

Gua3

## 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 12/05/2018 10:14  
Date Of Accident 10/05/2018 17:30  
Exact Location Of Accident SIGLAP ROAD OPEN CARPARK  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number FT8871Z  
**Insured/Policyholder**  
Name Of Registered Owner SYAKIR BIN MOHAMED  
NRIC No S9421747D  
Email Address SYAKIRMOHD@GMAIL.COM  
Mobile Phone No (LOCAL) +65-92200515  
Alternative Phone No OTHERS-92200515

### 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 UNITED OVERSEAS INSURANCE LTD  
Type Of Coverage THIRD PARTY  
Fleet Policy NO  
Policy Number DH0M110158111700  
Cover Note Number

### Driver

Name of Driver SYAKIR BIN MOHAMED  
NRIC No S9421747D  
Date Of Birth 21/06/1994  
Occupation INDOOR  
Date Of Driving Pass 11/07/2013  
Driving Experience 4 YEARS AND 9 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-92200515  
Fax Number  
Contact Number OTHERS-92200515  
Email Address SYAKIRMOHD@GMAIL.COM



Address BLK 336 UBI AVENUE 1  
#02-027  
400336  
Postcode  
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 HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED  
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? NO  
Was any injured conveyed to hospital by ambulance?  
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) 0

Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name GEYLANG N.P.C  
Police Station Address ROAD: 132 PAYA LEBAR ROAD, POSTCODE: 409014, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT: T/20180511/2146.

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 Witness 1

Name MARK  
Phone Number 90918909  
Email Address

Details of Witness 2

Name MELVYN  
Phone Number  
Email Address 97598025

Details of Witness 3

Name OMAR  
Phone Number



MLJHM18061771 / Lai Hual (Meng Kee) Motor Pte Ltd - Bin Ming  
ENTRY DATE & TIME: 12/05/2018 10:14  
SUBMITTED BY: Poh Kwee Choo

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident.

Email Address

94874627

### **DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number

SKC140H

Vehicle Make/Model/Colour

MERCEDES-BENZ SILVER

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)



SKETCH PLANIMPORTANT NOTICE

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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:

12 MAY 2013

10:14 AM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

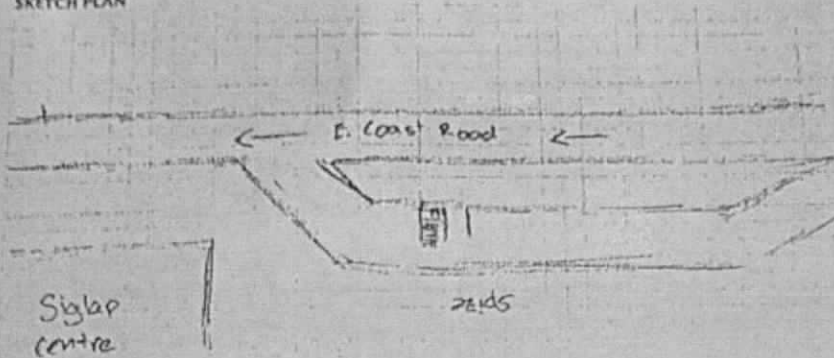
Poh Kwee Choo

NRIC/FIN No.:

S6840583A



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police report: T/2018-0511/2146.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time: 12 MAY 2013 10:14 am

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A





# SINGAPORE POLICE FORCE

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999



T/20180511/2146

1 of 3

Report No. T/20180511/2146

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
11/05/2018 22:22

Vide Report No.:

Station Diary No.:  
124

### Informant's Particulars

Name of Informant: SYAKIR BIN MOHAMED			Address: APT BLK 336 UBI AVENUE 1 #02-827 SINGAPORE 400336		
ID Type / ID No.: NRIC NO / S9421747D			Contact No.: Home/Office: Mobile: 92200515		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 21/06/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/05/2018 17:30	Type of Location: Car Park
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Location:  
Along Road 1  
SIGLAP ROAD

SIGLAP CENTRE OPEN SPACED CARPARK, IN FRONT OF SPIZE RESTAURANT

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: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT8871Z	Motorcycle	HONDA	CB400SFYJ	Blue	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FT8871Z	UNITED OVERSEAS INSURANCE LIMITED	DHOM1101581117 00	11/08/2017	11/09/2018



IMPORTANT NOTICE

SINGAPORE ACCIDENT STATEMENT

POLICE REPORT Pg. 2



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999



T/20180511/2145

2 of 3

Report No. T/20180511/2145

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	SYAKIR BIN MOHAMED	ID No.	S9421747D
Related Vehicle	NIL	Contact No.	92200515
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 10.05.2018 at about 1730hrs, I parked and secured my motorcycle at a open spaced car park located at Siglap Centre opposite of Spize Restaurant. Everything is normal. On the same day at about 2140hrs, I went to my motorcycle and saw a plastic bag containing a note was hung on my handlebar. The note stated that a Silver Mercedes SKC140H had knocked down my motorcycle at about 1815hrs and left. The person also written down their name and numbers; Mark H/P:90918909, Melvyn H/P:97598025 and Omar H/P:94874627. The damages to my motorcycle is slider scratches, brake lever bent, oil tank dented and there is an oil spill. I have not sent my motorcycle to a workshop as such I do not know if there is anymore damages.





POLICE FORCE

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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 /

Staff Sgt RUZIANA BINTE MUHAMMAD RUDY

Signature Of Informant:

*[Signature]*

Date/Time:

11/05/2018 22:22

Signature Of Interpreter:  
Not applicable

Classification Of Case:

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt TAN JEOK LENG

Contact No.: 65476144



Authentication Stamp

NP168

SIGNATURE



DRIVER'S NRIC & DRIVING LICENCE Pg. 1

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S9421747D



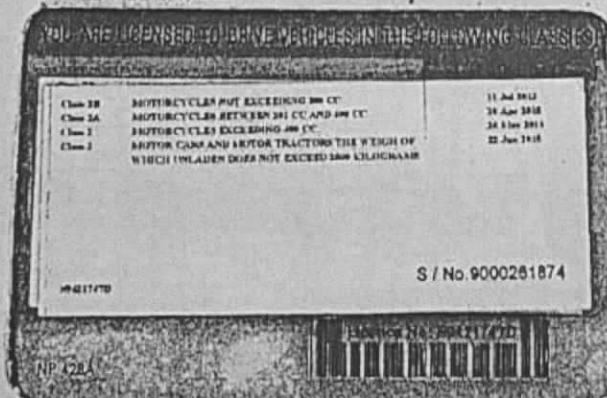
NAME  
SYAKIR BIN MOHAMED

شاكير بن محمد

RACE  
MALAY

DATE OF BIRTH  
21-06-1994 M

COUNTRY OF BIRTH  
SINGAPORE



facts may allow insurance companies.

Association of Singapore

of the report being ma