

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	09/07/2018 12:51
Date Of Accident	07/07/2018 10:30
Exact Location Of Accident	ALONG KALLANG ROAD INFRONT OF ICA BUILDING
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9004D
Insured/Policyholder	
Name Of Registered Owner	SYAHIR CHAQIF BIN ABDUL RASID
NRIC No	S9135510H
Email Address	SYAHIR.CHAQIF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82987870
Alternative Phone No	OTHERS-82987870

Vehicle Particulars

Manufacturer	HONDA
Model	NC700X-670CC
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	MOMVM000002164-00-000
Cover Note Number	

Driver

Name of Driver	SYAHIR CHAQIF BIN ABDUL RASID
NRIC No	S9135510H
Date Of Birth	09/10/1991
Occupation	INDOOR
Date Of Driving Pass	16/04/2015
Driving Experience	3 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82987870
Fax Number	
Contact Number	OTHERS-82987870
Email Address	SYAHIR.CHAQIF@GMAIL.COM

Address	BLK 450 JURONG WEST STREET 42 #06-62
Postcode	640450
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 - OPENING DOOR OF VEHICLE
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180708/2011

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDQ6622D
Vehicle Make/Model/Colour	BMW
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)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	SYAHIR CHAQIF BIN ABDUL RASID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ9004D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 9/7/2018 / 10pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

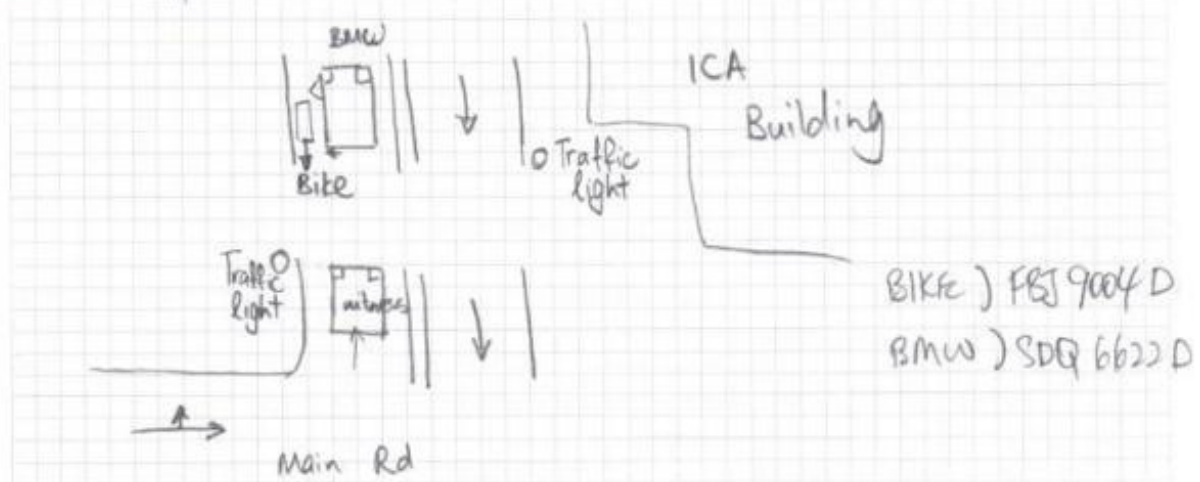
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN KALLANG ROAD IN FRONT OF ICA BLDG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note: PLS REFER TO POLICE REPORT 7/20180708/2011

DECLARATION

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

Policyholder's Signature
Date & Time: 9/7/2018 11pm

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180708/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20180708/2011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/07/2018 09:38	Vide Report No.:	Station Diary No.: 41
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Informant's Particulars

Name of Informant: SYAHIR CHAQIF BIN ABDUL RASID			Address: APT BLK 450 JURONG WEST STREET 42 #06-62 SINGAPORE 640450	
ID Type / ID No.: NRIC NO / S9135510H			Contact No.: Home/Office: Mobile: 82987870	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 26	Date of Birth: 09/10/1991	Type of Informant: Rider	
Race: Malay			Language:	Institution / School Name:
Occupation: Other assistant engineers			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: 07/07/2018 10:30	Type of Location: T-Junction
Location: Along Road 1 KALLANG ROAD IN FRONT OF ICA BUILDING				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way	Traffic Control: Traffic Light - Working		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
FBJ9004D	Motorcycle	HONDA	NC750XA	Silver	Slightly Damaged	0
SDQ6622D	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9004D	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01926	15/12/2017	14/12/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180708/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20180708/2011

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SYAHIR CHAQIF BIN ABDUL RASID	ID No.	S9135510H
Related Vehicle	FBJ9004D (Motorcycle)	Contact No.	82987870
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	07/07/2018	Date Discharge	07/07/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 07/07/2018 at about 1030hrs, I was riding along Kallang Rd towards Bugis. I then made a left turn at the pedestrian crossing junction into the road leading to the carpark in front of ICA Building. When I turned in to the road, there was another vehicle SDQ6622D which had stopped right after the pedestrian crossing to alight a passenger. There was clearance on the left side of the vehicle and as such, I rode on the left side to over take the vehicle. Just as I was beside the vehicle, the front passenger door opened and I crashed into the door, causing me to fall off my motorcycle.

Due to the collision, I suffered a contusion on my right knee and some abrasions on my right forearm. My vehicle's crash bar got dented. I did not take down the driver's nor the passenger's particulars. I took down the passenger's number HP: 96674824 and verified on site that it was a valid number. However when I tried to contact the number on the next day, I was unable to get through. No Ambulance or Traffic Police came to scene. I have a footage of the incident obtained from the in-car camera of the vehicle behind.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180708/2011

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20180708/2011

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 /
Staff Sgt IQBAL PRATAMA PUTRA BIN AZMAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
08/07/2018 09:38

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

