

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	03/04/2018 14:18
Date Of Accident	02/04/2018 20:30
Exact Location Of Accident	ALONG TELOK PAKU ROAD TOWARDS LOYANG AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9540L
Insured/Policyholder	
Name Of Registered Owner	ADE ADLI PUTRA AZMAN
NRIC No	S9747129J
Email Address	ADEADLI97@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96678047
Alternative Phone No	OFFICE-96678047

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KKRZX150M-148CC (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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MOMVM000001374-00-000
Cover Note Number	

Driver

Name of Driver	ADE ADLI PUTRA AZMAN
NRIC No	S9747129J
Date Of Birth	29/12/1997
Occupation	INDOOR
Date Of Driving Pass	01/12/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96678047
Fax Number	
Contact Number	OFFICE-96678047
Email Address	ADEADLI97@GMAIL.COM

Address	BLK 233 TAMPINES STREET 21 #10-617
Postcode	521233
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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.	YES
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	KAKI BUKIT NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 526 BEDOK NORTH STREET 3 #01-448 , POSTCODE: 460526 COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4429999 - FAX NO: 62444377
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER SKETCH PLAN

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	SHB4314M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHAN CHEAN MENG
NRIC/Passport Number	S2551184J
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ADE ADLI PUTRA AZMAN
Approximate Age	20
Injuries Sustain	PARTS OF LIMBS
Injured person in which vehicle?	FBL9540L
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	NO
Address	BLK 233 TAMPINES ST 21 #10-617
Postcode	521233

SKETCH PLAN

IMPORTANT NOTICE

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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.

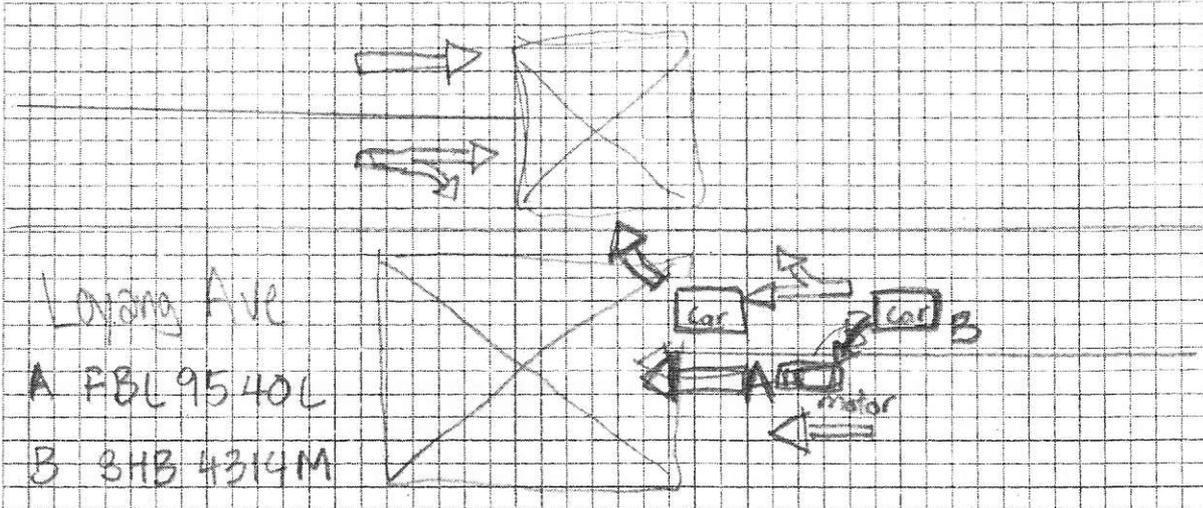


Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Traffic Light

Telok Paku Rd

Just follow the police report

Abd Aziz Puteh Azman
S97471245
FBL 9540L
Abdaziz197@gmail.com
9607 8047 -HP

DECLARATION

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

Signature

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T201804632031

Police Station Of Origin:
Kaki Blk NPE
525 Bedok North Street 3 #01-449
SINGAPORE 460526
Tel No: 1800-429899

1 / 3
Report No: T201804632031

REPORT OF A TRAFFIC ACCIDENT

Date/Time Record Made 03/04/2018 12:22	Wide Record No.	Station Diary No. 10
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Informant's Particulars			
Name of Informant ADE ADLI PUTRA AZMAN		Address: APT BLK 233 TAMPINES STREET 21 #10-07 SINGAPORE 521233	
ID Type / ID No. NRIC NO. / S9747129J		Contact No. Home/Office: Mobile: 98678047	
Nationality SINGAPORE CITIZEN		Email:	
Sex Male	Age 20	Date of Birth 28/12/1997	Type of Informant Rider
Race: Malay		Language:	Institution / School Name:
Occupation: National Service Full Time		Driving License Information Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident	Injury Others	Drink Drive: No	Date/Time of Accident. 02/04/2018 20:30	Type of Location
Location: Along Road 1 Traveling Towards Road 2 TELUK PAKU ROAD LOYANG AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9540L	Motorcycle	KAWASAKI	KRR-ZX150	Silver	Seriously Damaged	0
SHB4314M	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBL9540L	GREAT AMERICAN INSURANCE COMPANY	MT2017TR00761	08/05/2017	30/06/2018

Police Report



SINGAPORE
POLICE FORCE



12018040312001

Police Station Of Origin
Kaki Bukit NPP
526 Bedok North Street 3 #01-445
SINGAPORE 480526
Tel No: 1900-4428999

2-43

Report No: T12018040312001

CONTINUATION OF REPORT

Brief Details:

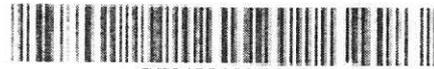
On the 2nd of April 2018 at about 2030 hours, I was riding my motorcycle, bearing the plate number FB19540L, along Tolok Paku Road towards Loyang Avenue. It was a two lane road. The traffic light as red and as such I stopped my motorcycle about 4-5 vehicles from the traffic light. When the traffic light turned green, I rode off and I rode in between the lanes to overtake the vehicles in front of me. While I was riding, I felt an impact from the rear of my motorcycle and as such I fell from my motorcycle. I then realized that a blue Comfort Degraxi taxi had hit me from the rear. The taxi was bearing the plate number S1B4314W. The driver is one Chan Chean Meng, IC number S2551104J. He did not provide to me his mobile phone number. The taxi driver had one passenger with him however there were no visible injuries on him. I had no pill on with me at that point of time.

I do state that there are some damages to my motorcycle's exhaust pipe, ferrings as well as the motor. There is some damages to the taxi's front bumper. I am not sure if there is any at the vicinity. There was no ambulance or traffic police present at that point of time. As I felt some swelling pain on both my knees due to the accident, I went to a private clinic on my own accord and was given 4 days of MC.

Police Report



SINGAPORE
POLICE FORCE



T201904030001

Police Station Of Origin
Kaki Bukit NPP
628 Beach North Street 3 #01-448
SINGAPORE 400520
Tel No. 1800 4499999

Report No. T201904030001

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 65474835 stating the report number as reference.

Signature Of Officer Recording The Report
G /
Sgt 2 MUHAMMAD NABIL AMSYAR BIN
ABDULL HAFED

Signature Of Informant
[Handwritten Signature]

Signature Of Interpreter
Nil applicable

Date/Time
03/04/2018 12:22

Officer In Charge Of Case
TP / AET /
Staff Sgt TANG SIEW PING
Contact No : 65476430

Classification Of Case

Authentication Stamp
NF165





Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2018 12:22		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: ADE ADLI PUTRA AZMAN			Address: APT BLK 233 TAMPINES STREET 21 #10-617 SINGAPORE 521233		
ID Type / ID No.: NRIC NO / S9747129J			Contact No.: Home/Office: Mobile: 96678047		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 29/12/1997	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/04/2018 20:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 TELOK PAKU ROAD LOYANG AVENUE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9540L	Motorcycle	KAWASAKI	KRR-ZX150	Silver	Seriously Damaged	0
SHB4314M	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL9540L	GREAT AMERICAN INSURANCE COMPANY	MT2017TR00761	08/06/2017	30/06/2018



Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

CONTINUATION OF REPORT

Brief Details.

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I wish to state that there are some damages to my motorcycle's exhaust pipe, ferrings as well as the meter. There is some damages to the taxi's front bumper. I am not sure if there is cctv at the vicinity. There was no ambulance or traffic police present at that point of time. As I felt some swelling pain on both my knees due to the accident, I went to a private clinic on my own accord and was given 4 days of MC.



Police Station Of Origin:
Kaki Bukit NPP
526 Bedok North Street 3 #01-448
SINGAPORE 460526
Tel No: 1800-4429999

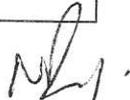
Report No. T/20180403/2031

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 MUHAMMAD NABIL AMSYAR BIN ABDUL HAFED	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/04/2018 12:22
Officer In Charge Of Case: TP / AEIT / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case:
Authentication Stamp NP168	  SIGNATURE