about 1300hrs, I was coming back home from work on my motorcycle FBK9228U. There was another vehicle, which was white in color, in front of me, who was moving forward. He then suddenly reversed very quickly and he then hit my motorcycle. I then fell from my motorcycle.

No one was injured, however my motorcycle sustained some damages. There was no TP or Ambulance at scene. The driver of the vehicle came out and help me up and he gave me his particulars and he told me to claim from his insurance agent. However later when I tried to call him, his number is not in use.

The particulars of the driver are:
Phang Chye Huat, S1731094A, 85400414

I wish to state that as I was in a state of panic, I did not obtain his vehicle number. I have no camera installed.

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180212/2212

2 of 3

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20180212/2212

CONTINUATION OF REPORT

Brief Details.

I am lodging this report in reference to T/20180212/2102 to include the other parties' car registration number and vehicle make.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180212/2102

1 of 3

Report No. T/20180212/2102

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/02/2018 13:58

Vide Report No.:

Station Diary No.:
62

Informant's Particulars

Name of Informant: ISHAK BIN AHMAT			Address: APT BLK 332 YISHUN RING ROAD #06-1380 SINGAPORE 760332		
ID Type / ID No.: NRIC NO / S2164433A			Contact No.: Home/Office: Mobile: 87421030		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 61	Date of Birth: 15/05/1956	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 12/02/2018 13:00	Type of Location: Car Park
Location: Along Road 1 YISHUN RING ROAD				
Blk 332 Yishun Car park		Road Surface: Dry	Road Speed Limit:	
Weather: Sunny		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Traffic Flow: Two Way		Anyone conveyed by ambulance: No		
Type of Collision: Moving Vehicle Against - Others				

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9228U	Motorcycle	HONDA	CB400SF M	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9228U	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00371638	26/03/2017	23/03/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180212/2102

2 of 3

Report No. T/20180212/2102

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

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ISHAK BIN AHMAT	ID No.	S2164433A
Related Vehicle	NIL	Contact No.	87421030
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 12/02/2018, at about 1300hrs, I was coming back home from work on my motorcycle FBK9228U. There was another vehicle, which was white in color, in front of me, who was moving forward. He then suddenly reversed very quickly and he then hit my motorcycle. I then fell from my motorcycle.

No one was injured, however my motorcycle sustained some damages. There was no TP or Ambulance at scene. The driver of the vehicle came out and help me up and he gave me his particulars and he told me to claim from his insurance agent. However later when I tried to call him, his number is not in use.

The particulars of the driver are:
Phang Chye Huat, S1731094A, 85400414

I wish to state that as I was in a state of panic, I did not obtain his vehicle number. I have no camera installed.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180212/2102

3 of 3

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

Report No. T/20180212/2102

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 /
Staff Sgt LIM JUN HE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
12/02/2018 13:58

Classification Of Case:



Signature:

SN 035

Singapore Police Force

Police Report



**SINGAPORE
POLICE FORCE**



T/20180212/2212

1 of 3

Report No. T/20180212/2212

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
12/02/2018 20:21

Vide Report No.:
T/20180212/2102

Station Diary No.:
139

Informant's Particulars

Name of Informant:
ISHAK BIN AHMAT

Address:
APT BLK 332 YISHUN RING ROAD #06-1380 SINGAPORE
760332

ID Type / ID No.:
NRIC NO / S2164433A

Contact No.:
Home/Office: Mobile: 87421030

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Male Age: 61 Date of Birth: 15/05/1956

Type of Informant:
Rider

Race:
Malay

Language:
English

Institution / School Name:

Occupation:
Delivery

Driving Licence Information:
Class: Date of Expiry:

General Information of the Accident

Type of Accident:
Non-Injury
Others

Drink
Drive:
No

Date/Time of
Accident:
12/02/2018 13:00

Type of Location:
Car Park

Location:
Along Road 1
YISHUN RING ROAD

Blk 332 Yishun Car park

Road Surface:
Dry

Road Speed Limit:

Weather:
Clear

Traffic Control:
Not Controlled

Traffic Volume:
No Traffic

Traffic Flow:
Two Way

Type of Collision:
Moving Vehicle Against - Others

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGH88Y	Car	MERCEDES BENZ		White		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20180212/2212

2 of 3

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No: 1800-8529999

Report No. T/20180212/2212

CONTINUATION OF REPORT

Brief Details.

I am lodging this report in reference to T/20180212/2102 to include the other parties' car registration number and vehicle make.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180212/2212

3 of 3

Report No. T/20180212/2212

Police Station Of Origin:

Yishun North N.P.C

31 Yishun Central SINGAPORE 768827

Tel No. 1800-8529999

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 /

Staff Sgt KENNETH KOH CHIN HAO

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Authentication Stamp

NP168

Signature Of Informant:

Sci

Date/Time:

12/02/2018 20:21

Classification Of Case:

SIG085

Signature:

Singapore Police Force