

## 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	23/02/2018 16:07
Date Of Accident	22/02/2018 18:50
Exact Location Of Accident	ALONG CANBERRA RD TOWARDS ADMIRALTY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM748J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RAZALI BIN MOHAMED ISMAIL
NRIC No	S1392952A
Email Address	AQKNBI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96790766
Alternative Phone No	OTHERS-96790766

### Vehicle Particulars

Manufacturer	YAMAHA
Model	CZD300A / XMAX300-292CC
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	ETIQA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MA001112
Cover Note Number	22/06/2017 - 21/06/2018

### Driver

Name of Driver	RAZALI BIN MOHAMED ISMAIL
NRIC No	S1392952A
Date Of Birth	03/05/1959
Occupation	INDOOR
Date Of Driving Pass	26/12/1979
Driving Experience	38 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96790766
Fax Number	
Contact Number	OTHERS-96790766
Email Address	AQKNBI@GMAIL.COM

Address	BLK 501A WELLINGTON CIRCLE #02-38
Postcode	751501
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 - CROSS JUNCTION
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	SEMBAWANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 4 SEMBAWANG CRESCENT , <b>POSTCODE:</b> 757633 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5549999 - <b>FAX NO:</b> 68522499
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### 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	SHD9148H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

Sketch Plan Pg. 1

SKETCH PLAN

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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:

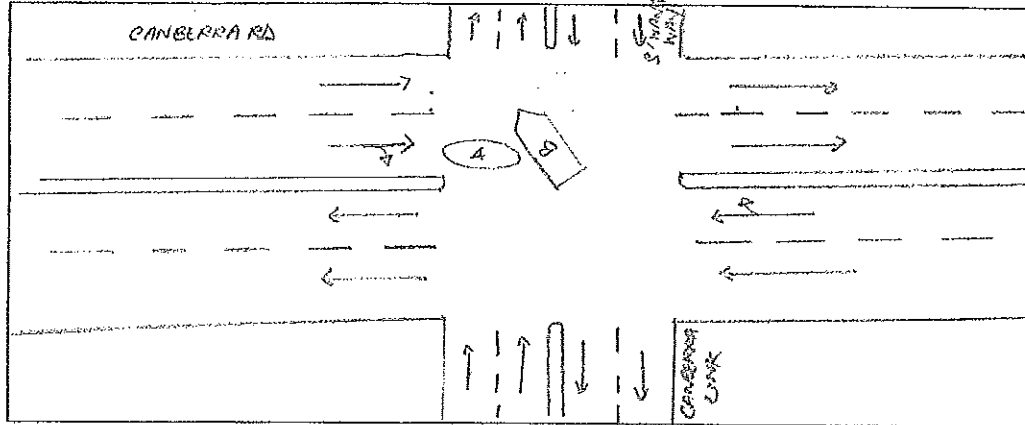
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan Pg. 2

Date of accident: 22/02/18 Time: 1850 Location: Along Canberra Rd towards Admiralty.  
 My Vehicle A: \_\_\_\_\_ Vehicle B: SHD9148H Vehicle C: \_\_\_\_\_  
 SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/02/18 at about 1850 hours, I was travelling along Canberra Rd towards Admiralty Rd west, I met with an accident with <sup>Trans</sup>red Transcab Taxi (SHD 148H) at junction of Sembawang Way, Canberra Rd and Canberra Link.

<sup>traffic</sup>  
 I was travelling straight and the <sup>right</sup> turn amber when suddenly a red Transcab Taxi (SHD 148H) from the opposite side of traffic decided to make a right turn. I tried to stop however did not manage to stop in time. My motorcycle hit onto the left passenger door of the taxi. I fell my <sup>off</sup> from my motorcycle. My motorcycle was damaged and towed to workshop.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop :

Email address :

& myself :

Email address : qqkmbi@gmail.com

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

## 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.:



AHLIM MOTOR COMPANY



**SINGAPORE  
POLICE FORCE**



T/20180223/2033

1 of 3

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

Report No. T/20180223/2033

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 23/02/2018 11:00	Vide Report No.:	Station Diary No.: 20
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**Informant's Particulars**

Name of Informant: RAZALI BIN MOHAMED ISMAIL			Address: APT BLK 501A WELLINGTON CIRCLE #02-38 SINGAPORE 751501	
ID Type / ID No.: NRIC NO / S1392952A			Contact No.: Home/Office: Mobile: 96790766	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 58	Date of Birth: 03/05/1959	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: GARDENER			Driving Licence Information: Class: Date of Expiry:	

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/02/2018 18:50	Type of Location: X-Junction
Location: Along Road 1 CANBERRA ROAD  ALONG CANBERRA ROAD TOWARDS ADMIRALTY ROAD WEST, JUNCTION OF CANBERRA ROAD, CANBERRA LINK AND SEMBAWANG WAY				
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
FBM748J	Motorcycle	YAMAHA	CZD300A / XMAX300	Brown	Seriously Damaged	0
SHD9148H	Car				Slightly Damaged	0

**Details of Vehicle Insurance**

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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**SINGAPORE  
POLICE FORCE**



T/20180223/2033

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Report No. T/20180223/2033

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

**CONTINUATION OF REPORT**

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM748J	ETIQA INSURANCE BERHAD	MA001112	22/06/2017	21/06/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RAZALI BIN MOHAMED ISMAIL		ID No.	S1392952A
Related Vehicle	FBM748J (Motorcycle)		Contact No.	96790766
Hospital/Clinic	SEMBAWANG MART MEDICAL CENTRE		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/02/2018		Date Discharge	23/02/2018
No. of Days granted Medical Leave		03	Degree of Injury	Slight

**Brief Details.**

On 22/02/2018 at about 1850hrs, while I was traveling along Canberra Road, at junction of Sembawang Way, Sembawang Link and Canberra Road, the traffic light was amber thus I proceeded to cross the junction.

Suddenly, a red in colour Transcab taxi (SHD9148H) from another side of the road was turning right, I tried to stop however did not stop in time. My motorcycle hit onto the taxi front left passenger door. I then fell onto the road. My motorcycle was damaged and was towed back to workshop. I am not sure the damage of the taxi.

I then proceeded to see a doctor at Sembawang Mart and was given 3 days of MC. I am lodging this report for my insurance.



SINGAPORE  
POLICE FORCE



T/20180223/2033

Police Station Of Origin:  
Sembawang N.P.C  
4 Sembawang Crescent SINGAPORE  
757633  
Tel No: 1800-5549999

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Report No. T/20180223/2033

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 2 TAN JUN QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Authentication Stamp

NP168

Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

23/02/2018 11:00

Classification Of Case: