

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	28/06/2018 12:18
Date Of Accident	25/06/2018 18:00
Exact Location Of Accident	CHAI CHEE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB6434H
Insured/Policyholder	
Name Of Registered Owner	AHMAD BIN YUSOFF
NRIC No	S0049715J
Email Address	ANNASIMSL@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96343475
Alternative Phone No	OTHERS-96343475

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC

Exact Purpose for which vehicle was being used at time of accident

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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AN3165450
Cover Note Number	

Driver

Name of Driver	AHMAD BIN YUSOFF
NRIC No	S0049715J
Date Of Birth	22/07/1951
Occupation	INDOOR
Date Of Driving Pass	05/09/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96343475
Fax Number	
Contact Number	OTHERS-96343475
EMail Address	ANNASIMSL@YAHOO.COM.SG

Address	BLK 453A FERNVALE ROAD #14-507 SINGAPORE
Postcode	791453
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	SIDE SWIPE
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?	NO
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	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	SLW6298E
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

Name AHMAD BIN YUSOFF

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBB6434H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan


SKETCH PLAN

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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
- (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: 12:15pm
28/6/18

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


Reporting Centre Personnel's Signature
Name:
NRIC/IN No: 907201

Sketch Plan #2

SKETCH PLAN

Vehicle No

A-706645A

B. $\frac{1}{2} \times \frac{1}{2} = \frac{1}{4}$

Legend



Vehicle



Bike

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Leves to police report.

NO T/20180626/2174

DECLARATION

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre: Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims.

1 Date of accident: 25/6/18 Time: 1800		2 Exact location of accident: Chet Chase Drive		To be signed by BOTH drivers 2 Injuries even if slight: No <input type="checkbox"/> Yes <input checked="" type="checkbox"/>	
4 Material damage: To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be undefined if he/she is passenger in vehicle A or vehicle B): Vehicle Video Camera Available: No <input type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. **FBB643417**
(VEHICLE A)
☒ Insured / policyholder (see insurance doc)
Name **Armad Bin Yusoff**
(capital letters)
Address _____
NRIC / Passport no. **S0049715J**
Tel no. (from 9am till 5pm) _____
HP **96343475**
☒ Vehicle **Honda CB400**
Make type _____
☒ Insurance company **TAI** ☒ TPT ☐ TPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **MN3165450**
☒ Driver ☐ Same as Owner
Name _____
(capital letters)
NRIC / Passport no. **3**
Class of licence _____
HP _____
Gender: Male ☒ Female ☐

12 CIRCUMSTANCES
for which (X) is each of the relevant
times applicable to your vehicle

Crash/Collision

- Collided into Object
- Collided into Motorcyclist
- Collided into Parked Vehicle
- Collided into Pedestrian
- Collided into Property
- Collision - Change/Excess Lane
- Collision - Cross Section
- Collision - Head-on/Cross
- Collision - Head-to-Head
- Collision - Merge/Move Adj
- Collision - Opening Gate of Vehicle
- Collision - Roundabout
- Collision - Slip/Fall
- Crash/Growing / Drug Influence
- Fire, Explosion or Ignition
- Flood
- Hit and Run / Vandals / Damaged whilst Parked
- Other Factors, Inc / Other Circumstances
- No Collision
- Side Swipe
- Void

↓ Registration No. (VEHICLE B) SLW698E

100 [6] Insured / policyholder (See insurance card)

110 Name _____
(capital letters)

120 Address _____

130 _____

140 NRIC / Passport no. _____

150 Yel no. (from turn till stop) _____

160 HP _____

170 [7] Vehicle

180 Make, type _____

190 [8] Insurance company

200 ☐ C ☐ TPT ☐ TPO

210 Does the policy cover damage to vehicle B?

220 No ☐ Yes ☐

230 Policy No. (if available) _____

240 [9] Driver (See driving licence)

250 (if different from Insured B above)

260 Name _____
(capital letters)

270 NRIC / Passport no. _____

280 Class of licence _____

290 [10] _____

300 Gender Male ☐ Female ☐

2.6 Indicate the point of initial impact with an arrow (→)

13 Sketch of accident when impact occurred 13

Please indicate: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

UNIVERSITY POLICE INVESTIGATION FORM - 2004

10. Indicate the point of initial impact with an arrow(→)

11 Visible damage to vehicle A

12 Any remarks

In the event of injury or in the event of damage to property, use the
 telephone numbers listed below for information and help.

For values of β indicated in Statement
that (1) are marked \rightarrow

Individual Statement

Reporting Centre: Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Own Workshop Unit 77a (if any)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper when necessary)															
Insured	1 Occupation (if more than one, state all)		Email: <u>0100simst@y100.com.sg</u>												
	2 Vehicle registration no. <u>CC</u>		If commercial vehicle, state permissible carrying capacity												
	3 Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No. State relationship at time with owner		State the vehicle number and name of insurer of driver's own vehicle (where applicable)												
	4 Exact purpose for which vehicle was being used at time of accident <input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Private hire														
	5 Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state where it is at present Tel no. _____														
	6 Are you claiming under your own insurance policy for repair to your vehicle? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If no, state action to be taken <input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input checked="" type="checkbox"/> Third Party (Own Workshop)														
Driver or person in charge of vehicle at the time of accident (including insured)	7 Date of birth	Occupation	Date of license pass												
	<u>22/7/51</u>	<u>Indoor</u>	<u>Outdoor</u>												
	<u>5/9/78</u>	<u>Yes</u>	<u>No</u>												
	<u>Yes</u>	<u>No</u>	<u>Yes</u>												
8 Give details of any pre-existing impairment of sight or hearing and of any other disability															
9 Full details of all driving convictions including pending prosecutions in the last 35 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10 Name(s), address(es) and approximate age(s)	Injuries sustained	If vehicle occupants, state in which vehicle												
Damage to property & vehicles (other than vehicles A and B)	11 Name(s) and address(es) of owner(s)	Vehicle registration no. or details of property	Nature of damage												
Police action	12 Was the accident reported to the Police? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please state which Police station <u>Bedok South N.P.C.</u>														
	13 Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, against whom?														
Accident details	14 Weather conditions	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others													
	15 Road surface	<input checked="" type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Others													
	16 Speed of vehicles	A <input type="checkbox"/> km/hr B <input type="checkbox"/> km/hr													
	17 What warnings were given by driver or other party?														
	18 Were street lights illuminated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>														
	19 What lights were displayed on your vehicle/the other vehicle(s)?														
	20 If your vehicle is commercial, state weight of load carried at time of accident														
	21 State how accident happened, width of roads, speed limits, etc. (Refer to attached)														
Declaration	22 State number of Passengers (including Driver) <u>1</u>														
	I/We declare the foregoing particulars are true in every respect														
	Policyholder's signature <u>[Signature]</u> Date <u>28/1/2018 12:16 pm</u>														
Driver's signature (if driver is not the policyholder) _____ Date _____															



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/06/2018 19:09	Vide Report No.:	Station Diary No.: 45
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Informant's Particulars			
Name of Informant: AHMAD BIN YUSOFF		Address: APT BLK 453A FERNVALE ROAD #14-507 SINGAPORE 791453	
ID Type / ID No.: NRIC NO / S0049715J		Contact No.: Home/Office: Mobile: 96343475	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 22/07/1951	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: DISPATCH RIDER		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 25/06/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 CHAI CHEE DRIVE ALONG CHAI CHEE DRIVE TOWARDS CHAI CHEE STREET				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB6434H	Motorcycle	HONDA	CB400	Red	Slightly Damaged	0
SLW6298E	Car				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB6434H	AXA INSURANCE SINGAPORE PTE LTD	AN3165450	11/06/2018	10/06/2019



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AHMAD BIN YUSOFF	ID No.	S0049715J
Related Vehicle	FBB6434H (Motorcycle)	Contact No.	96343475
Hospital/Clinic	LOW & LEE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	25/06/2018	Date Discharge	25/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 25/06/2018 at about 1800hrs, I was riding my motorcycle FBB6434H along Chai Chee Drive towards Chai Chee Street. I was behind this vehicle bearing registration plate no. SLW6298E. The vehicle stopped outside the entrance of Viva Business Park but there was no signal of the vehicle wanting to turn right into the Viva Business Park. I then decided to overtake the vehicle on the right. When I was overtaking the vehicle, the vehicle suddenly turned right and the right side of the vehicle collided with the left side of my motorcycle. I fell off my motorcycle. As I was in pain, I did not exchange particulars with the driver. I only took down his vehicle plate no. The damages to my motorcycle is a broken right mirror, broken crash bar, cracked speedometer and a broken visor. I left the scene to see a doctor immediately as I was in pain. I was given 03 days of MC by Low & Lee Clinic & Surgery.



SINGAPORE
POLICE FORCE



T/20180626/2174

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 3

Report No. T/20180626/2174

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 /

Sgt 3 ANG CHING NEE, ANITA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No: 65476219



Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

26/06/2018 19:09

Classification Of Case: