

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 | 09/03/2018 17:00 |
| Date Of Accident | 05/03/2018 18:55 |
| Exact Location Of Accident | CTE TOWARDS AYE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FBG951U |
| Insured/Policyholder | |
| Name Of Registered Owner | SUHAIMY BIN KOMENG |
| NRIC No | S1311994E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97543711 |
| Alternative Phone No | OTHERS-91170966 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | YAMAHA |
| Model | YBR125-124CC (M) |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | AN3154170 |
| Cover Note Number | 13/03/2017 - 12/03/2018 |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | USMAN BIN SUHAIMY |
| NRIC No | S9142826A |
| Date Of Birth | 26/11/1991 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/11/2011 |
| Driving Experience | 6 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91170966 |
| Fax Number | |
| Contact Number | OTHERS-97543711 |
| Email Address | USMANSUHAIMY@GMAIL.COM |

| | |
|---|--|
| Address | BLK 527 SERANGOON NORTH AVE 4 #02-102 |
| Postcode | 550527 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | CHILDREN |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|-------------------------------|
| Type Of Accident | COLLISION - CHANGE/CROSS LANE |
| 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? | YES |
| 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 | SERANGOON NORTH NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 108 SERANGOON NORTH AVENUE 1 #01-709 , POSTCODE: 550108 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2849999 - FAX NO: 63431742 |
| 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 | SHD334X |
| 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 | |

No. Of Passenger (Including Driver)

| DETAILS OF INJURED PERSON 1 | |
|---|-------------------|
| Name | USMAN BIN SUHAIMY |
| Approximate Age | |
| Injuries Sustain | HANDS,LEGS & HEAD |
| Injured person in which vehicle? | FBG951U |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

SKETCH PLAN


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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:

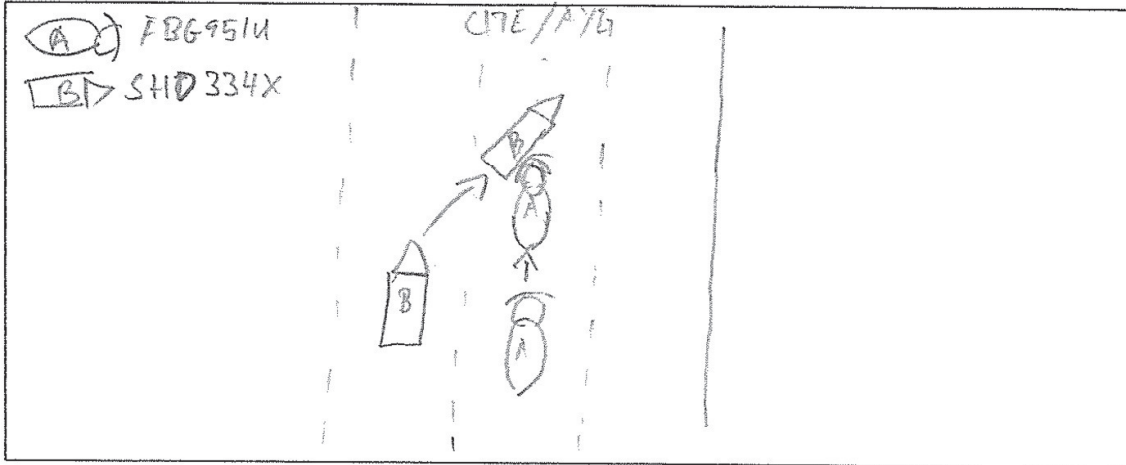


Reporting Centre Person's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

Date of accident: 5/2/18 Time: 6:56pm Location: C7E towards AYE
 My Vehicle A: FBG951U (Dike) Vehicle B: SHD 334X (Taxi) Vehicle C: —

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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|----------------------------|
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| Refer to the police report |
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☐ 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 : UsmanSuhaimy@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 Center Personnel's Signature
Name:
NRIC/FIN No.:



AH LIM MOTOR COMPANY



**SINGAPORE
POLICE FORCE**



T/20180308/2100

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

1 of 3

Report No. T/20180308/2100

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 08/03/2018 15:38 | Vide Report No.: | Station Diary No.: 13 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant: USMAN BIN SUHAIMY | | | Address: APT BLK 527 SERANGOON NORTH AVENUE 4 #02-102 SINGAPORE 550527 | | |
| ID Type / ID No.: NRIC NO / S9142826A | | | Contact No.: Home/Office: Mobile: 91170966 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 26 | Date of Birth: 26/11/1991 | Type of Informant: Rider | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: CHEMICAL TECHNICIAN | | | Driving Licence Information: Class: 2B,3 Date of Expiry: | | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 05/03/2018 18:45 | Type of Location: Flyover |
| Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY AYER RAJAH EXPRESSWAY | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|---------------------|-----------------|
| FBG951U | Motorcycle | | | | Slightly Damaged | 0 |

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180308/2100

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

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Report No. T/20180308/2100

CONTINUATION OF REPORT

| Rider | | | |
|-----------------------------------|------------------------|--|------------------------------------|
| Name | USMAN BIN SUHAIMY | ID No. | S9142826A |
| Related Vehicle | FBG951U (Motorcycle) | Contact No. | 91170966 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3 Date of Expiry: NIL |
| Date Treatment | 05/03/2018 | Date Discharge | 06/03/2018 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | NIL |

Brief Details.

On 05/03/2018 at around 1845hrs, I was on my bike(FBG951U) on my way to work travelling on the third lane of CTE towards AYE when out of a sudden, a taxi on my left side swerve into my lane abruptly and as a result, his taxi hit onto my bike causing me to lose my balance and fell on the road. This resulted in me having leg abrasions, head injuries and also abrasions on both of my hands. I was shortly attended to by the paramedics and the traffic police. I wish to state that I did not speed and had adhere to the road limits. There are no cameras on me as well. I am lodging this report for insurance purpose and also as instructed by the investigation officer (HP:94500687) for my case.



**SINGAPORE
POLICE FORCE**



T/20180308/2100

Police Station Of Origin:
Serangoon North NPP
108 Serangoon North Ave 1 #01-709
SINGAPORE 550108
Tel No: 1800-2849999

3 of 3


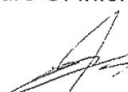
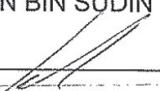
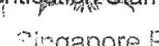
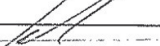
Report No. T/20180308/2100

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 KOO LAY SIONG  | Signature Of Informant:  |
| Signature Of Interpreter: Not applicable | Date/Time: 08/03/2018 15:38 |
| Officer In Charge Of Case: TP /GIT / Staff Sgt MOHAMED SUFIAN BIN SUDIN  SN 102 Contact No: 65476367 | Classification Of Case: |
| Authentication Stamp NP168  Singapore Police Force | Signature:  |



**SINGAPORE
POLICE FORCE**

Traffic Police
Singapore Police Force
10, Ubi Avenue 3
Singapore 408865
Tel : 6547 0000
Fax : 6547 6259

Date : 06 Mar 2018

Your Ref :
Our Ref : TP/IP/15007/2018

USMAN BIN SUHAIMY
APT BLK 527 SERANGOON NORTH AVENUE 4
#02-102
SINGAPORE 550527

000053



Dear Sir / Madam,

**CASE OF TRAFFIC ACCIDENT ALONG CENTRAL EXPRESSWAY TOWARDS AYER RAJAH
EXPRESSWAY ON 05 MAR 2018 @ 6.56 PM**

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer TAN CHIN YONG at his / her office number: 65476178 or the supervisor MOHD JAMAL BIN MARZUKI at 65476354 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)
CHIEF INVESTIGATION OFFICER
INVESTIGATION BRANCH
TRAFFIC POLICE

This is computer generated and does not require a signature.