

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	26/04/2018 15:53
Date Of Accident	22/04/2018 05:30
Exact Location Of Accident	ALONG TAI SENG LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3272E
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94703081
Alternative Phone No	OFFICE-94703081

Vehicle Particulars

Manufacturer	YAMAHA
Model	MW 125 3-WHEELER-125CC
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?	YES
If No, Please state action to be taken	
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	MT20171699

Driver

Name of Driver	LIEW JUN SHEN
Passport No/FIN	G2956775T
Date Of Birth	02/03/1992
Occupation	OUTDOOR
Date Of Driving Pass	15/08/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94703081
Fax Number	
Contact Number	OTHERS-94703081
Email Address	NOEMAIL

Address NO 4 JALAN JERAU 10
TAMAN PELANGI JOHOR BAHRU

Postcode 80400

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 COLLIDED INTO PARKED VEHICLE

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? NO

Was any injured conveyed to hospital by ambulance? YES

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

PLEASE REFER TO POLICE REPORT T/20180425/2108

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? YES

Remarks/ Reasons: WITH OWNER

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number UNKNOWN

Vehicle Make/Model/Colour TRAILER

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Sketch Plan

SKETCH PLAN

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8. Consent under the Personal Data Protection Act (PDPA) ²⁰¹²

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: 25 APRIL 2018
H 50 PM

Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/IDN No: [Signature]

Sketch Plan #3



SINGAPORE
POLICE FORCE



T/20180425/2108

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

1 of 3

Report No. T/20180425/2108

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 25/04/2018 15:52	Vide Report No.	Station Diary No.
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Informant's Particulars

Name of Informant: LIEW JUN SHEN		Address: NO 4 JALAN JERAU 10 80400 TAMAN PELANGI JOHOR BAHRU	
IC Type / ID No. FIN NO / G2956775T		Contact No. Home/Office	Mobile: 94703081
Nationality: MALAYSIAN		Email:	
Sex: Male	Age: 26	Date of Birth: 02/03/1992	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: COMPLIANCE OFFICER		Driving Licence Information: Class: 2B.3C Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/04/2018 05:30	Type of Location: Straight Road
Location: Along Road 1 TAI SENG LINK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3272E	Motorcycle					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/20180425/2108

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

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Report No. T/20180425/2108

CONTINUATION OF REPORT

Rider			
Name	LIEW JUN SHEN	ID No.	G2956775T
Related Vehicle	FBK3272E (Motorcycle)	Contact No.	94703081
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class 2B,3C Date of Expiry: NIL
Date Treatment	22/04/2018	Date Discharge	25/04/2018
No. of Days granted Medical Leave	17	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG TAI SENG LINK, ITS A TWO WAY ROAD WITH ONLY 1 LANE ON EACH SIDE. SO I WAS RIDING IN THE MIDDLE OF THE LANE AS THERE WAS NO TRAFFIC AT ALL. AS I WAS RIDING, THERE WERE 2 TRAILERS PARKED ILLEGALLY THAT I PASSED BY. AS I WAS STILL RIDING ON THAT ROAD, I DID NOT EVEN REALISE THERE WAS ANOTHER TRAILER PARKED AHEAD THAT I COLLIDED INTO IN THE END. AFTER THE COLLISION, I WAS NOT CONSCIOUS. WHEN I WOKE UP, MANY PEOPLE WERE SURROUNDING ME, AND I WAS THEN CONVEYED BY AMBULANCE BACK TO TAN TOCK SENG HOSPITAL. I HAVE VIDEO FOOTAGE OF THE WHOLE INCIDENT. THE DAMAGES MY BIKE SUFFERED FROM THIS ACCIDENT WAS LEFT HEADLIGHT DENTED, BRAKE LEVER BENT, RIGHT SIDE COVER SET SCRATCHED AND FRONT TYRE MUDGUARD BROKEN.

I WAS ACTUALLY ON DUTY AT THE TIME OF THIS ACCIDENT, PATROLLING THE VICINITY AT THE TIME.

I WAS WARDED IN TAN TOCK SENG FOR 3 DAYS AND ALSO RECEIVED 17 DAYS OF HOSPITALISATION LEAVE.

IO IN CHARGE OF THIS CASE IS IO JEFF THAT'S ALL.