

## 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	06/07/2018 13:27
Date Of Accident	12/06/2018 23:30
Exact Location Of Accident	JALAN AFIFI TWDS GEYLANG
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6828C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL SAMAD BIN MANAN
NRIC No	S7434877G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91031748
Alternative Phone No	OFFICE-91031748

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH
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	MT2018TR00117

### Driver

Name of Driver	ISMAIL BIN MOHKREH
NRIC No	S7215678A
Date Of Birth	05/05/1972
Occupation	INDOOR
Date Of Driving Pass	16/06/1995
Driving Experience	22 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91031748
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 117 PASIR RIS ST 11 #05-521
Postcode	510117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
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?	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)	2
Passenger 1	NAME: : HASLINDAWATI BINTE SAID GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SHC4653D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LAU CHANG TIA
NRIC/Passport Number	S0566929D
Contact Number	
Address	
Postcode	

Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ISMAIL BIN MOHKREH
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL6828C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2	
Name	HASLINDAWATI BINTE SAID
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL6828C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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)**

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.

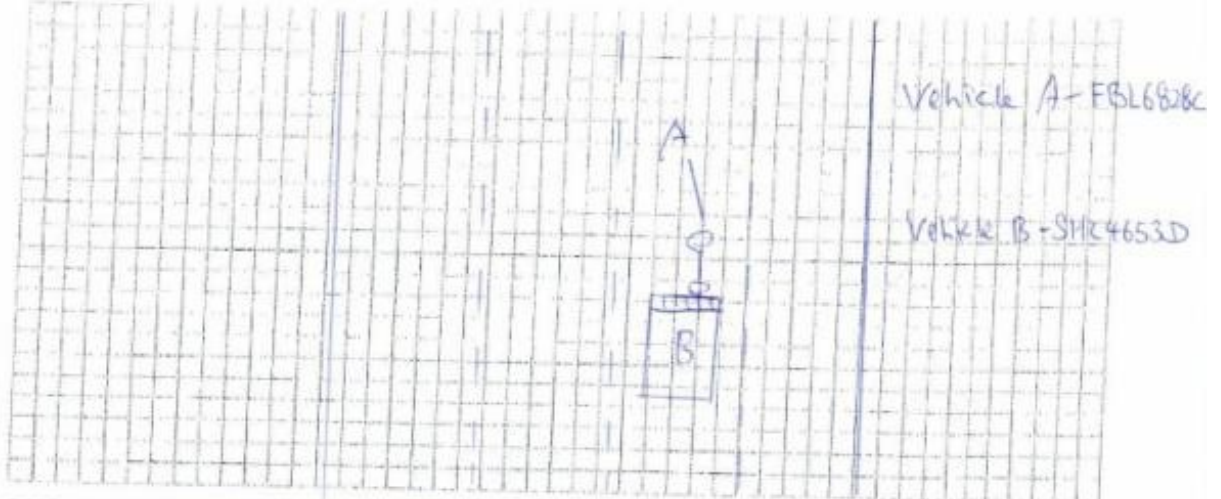
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report

### DECLARATION

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

Policyholder's Signature  
Date & Time:

GLABMC Skp/d/PlanForm\_v3

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/20180613/2069

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No. T/20180613/2069

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/06/2018 13:46	Vide Report No.:	Station Diary No.: 69
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### Informant's Particulars

Name of Informant: ISMAIL BIN MOHKREH			Address: APT BLK 117 PASIR RIS STREET 11 #05-521 SINGAPORE 510117		
ID Type / ID No.: NRIC NO / S7215678A			Contact No.: Home/Office: Mobile: 91031748		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 05/05/1972	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: FORKLIFT DRIVER			Driving Licence Information: Class: 2B,2A Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/06/2018 23.30	Type of Location: Straight Road
Location: Along Road 1 JALAN AFIFI				
HEADING TOWARDS GEYLANG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6828C	Motorcycle				Slightly Damaged	1
SHC4653D						0

### Details of Person Involved

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

# POLICE REPORT



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T/20180613/2069

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

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Report No: T/20180613/2069

## CONTINUATION OF REPORT

<b>Passenger</b>			
Name	HASLINDAWATI BINTE SAID	ID No.	S8102710B
Related Vehicle	FBL6828C (Motorcycle)	Contact No.	87520443
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	12/06/2018	Date Discharge	13/06/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight
<b>Rider</b>			
Name	ISMAIL BIN MOHKREH	ID No.	S7215678A
Related Vehicle	FBL6828C (Motorcycle)	Contact No.	91031748
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	12/06/2018	Date Discharge	13/06/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	LAU CHANG TIA	ID No.	S0566929D
Related Vehicle	SHC4653D	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 12/06/2018 at 2330hrs, I was riding my bike bearing plate number FBL6828C on Jalan Afifi towards Geylang. I just turned out from Shell and stopped at the traffic light due to red lights. I was on the centre lane at the point of time. When the traffic light turned green, I rode off just nice when I cross the line, the taxi bearing plate number SHC4653D hit the rear of my bike. My passenger and I both fell off to the left side of the bike and slid to the front. We suffered pain and abrasions. The taxi passengers called for ambulance and traffic police was at scene. I then talked to the taxi driver and asked him why he hit the rear of my bike and he said that I rode my bike into his lane. Traffic police recorded down my statement and afterwards I exchanged particulars with the taxi driver and my passenger and I were conveyed to Changi General Hospital afterwards.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180613/2069

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Report No: T/20180613/2069

CONTINUATION OF REPORT



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180613/2069

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Police Station Of Origin:  
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1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

Report No. T/20180613/2069

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 1 JUSTIN CHU JUN QUAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMMAD ZULKARNIAN BIN  
SAMSUDIN

Contact No.: 65476429

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

13/06/2018 13:46

Classification Of Case:



SINGAPORE  
POLICE FORCE

SIGNATURE

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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