

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	01/03/2018 13:46
Date Of Accident	26/02/2018 21:00
Exact Location Of Accident	YISHUN AVE 11 TWDS YISHUN AVE6 AFT YISHUN CTL JUNC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT1246A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FARHAN BIN MOHAMED
NRIC No	S8942095D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83390869
Alternative Phone No	OTHERS-83390869

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00290084/02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN MOHAMED
NRIC No	S8942095D
Date Of Birth	23/11/1989
Occupation	INDOOR
Date Of Driving Pass	13/11/2008
Driving Experience	9 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83390869
Fax Number	
Contact Number	OTHERS-83390869
Email Address	NOEMAIL

Address	BLK 419 YISHUN AVENUE 11 #03-377
Postcode	760419
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	SIDE SWIPE
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : F/20180227/7051

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 Witness 1

Name	MR RAHMAN
Phone Number	97256557
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDV1757E
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	MUHAMMAD FARHAN BIN MOHAMED
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FT1246A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

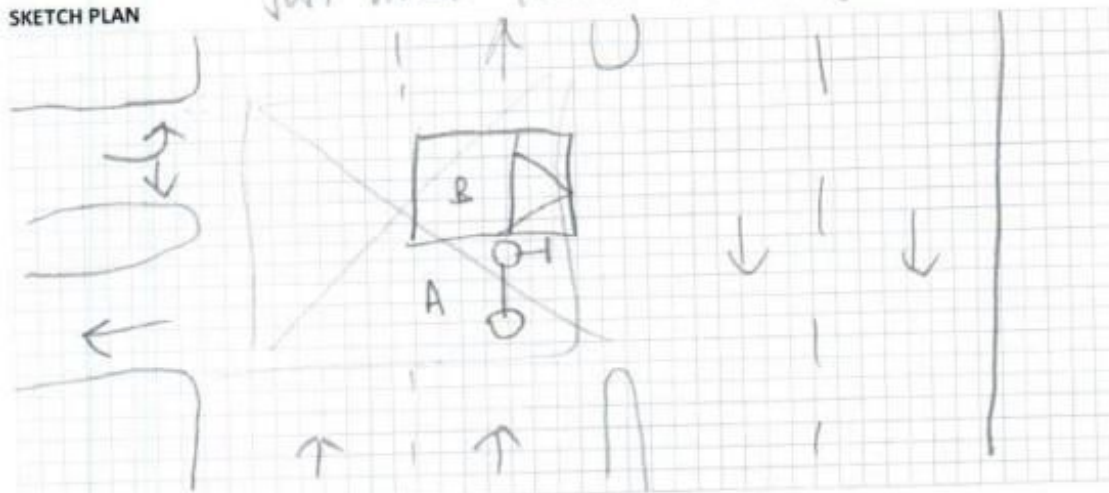
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2

Yichun Ave 11 towards Yichun Ave 6
just After Yichun Central Junction

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
F/20180227/7051

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:



**SINGAPORE
POLICE FORCE**



F/20180227/7051

1 of 2

POLICE REPORT (NP299)

Report No. F/20180227/7051

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No:1800-2180000

Date/Time Report Made 27/02/2018 22:21	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FARHAN BIN MOHAMED	Address APT BLK 419 YISHUN AVENUE 11 #03-377 SINGAPORE 760419	
ID Type / ID No. NRIC NO / S8942095D	Contact No. Home/Office:	Mobile: -
Nationality SINGAPORE CITIZEN	Email Address Farhan_MOHAMED@spf.gov.sg	
Occupation Police officer	Sex Male	Age 28
Institution/School Name	Date of Birth 23/11/1989	Race Javanese
Date/Time Of Incident 26/02/2018 21:00	Location Of Incident	

Brief details.

On the above stated date and time, I was travelling along Yishun Avenue 11 towards Yishun Ave 6 just after Yishun Central junction, and was travelling on right of two lanes. I observed one white motor car on my left, exiting from a nearby service road near to Blk/348D, without any form of signal, inch out forward and into junction, encroaching into my path. Suddenly the said car dashed out causing me to apply emergency braking however unable to stop on time and my front portion of my bike collided onto the right driver's door portion of the white car. I am unsure if I fell to the left or the right after the impact. Said junction is unmanned, without any traffic light. I have no in built camera. I am unsure of my bike's

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 27/02/2018 22:21
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



F/20180227/7051

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180227/7051

damages. After the impact, i blackout for a while. When I regain consciousness, I saw some unknown passerbys assisted me to the side of the road and called for ambulance. There is one witness that approached me, informing he is willing to be a witness for this case. One Mr Rahman, hp: 97256557. My injuries sustained are pain on my left leg and left hip with slight abrasions. I did not managed to exchange particulars with the other party, however the said driver visited me while i was waiting to see the doctor. I was conveyed via ambulance to KTPH as my leg was in severe pain. I was given 2 days mc however i left the hospital on 27th Feb 2018 early in the morning due to the long waiting time.

Subjects Involved			
Victim			
Person Name	MUHAMMAD FARHAN BIN MOHAMED		
ID Type	NRIC NO	ID No	S8942095D
Gender	Male	Age	28
Race	Javanese	Language	English
Occupation	Police officer	Address Type	
Address	APT BLK 419 YISHUN AVENUE 11 #03-377 SINGAPORE 760419		Mobile No
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD FARHAN BIN MOHAMED (Informant)		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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Date/Time:

27/02/2018 22:21

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



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



F/20180227/7051

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Nationality SINGAPORE CITIZEN	Email Address Farhan_MOHAMED@spf.gov.sg	
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Police Report



**SINGAPORE
POLICE FORCE**



F/20180227/7051

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POLICE REPORT (NP299)

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Is Informant A Victim?	Yes		
Person Name	MUHAMMAD FARHAN BIN MOHAMED (Informant)		

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Not applicable

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Not applicable

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