

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	07/03/2018 17:56
Date Of Accident	14/02/2018 11:45
Exact Location Of Accident	ECP TOWARDS CHANGI SOUTH AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH4263R
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE LTD
Co Reg No	200822933W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90683451

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	20171823
Cover Note Number	

Driver

Name of Driver	ROSLAN BIN OTHMAN
NRIC No	S1384210H
Date Of Birth	07/07/1959
Occupation	OUTDOOR
Date Of Driving Pass	06/12/1984
Driving Experience	33 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88766692
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address BLK 297A COMPASSVALE STREET #03-38
 Postcode 541297
 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 NO COLLISION
 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? NO
 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 CHOA CHU KANG NPC
 Police Station Address ROAD: 20 CHOA CHU KANG ST 52 #01-02 , POSTCODE: 689286 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT

Attachment(s)

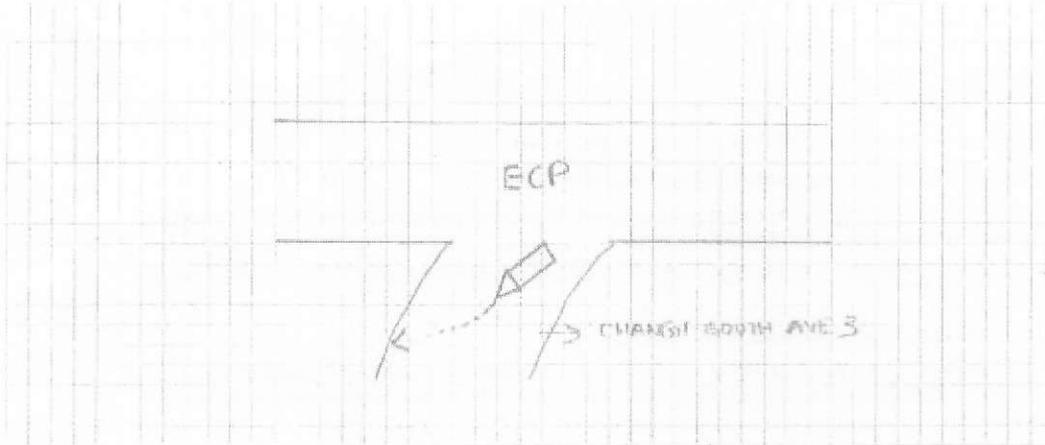
Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF INJURED PERSON 1

Name ROSLAN BIN OTHMAN
 Approximate Age 58
 Injuries Sustain
 Injured person in which vehicle?
 Were seat belts worn?
 Was this injured conveyed to hospital by ambulance?
 Address BLK 297A COMPASSVALE STREET #03-38
 Postcode 541297

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

[Handwritten signature]

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

UNIQUE MOTORSPORTS PTE LTD
GST Reg. No. 200807910H
1 Kaki Bukit Avenue 6
#01-54/55 Autobay @ Kaki Bukit
Singapore 417883
Tel / Fax: 6844 6379
Reporting Company's Signature:
Name:
NRIC/IN No.:

Sketch Plan #2

SKETCH PLAN

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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 ISIA 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:

UNIQUE MOTORSPORTS PTE LTD
 GST Reg. No. 200907810H
 1 Kaki Bukit Avenue 6
 #02-54/55 Autebay @ Kaki Bukit
 Singapore 417883
 Tel / Fax: 6844 8378 / 6844 8379

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



**SINGAPORE
POLICE FORCE**



T20180221/2057

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

1 of 3

Report No: T20180221/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/02/2018 12:25	Video Report No.:	Station Diary No.: 46
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Informant's Particulars			
Name of Informant: ROSLAN BIN OTHMAN		Address: APT BLK 297A COMPASSVALE STREET #03-38 SINGAPORE 541297	
ID Type / ID No.: NRIC NO / S1384210H		Contact No.: Home/Office: Mobile: 88766692	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 07/07/1959	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: MOM RIDER		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/02/2018 11:45	Type of Location: Y-Junction
Location: Along Road 1 Traveling Toward Road 2 EAST COAST EXPRESSWAY CHANGI SOUTH AVENUE 3 ECP TOWARDS CHANGI SOUTH AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Road Divider/Kerb/Railings			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH4263R	Motorcycle					0

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180221/2057

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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Report No: T/20180221/2057

CONTINUATION OF REPORT

Rider			
Name	ROSLAN BIN OTHMAN	ID No.	S138421CH
Related Vehicle	FBH4263R (Motorcycle)	Contact No.	88766692
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/02/2018	Date Discharge	20/02/2018
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

On 14/02/2018 at about 1145hrs, I was riding along the slip road of ECP towards Changi South Avenue 3. I was black out for a few seconds as I have high blood. The motorcycle, FBH4263R then swerved towards the right and hit onto the road kerb. I was then flung to the pavement. Shortly, ambulance and traffic police arrived. I was then conveyed to Changi General Hospital (CGH). On 20/02/2018, I was discharged from CGH and I was given one month of MC from 14/02/2018 to 15/03/2018. The doctor mentioned that I suffered vasovagal syncope, heart block, 1st degree and fracture of clavicle, right



SINGAPORE
POLICE FORCE



T/20180221/2057

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

3 of 3

Report No. T/20180221/2057

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.	Signature Of Informant:
J7 Staff Sgt TOH ZHENG YAN	<i>Polatjua</i>
Signature Of Interpreter:	Date/Time:
Not applicable signature	21/02/2018 12:25
Singapore Police Force	Classification Of Case:
Officer In Charge Of Case:	
TP / GIT 7	
Insp NORHIDAWATI BINTE AHMAD	
Contact No.: 65476310	

Authentication Stamp
NP158