

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 18:03
Date Of Accident	04/04/2018 16:30
Exact Location Of Accident	JUNCTION OF GEYLANG ROAD AND TANJONG KATONG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6150A
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96612325
Alternative Phone No	OFFICE-96612325

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-123CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171643

Driver

Name of Driver	NORISHAM BIN TAIB
NRIC No	S1723706C
Date Of Birth	05/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	02/04/1987
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96612325
Fax Number	
Contact Number	OTHERS-96612325
EEmail Address	NOEMAIL

Address	BLK 105 PASIR RIS STREET 12 #03-83
Postcode	510105
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	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	
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180405/2186

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	SLJ1408G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN KIM SIONG
NRIC/Passport Number	S2718499E
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name NORISHAM BIN TAIB

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG6150A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

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:

[Signature] 10/04/18 1250 HRS
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Signature] 11/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN JUNCTION OF GRAYSON RD / TAY KATONG RD

A-FBG 6150A
B-SL51408G

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report: T/20180405/2186

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:
NRIC/FIN No.:

QARAC Sketch Plan Form 33



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20180405/2186

Report No. T/20180405/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
05/04/2018 22:18

Video Report No.: .

Station Diary No.:
161

Informant's Particulars

Name of Informant:
NORISHAM BIN TAIB

Address:
APT BLK 105 PASIR RIS STREET 12 #03-83 SINGAPORE
510105

Contact No.: Mobile: 96612325

Home/Office:
Email:

ID Type / ID No.:
NRIC NO / S1723706C
Nationality:
SINGAPORE CITIZEN

Sex: Age: Date of Birth:
Male 52 05/10/1965

Type of Informant:
Rider

Language:

Institution / School Name:

Race:
Malay

Occupation:
Private security officer

Driving Licence Information:
Class:

Date of Expiry:

General Information of the Accident

Type of Accident: Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
04/04/2018 16:30

Type of Location:
X-Junction

Location:
Junction of Road 1 and Road 2
GEYLANG ROAD
TANJONG KATONG ROAD

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Traffic Light - Working

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
FBG6150A	Motorcycle				Slightly Damaged	0
SLJ1408G	Car				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**



T/20180405/2186

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180405/2186

CONTINUATION OF REPORT

Rider			
Name	NORISHAM BIN TAIB	ID No.	S1723706C
Related Vehicle	FBG6150A (Motorcycle)	Contact No.	96612325
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	04/04/2018	Date Discharge	04/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	GAN KIM SIONG	ID No.	S2718499E
Related Vehicle	SLJ1408G (Car)	Contact No.	NIL
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 the above date, time and location, I was riding on the 5th lane of 5 lanes. I was heading straight and noticed that there was a car on my right. However, suddenly, the said car, suddenly came from my right into my lane. I was unable to brake in time and collided into him. At that point in time, I did not noticed whether his signal lights were on. After the accident, We exchange particulars and took photos. Shortly after, traffic police and ambulance came. However, I did not feel any pain at that point in time and refused conveyance. However, while riding, I felt pain on both of my wrists, left knee and both of my elbows. AS such, I went to CGH to see the doctor and was given 5 days MC.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180405/2186

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Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No: T/20180405/2186

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 1 ISAAC LIM JUN CHENG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

05/04/2018 22:18

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439



SINGAPORE
POLICE FORCE

Classification Of Case

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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: MAY18048450 Vehicle Registration No: FBG 6150A
Name (as shown in NRIC): NORISHAM BIN TOIB NRIC/FIN/Passport No: S1723705C
(* Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 96612325
Email Address: _____
Date of Accident: 04/04/2018 Time of Accident: 16:30
Place of Accident: Interchange of Geylang Rd / 76 KODAK Rd.
Insurance Company: GRAND AMERSON

(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:

From own DAMAGE to Third Party Claims

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Farli Wadhvani
NRIC/FIN No.:
Date: 19/04/2018