

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	31/05/2018 16:49
Date Of Accident	29/05/2018 11:40
Exact Location Of Accident	TAMPINES AVE 1 BEFORE JUNC TAMPINES AVE 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY2992X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NURHIDIL BIN KAMSANI
NRIC No	S9608910D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87512404
Alternative Phone No	OFFICE-87512404

Vehicle Particulars

Manufacturer	HONDA
Model	CB400 SF4J M
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00868

Driver

Name of Driver	MUHAMMAD NURHIDIL BIN KAMSANI
NRIC No	S9608910D
Date Of Birth	21/03/1996
Occupation	OUTDOOR
Date Of Driving Pass	19/09/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87512404
Fax Number	
Contact Number	OFFICE-87512404
Email Address	NOEMAIL

Address	BLK 914 TAMPINES STREET 91 #08-35
Postcode	520914
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
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

REFER TO POLICE REPORT - T/20180530/2029.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

Details of Witness 1

Name	BRIAN
Phone Number	92976537
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4162D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	

Postcode

Nature Of Damage

Passenger 1 NAME: _____ :

GENDER: :

Name MUHAMMAD NURHIDIL BIN KAMSANI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle?	FY2992X
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Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

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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)**

(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.

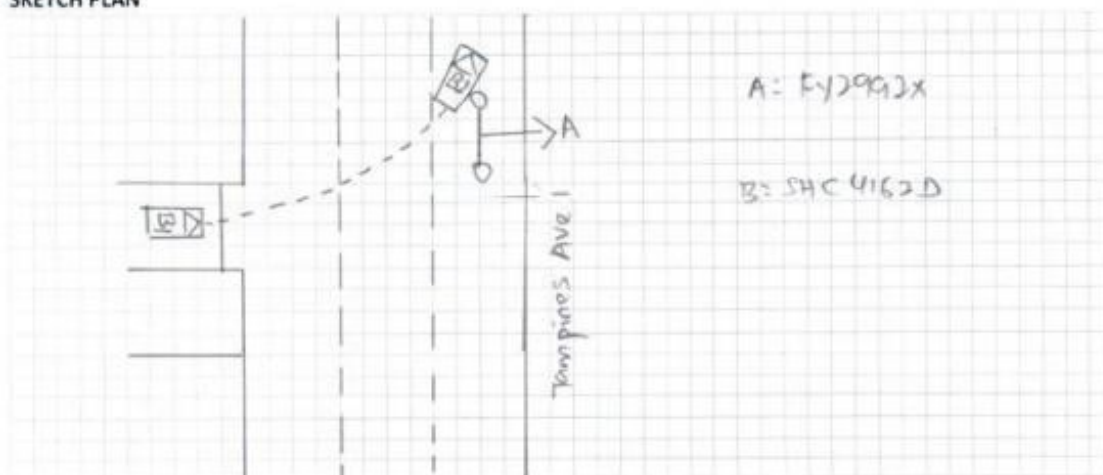
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/18 or 30/2019.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180530/2029

1 of 3

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

Report No. T/20180530/2029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/05/2018 12:02	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: muhammad nurhidil bin kamsani			Address: APT BLK 914 TAMPINES ST 91 #08-35 HDB-TAMPINES SINGAPORE 520914		
ID Type / ID No.: NRIC NO / S9608910D			Contact No.: Home/Office: Mobile: 87512404		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 21/03/1996	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: MOVERS			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/05/2018 11:40	Type of Location:
Location: Along Road 1 TAMPINES AVENUE 1 TOWARDS TAMPINES AVE 10				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY2992X	Motorcycle	HONDA	CB400 SF4J M	Blue	Slightly Damaged	0
SHC4162D	Car	TOYOTA	PRIUS TAXI (SMRT)			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY2992X	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00868	30/04/2018	29/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180530/2029

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

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Report No. T/20180530/2029

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	muhammad nurhidil bin kamsani	ID No.	S9608910D
Related Vehicle	FY2992X (Motorcycle)	Contact No.	87512404
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	NIL

Brief Details.

ON 29/5/18 AT ABOUT 1140HRS, WHILE RIDING ALONG TAMPINES AVE 1 ON THE FIRST LANE WHICH WAS A 3 LANE CARRIAGE WAY, A TAXI SUDDENLY CAME OUT FROM THE TROPICA CONDO, DIDN'T TURN ON ANY SIGNAL AND STRAIGHT AWAY MERGE ONTO THE FIRST LANE AND HIT ONTO MY VEHICLE. A VEHICLE WHICH WAS BEHIND ME CAME OUT FROM HIS VEHICLE AND CAME TO MY AID. HE SAID THAT HE HAVE THE ACCIDENT ON HIS IN-CAR CAM AND WILLING TO BE A WITNESS IF NEEDED. SO AFTER THE AMBULANCE AND TP CAME TO THE SCENE. THE TAXI DRIVER CLAIMED THAT HE DID NOT CAME OUT FROM THE CONDO.

WITNESS PARTICULARS : BRIAN // 92976537

Police Report



SINGAPORE
POLICE FORCE

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



T/20180530/2029

3 of 3

Report No. T/20180530/2029

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/05/2018 12:02

Classification Of Case:

Medical Cert



ORIGINAL

MEDICAL CERTIFICATE

EMD2018103904

Name MUHAMMAD NURHIDIL BIN KAMSANI		NRIC No. S9608910D
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>29-May-2018</u> to <u>01-Jun-2018</u>		
Type of medical leave granted:		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments: The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 29-May-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. LOO YUN TENG, 616071

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

