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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	16/05/2018 14:44
Date Of Accident	15/05/2018 22:00
Exact Location Of Accident	SLE TWDS BKE BEFORE LENTOR AVE EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBD5643S
Insured/Policyholder	
Name Of Registered Owner	RASIDI BIN ALI
NRIC No	S7212008F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97685368
Alternative Phone No	OFFICE-97685368
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SFYJ
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/00471576
Cover Note Number	
Driver	
Name of Driver	RASIDI BIN ALI
NRIC No	S7212008F
Data Of Righ	27/03/1072

Name of DriverRASIDI BIN ANRIC No\$7212008FDate Of Birth27/03/1972OccupationOUTDOORDate Of Driving Pass08/10/1996

Driving Experience 21 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97685368

Fax Number

Contact Number OFFICE-97685368

EMail Address NOEMAIL

Address BLK 687D CHOA CHU KANG DRIVE

#08-368

Postcode 684687

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 - CHANGE/CROSS LANE

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?

YES

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : LILIK MUDAWAROH

GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

NO

Police Station Address ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact **TEL NO**: 1800-8929999 - **FAX NO**: 67673650

Was notice of intended Prosecution given?

If Yes, against whom?

.

Circumstances of Accident

REFER TO POLICE REPORT - T/20180516/2063.

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 SLU8701E

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

RASIDI BIN ALI

Approximate Age

Name

Injuries Sustain **BODY**

FBD5643S Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

1

Address Postcode

DETAILS OF INJURED PERSON 2

Name LILIK MUDAWAROH

Approximate Age

Injuries Sustain **BODY**

FBD5643S Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 liability.
- 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. The 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 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
- 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 Perso s Signature

Name

NRIC/FIN No .:

Accident Sketch Plan

SIBE CIRCUMSTANCES OF		RE before Le	afor Exit.	OHO FBDSE Whicle B: SLU 8
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der's Signature Time:	Delice I ex			COMPANY TO BE A STREET
CANAGE CO.	Driver's Signature (If driver is not the po	licyholder)	Reporting Centre Perso Name:	winer's pignature

Police Report





1 of 3

Report No. T/20180516/2063

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

DEDART	OF A	TRAFFIC	ACCIDENT
REPURI	UFA	INAFFIC	MCCIDEN

Date/Time Report Made: 16/05/2018 12:33		fade:	Vide Report No.: F/20180515/0227	Station Diary No. 120		
Informa	nt's Partic	ulars				
Name of RASIDI	Informant: BIN ALI		Address: APT BLK 687D CHOA CHU K SINGAPORE 684687	(ANG DRIVE #08-368		
ID Type / ID No.: NRIC NO / S7212008F		08F	Contact No.: Home/Office:	Mobile: 97685368		
National SINGAP	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 46 27/03/1972			Type of Informant: Rider			
Race: Boyanese			Language:	Institution / School Name:		
Occupation: lorry delivery driver			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/05/2018 22:00	Type of Location Straight Road		
Location: Along Road 1 SELETAR EX	(PRESSWAY					
Weather:		Road Surface: Dry		Road Speed Limit: 90 Km/h		
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Heavy		
One Way		Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				

Vahiola Na	Time	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	Model	COIOI		No of Fasserige
FBD5643S	Motorcycle	HONDA	CB400SFYJ	Black	Slightly Damaged	1
SLU8701E	Car				Slightly Damaged	0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD5643S	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00471576	06/04/2018	05/04/2019

Police Report





2 of 3

Report No. T/20180516/2063

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Perso	n Involved	contrator)	E STEEL STOR			
Any Pedestrian Ir	nvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pe	destrian	Cross	ing: NA
Rider		an eggern				
Name	RASIDI BIN ALI			ID No.		S7212008F
Related Vehicle	FBD5643S (Motorcycle)			Contact No.		97685368
Hospital/Clinic	HEALTHWAY MEDICAL CLINIC			Class Drivin Licent Expiry	g ce &	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/05/2018 Date D			charge	16/05	5/2018
No. of Days gran	ted Medical Leave	03	Degree o	f Injury	Slight	t
Pillion				PERMIT	4800	
Name	Lilik Mudawaron			ID No		S7471055G
Related Vehicle	FBD5643S (Motorcycle)			Conta	ct No.	83554029
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL
Date Treatment	15/05/2018	0-0-0-	Date Disc	charge		5/2018
No. of Days gran	ted Medical Leave	05	Degree o	of Injury	Sligh	t

Brief Details.

On the above mentioned date, time and location. I was riding my motorbike, FBD5643S, a Black Honda CB400 with my pillion namely, Lilik Mudawaron S7471055G. I was riding along SLE towards Yishun on the third lane when I was hit on the left side of my motorbike by a car from the fourth lane. The car was a Grey Mercedez Benz, SLU8701E, driven by namely, Tan We Wah Kenneth, S7600773Z. My pillion fell off the bike while I was still riding it. Parties of both vehicles stopped to exchange particulars, Shortly after, ambulance arrived and conveyed my pillion to Khoo Teck Puat Hospital. I have no CCTV recordings of the incident. I am not sure of repair cost the damages to my bike. On the 16 of May, I woke up to pain in both my knees and was given 3 days MC by Healthway Medical Centre.

Police Report





Police Station Of Origin:

3 of 3 Report No: T/20180516/2063

Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

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 / Sc/tp Fred Fred Sgt 2 LIN WEILIANG, JOEL	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 16/05/2018 12:33
Officer In Charge Of Case: TP / GIT / Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394 Authentication Stamp NP168	Classification Of Case:















