

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 17:17
Date Of Accident	04/02/2018 06:30
Exact Location Of Accident	PAN ISLAND EXPRESSWAY TOWARDS CHANGI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL3163G
Insured/Policyholder	
Name Of Registered Owner	UNIQUE MOTORSPORTS PTE LTD
Co Reg No	200907910H
Email Address	INSURANCE@UNIQUEMOTORSPORTS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68446378

Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	50719324749-02
Cover Note Number	

Driver

Name of Driver	KAMSANI BIN MD AMIN
NRIC No	S7212206B
Date Of Birth	16/03/1972
Occupation	OUTDOOR
Date Of Driving Pass	04/02/1997
Driving Experience	21 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	+65-82019069
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 745 WOODLANDS CIRCLE #11-742
Postcode	730745
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
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?	
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	
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

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

see attached police report: T/20180205/2161

DECLARATION

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

UNIQUE MOTORSPORTS PTE LTD

GST Reg. No. 200907910H
1 Kaki Bukit Avenue 6
#02-54/55 Autobay @ Kaki Bukit
Singapore 417883
Tel / Fax: 6844 6378 / 6844 6379

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

23/2/18 1050/14

UNIQUE MOTORSPORTS PTE LTD

GST Reg. No. 200907910H
1 Kaki Bukit Avenue 6
#02-54/55 Autobay @ Kaki Bukit
Singapore 417883
Name:
MNC/Ref No.: Tel / Fax: 6844 6378 / 6844 6379

Sketch Plan #2


SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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 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 purposes 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
UNIQUE MOTORSPORTS PTE LTD
GST Reg. No. 200907910H
1 Kaki Bukit Avenue 6
#02-64/55 Autobay @ Kaki Bukit
Singapore 417883
Tel / Fax: 6378 1684 / 6378 6379


Driver's Signature
(If Driver is not the policyholder)
Date & Time: 28/2/18 1050hrs


UNIQUE MOTORSPORTS PTE LTD
GST Reg. No. 200907910H
Kaki Bukit Avenue 6
#02-64/55 Autobay @ Kaki Bukit
Singapore 417883
Tel / Fax: 6378 1684 / 6378 6379

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

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180205/2161

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7448988

Report No. T/20180205/2161

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/02/2018 19:10		Vide Report No.: A/20180204/0067		Station Diary No.: 42	
Informant's Particulars					
Name of Informant: KAMSANI BIN MD AMIN			Address: APT BLK 745 WOODLANDS CIRCLE #11-742 SINGAPORE 730745		
ID Type / ID No.: NRIC NO / S7212206B			Contact No.: Home/Office: Mobile 82019069		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 45	Date of Birth: 16/03/1972	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CISCO OUTRIDER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/02/2018 06:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
Towards Changi before Paya Lebar Exit.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBL3163G	Motorcycle				Slightly Damaged	1

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

Sketch Plan #5



SINGAPORE
POLICE FORCE



Y20180205/2161

Police Station Of Origin:
MacPherson NPP
54 Phipp Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

2 of 3

Report No. Y20180205/2161

CONTINUATION OF REPORT

Name	KAMSANI BIN MD AMIN	ID No.	S72122068
Related Vehicle	FBL3163G (Motorcycle)	Contact No.	82019069
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	04/02/2018	Date Discharge	04/02/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 04/02/18 at about 0630hrs, I was travelling along Pan Island Expressway towards Changi before Paya Lebar Exit on my company motorcycle (FBL3163G) with my partner on lane 2. I was travelling side by side with a blue comfort taxi which was on lane 3.

Suddenly the taxi came into my lane without any warnings and hit the left side of my motorcycle, causing me and my partner to fall to the ground. The taxi driver stopped and assisted us. My partner was in a better condition than me thus he called for the ambulance. Subsequently, ambulance came and conveyed me and my partner to Tan Tock Seng Hospital. I suffered abrasions on my left eyebrow area, both of my hands and on my left knee. I was treated as outpatient and given 5 days MC. I am unsure if there were any damages to my company motorcycle.

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180205/2161

Police Station Of Origin:
MacPherson NPI
54 Piplt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

3 of 3

Report No. T/20180205/2161

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:

G /

Sgt 2 LAM WEI LIANG WILLIAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/02/2018 19:10

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt ONG YONG H

Contact No.: 65476436



SINGAPORE
POLICE FORCE

SIGNATURE

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MUM118029093-01 Vehicle Registration No: FBL31636
Name(as shown in NRIC): KARISANI BIN
MO AMIN
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No: 37012206B
Address: BLK 745 WOODLANDS CIRCLE #11-742 S(730745)
Contact (Tel): 82019069 (H/P): _____
(Email): _____
Date of Accident: 04/02/2018 Time of Accident: 0630HRS
Place of Accident: PIE EXPRESSWAY TOWARDS CHANGI
Insurance Company: NTUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

3RD PARTY VEHICLE NO: SH8484S PROVIDED BY TRAFFIC POLICE

Signature of Vehicle Owner / Driver

Date: 20/03/2018

10 Anson Road #06-16 International Plaza Singapore 079903 Phone : + 65 6224 0010 Fax : +65 6224 0030
Operating Hours : Monday to Friday 9am to 5pm