

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	11/04/2018 10:19
Date Of Accident	10/04/2018 08:30
Exact Location Of Accident	PIE SLIP ROAD AT THE EXIT OF JALAN BAHAR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ3196Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD AIDIL BIN ROSLE
NRIC No	S8702158J
Email Address	IMFARIDARIFIN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-91469846
Alternative Phone No	OTHERS-90626059

Vehicle Particulars

Manufacturer	APRILIA
Model	RSV4 R-999CC
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	MC/00399624
Cover Note Number	

Driver

Name of Driver	MOHAMMAD FARID BIN ARIFIN
NRIC No	S8916582B
Date Of Birth	21/05/1989
Occupation	INDOOR
Date Of Driving Pass	26/05/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91469846
Fax Number	
Contact Number	OTHERS-90626059
Email Address	IMFARIDARIFIN@OUTLOOK.COM

Address	BLK 238 BUKIT BATOK EAST AVENUE 5 #11-207
Postcode	650238
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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.	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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180410/2179

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	GBB4710Z
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	CHAN YON MAIN
NRIC/Passport Number	S2644698H
Contact Number	94574489
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD FARID BIN ARIFIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ3196Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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:

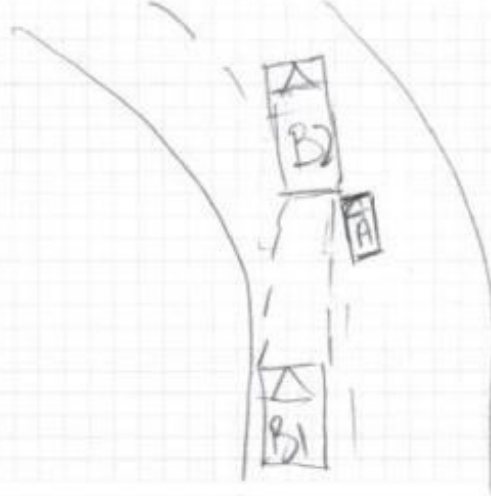
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

LA00000000000000000000

Sketch Plan #2

SKETCH PLAN

PIPE SLIP RD AT THE EXIT OF JEW BATHAR



A) FBJ 3196Y
B) GBB 4710Z

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20/80 4/10/279

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 Centre Personnel's Signature
Name: Paula Watts
NRIC/FIN No.: 970101000000

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180410/2179

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180410/2179

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2018 21:53	Vide Report No.:	Station Diary No.: 146
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Informant's Particulars

Name of Informant: MOHAMMAD FARID BIN ARIFIN			Address: APT BLK 238 BUKIT BATOK EAST AVENUE 5 #11-207 SINGAPORE 650238		
ID Type / ID No.: NRIC NO / S8916582B			Contact No.: Home/Office: Mobile: 90626059		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 21/05/1989	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2.3 Date of Expiry:		

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
slip road at the exit of Jalan Bahar				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBJ3196Y	Motorcycle				Seriously Damaged	0
GBB4710Z	Van				Slightly Damaged	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**

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999



T/20180410/2179

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Report No. T/20180410/

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD FARID BIN ARIFIN		ID No. S8916582B
Related Vehicle	FBJ3196Y (Motorcycle)		Contact No. 90626059
Hospital/Clinic	YEO'S CLINIC		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/04/2018		Date Discharge 10/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Chan Yon Main		ID No. S2644698H
Related Vehicle	GBB4710Z (Van)		Contact No. 94574489
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 10/04/2018 at about 0830 hrs, I was travelling along PIE towards Tuas. While I was exiting to Jalan Bahar, I took the slip road and was travelling at the right lane. While I was at the right lane, there was a vehicle bearing V1) GBB4710Z travelling on my left. Out of sudden, V1 filter to my lane and causing me not to have enough distance to react and to brake. I later collided onto V1's rear right signal light area before falling onto the road. I got up myself and push my motorcycle to the road shoulder while the driver of V1 directing the traffic. My motorcycle brake lever, both foot rest and rear body were damaged. I had suffered abrasion on both of my arms and lower torso area. The driver of V1 was not injure. There were no Traffic Police or ambulance at scene.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180410/2179

3 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20180410/2179

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:

J /
Staff Sgt YUE SHUNXIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/04/2018 21:53

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

Classification Of Case:

Authentication Stamp
NP168

YEO'S CLINIC

Blk 354 Clementi Avenue 2 #01-221
Singapore 120354 Tel: 6779 0790

Medical Certificate

Name : MOHAMMAD FARID BIN ARIFIN
NRIC : S-B-8916582 Ref : U100418051N

The abovenamed attended Consultation

on 10/04/2018 .

☒ Medical Leave from 10/04/2018 to 12/04/2018
inclusive

☐ For Light Duty

☐ Excuse

This certificate is not valid for absence from court unless
otherwise stated.

YEO'S CLINIC

Blk 354 Clementi Ave 2 #01-221
Singapore 120354 Tel: 6779 0790

10/04/2018

Date

DR YEO SUAN AIR
MBBS(SINGAPORE)

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





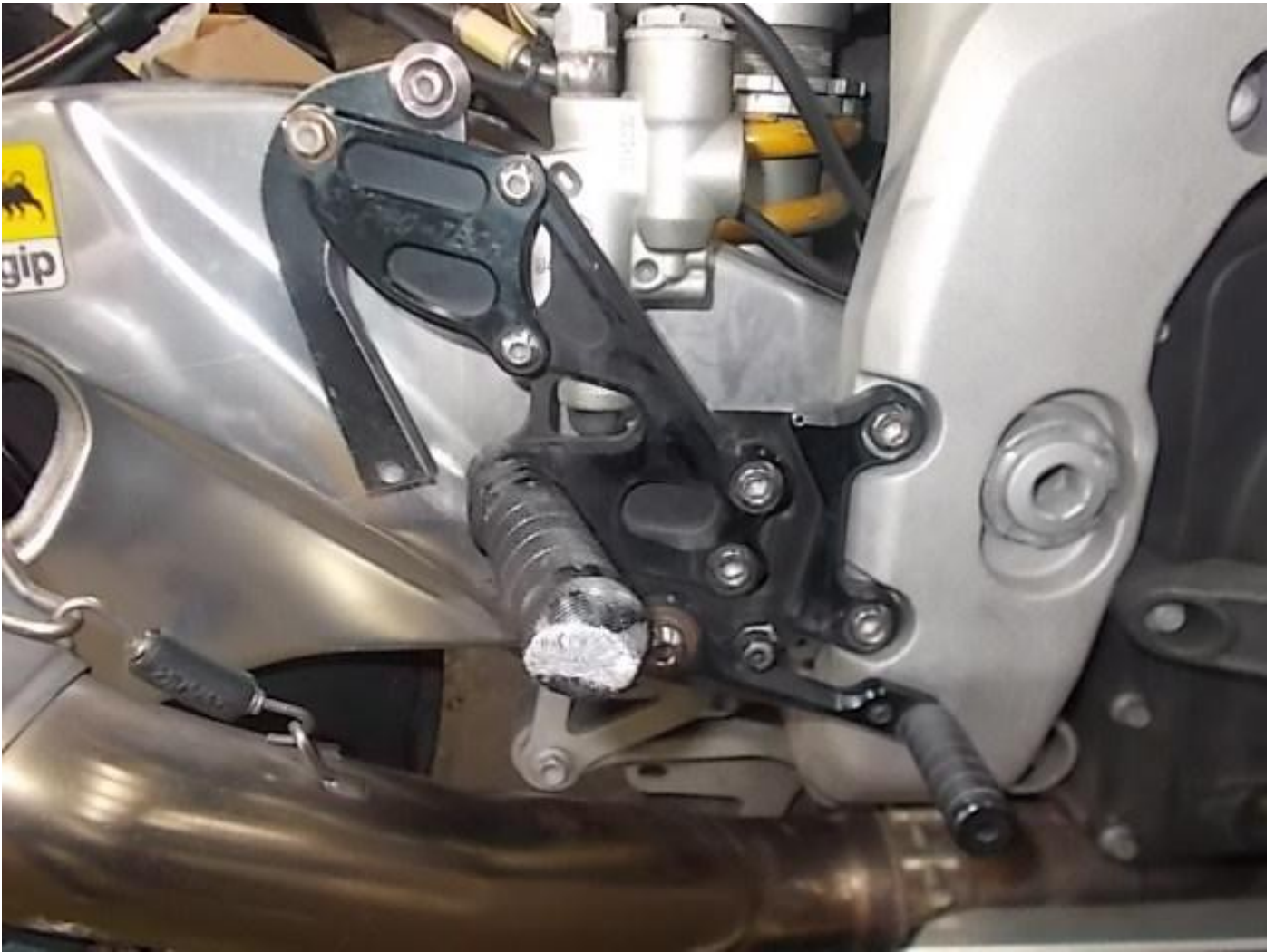
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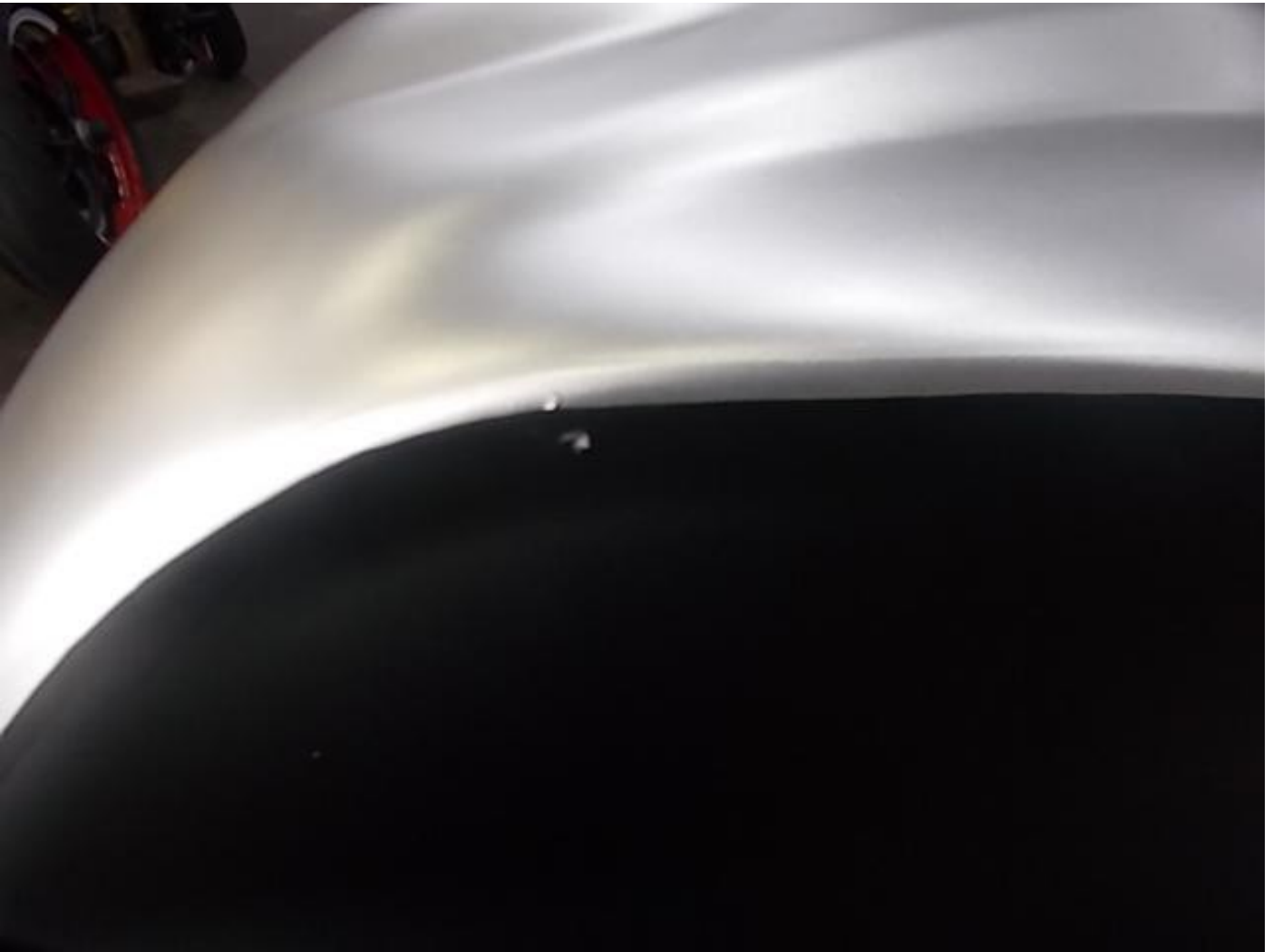
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