

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	28/02/2018 16:33
Date Of Accident	09/02/2018 11:35
Exact Location Of Accident	KJE TOWARDS TUAS
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM2080M
Insured/Policyholder	
Name Of Registered Owner	MIR ISZUNAIID BIN SUKADI
NRIC No	S9107543A
Email Address	ISZUNAIID16@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96364424
Alternative Phone No	OTHERS-96364424
Vehicle Particulars	
Manufacturer	YAMAHA
Model	CZD300A / XMAX300-292CC
Exact Purpose for which vehicle was being used at time of accident	
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	DMMPHQ17-000609
Cover Note Number	
Driver	
Name of Driver	MIR ISZUNAIID BIN SUKADI
NRIC No	S9107543A
Date Of Birth	25/02/1991
Occupation	INDOOR
Date Of Driving Pass	05/11/2014
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96364424
Fax Number	
Contact Number	OTHERS-96364424
E-Mail Address	ISZUNAIID16@GMAIL.COM

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MIR ISZUNAI DI BIN SUKADI
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBM2080M
Were seat belts worn?
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Address BLK 319 WOODLANDS STREET 31 #12-136
SINGAPORE

Postcode 730319

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 - 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? 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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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 UNKNOWN SHB2883A.

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


Sketch Plan #2


SKETCH PLAN

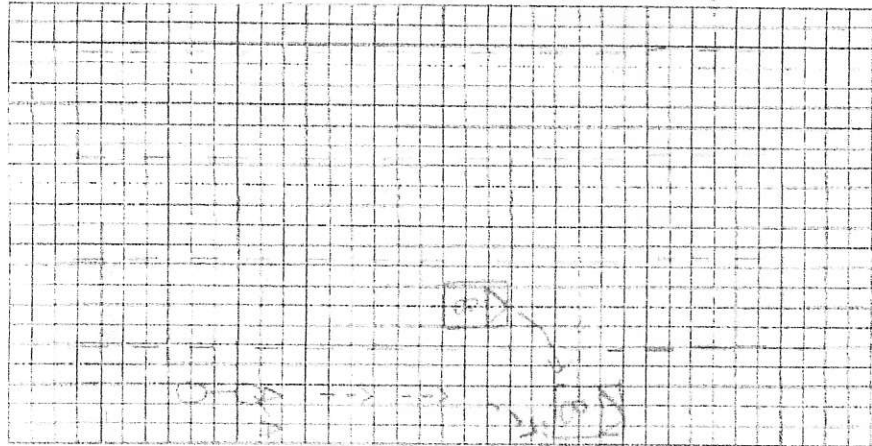
KTE → TUPC

Vehicle No
A - FBM2080M
B - 110 VICKO

Legend

Vehicle:  A

Bike:  A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report

DECLARATION

I/We declare the foregoing particulars are true in every respect.
Please be advised that your insurer may have a 14 day clause whereby the claim against own policy must be made within the stipulated timeframe from the date of occurrence. Kindly check your policy for more details.

Policyholder's Signature

Date & Time: 28/1/18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: PENNEN

NRIC/FIN No.:

GIARMC SketchPlanForm_V3

Sketch Plan

SKETCH PLAN

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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: 28/1/18

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: Pei Wen



SINGAPORE POLICE FORCE



T/20180218/7000

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180218/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2018 00:25		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MIR ISZUNAI DI BIN SUKADI			Address: APT BLK 319 WOODLANDS STREET 31 #12-136 SINGAPORE 730319		
ID Type / ID No.: NRIC NO / S9107543A			Contact No.: Home/Office: Mobile: 96364424		
Nationality: SINGAPORE CITIZEN			Email: iszunaidi16@gmail.com		
Sex: Male	Age: 26	Date of Birth: 25/02/1991	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: SHIFT PRODUCTION OPERATOR			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 09/02/2018 11:38	Type of Location: Straight Road
Location: KRANJI EXPRESSWAY KJE BEFORE CHOA CHU KANG EXIT				
Weather: Sunny		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM2080M	Motorcycle	YAMAHA	Xmax 300	Grey		0

Details of Person Involved

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



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Rider			
Name	MIR ISZUNAI DI BIN SUKADI	ID No.	S9107543A
Related Vehicle	FBM2080M (Motorcycle)	Contact No.	96364424
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	09/02/2018	Date Discharge	13/02/2018
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

I, Mir Iszunaidi Bin Sukadi, S9107543A, as a vehicle owner of FBM2080M, would like to lodge a report with regards to road accident that happened on 9th Feb 2018 at approximately 11.38am at KJE Expressway before Chua Chu Kang Exit. The incident occurred as I was heading to work along Lane 1 at KJE. All of a sudden a taxi swerved into my lane within less than half a car length, without giving any proper lane changing procedure. I decided to anticipate by slowing down my speed. I did not see any hazard in front of the taxi but the taxi slowed down for no apparent reason. As the taxi speed slowed down abruptly, I jammed my brakes. I was unable to avoid the taxi as He came to a full stop in a middle of Lane 1. I did not expect him to come to a full stop as I did not see any hazard in front of the taxi. I tried my best to avoid the taxi but the taxi was too close and I end up hitting the right rear of the taxi, hence i ended skidding on the road. As I get up from the crash, I sit by the roadside. There was another motorist who pulled over and helped me. While the motorist was attending to me, an ambulance arrived.



**SINGAPORE
POLICE FORCE**



T/20180218/7000

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180218/7000

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
18/02/2018 00:25

Classification Of Case: