

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	03/05/2018 09:14
Date Of Accident	27/04/2018 21:35
Exact Location Of Accident	ENG NEO AVENUE TURNING FROM PIE LAMPOST 10952
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH684K
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Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91407334
Alternative Phone No	OFFICE-91407334

Vehicle Particulars

Manufacturer	HONDA
Model	GLH125-125CC
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	MT20171662

Driver

Name of Driver	MOHAMED ALIFF BIN MOHAMED YUSOFF
NRIC No	S9143557H
Date Of Birth	04/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	25/10/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91407334
Fax Number	
Contact Number	OTHERS-91407334
EEmail Address	NOEMAIL

Address	BLK 632B SENJA ROAD #03-121
Postcode	672632
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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 TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN (TYPE OF COLLISION IS SELF SKIDDED)

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 INJURED PERSON 1

Name	MOHAMED ALIFF BIN MOHAMED YUSOFF
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH684K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident 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:

[Handwritten Signature]
30.4.18
11.10pm

Reporting Centre Personnel's Signature
Name:

NRIC/FIN No:

[Handwritten Signature]
03/05/2018
[Handwritten Name]
[Handwritten NRIC/FIN No]

Accident Sketch Plan



INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition
Certis Cisco Commonwealth		27/4/18	2:35	wet
Person(s) Involved	Particulars of Witness(es)			
107585 mond Hiff	na			
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)				
<p>while I was heading back from assignment along eng neo exit near lamppost no:109252 I self skidded from my bike FBH b84 k my left arm suffered from slight abrasion. The front of motorbike had also suffered some dent and scratches on the headlight, handle bar and gut. I wished to state that the motorbike belongs to my company "certis cisco" and I am currently on duty for my shift. not required to see doctor and not claiming any medical reimbursement or workmen compensation. That is all.</p>				
Reported by: mond Hiff (Rank/Svc No/Name) 107585	Signature 	Date 27.4.18	Time 2200	

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180428/2016

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20180428/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2018 03:05		Vide Report No.:		Station Diary No.: 8	
Informant's Particulars					
Name of Informant: MOHAMED ALIFF BIN MOHAMED YUSOFF			Address: APT BLK 632B SENJA ROAD #03-121 SINGAPORE 672632		
ID Type / ID No.: NRIC NO / S9143557H			Contact No.:		Mobile: 91407334
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 04/12/1991	Type of Informant: Driver		
Race: Malay		Language:		Institution / School Name:	
Occupation: Certis Cisco			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 27/04/2018 21:35	Type of Location: Bend
Location: Along Road 1 ENG NEO AVENUE eng neo ave turning from PIE, L/P 109252				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Skidded			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH684K	Motorcycle				Slightly Damaged	0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180428/2016

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

2 of 3

Report No. T/20180428/2016

CONTINUATION OF REPORT

Driver			
Name	MOHAMED ALIFF BIN MOHAMED YUSOFF	ID No.	S9143557H
Related Vehicle	FBH684K (Motorcycle)	Contact No.	91407334
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight

Brief Details.

On 27/04/2018 at about 2135hrs, I was travelling on PIE turning into Eng Neo Ave, while making the turn, my motorbike skidded and and I fell onto the ground landing on my left side as such my left forearm suffered from slight abrasion. The front of my motorbike had also suffered some dents and scratches on the headlight, handle bar, mud gut. I wished to state that the motorbike belongs to my company "Certis Cisco" and I am currently on duty for my shift.

I wished to state that there was no government property damaged, no foreign vehicle involved and no other person injured, That's all.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180428/2016

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20180428/2016

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:

E /
Sgt 2 TAN HUI RU

Signature Of Informant:

Date/Time:
28/04/2018 03:05

Signature Of Interpreter:
Not applicable

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

Classification Of Case:
SN 170

Authentication Stamp
NP168



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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