MNA118090479 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 13/07/2018 15:11
SUBMITTED BY: Roslinda Binte Abdul Wahab

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 witholding 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	13/07/2018 15:11
Date Of Accident	12/07/2018 18:30
Exact Location Of Accident	OLD TOH TUCK RD OPEN C/PARK(BOK SENG LOGISTIC)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBK5086M
Insured/Policyholder	
Name Of Registered Owner	HASSAN BIN OTHMAN
NRIC No	S1723625C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87506902
Alternative Phone No	OTHERS-87506902
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	GTR1400
Exact Purpose for which vehicle was being used at time of accident	PARKED VEH
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00764
Driver	
Name of Driver	HASSAN BIN OTHMAN
NRIC No	S1723625C
Date Of Birth	16/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	09/02/2018
Driving Experience	0 YEAR AND 5 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87506902
Fax Number	
Contact Number	OTHERS-87506902
EMail Address	NOEMAIL

Address	BLK 323 ANG MO KIO AVE 3 #09-1944
Postcode	560323
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	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	SLANTED

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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	TECK GHEE NEIGHBOURHOOD POLICE POST
Police Station Address	**ROAD**: BLK 321 ANG MO KIO STREET 31 , **POSTCODE:** 560321 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4599999 - **FAX NO**: 64574478
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180713/2056

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	XD352D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT INJURY(OUT FROM THE VEH)
Injured person in which vehicle?	XD352D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

SKETCH PLAN

IMPORTANT NOTICE

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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. 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:

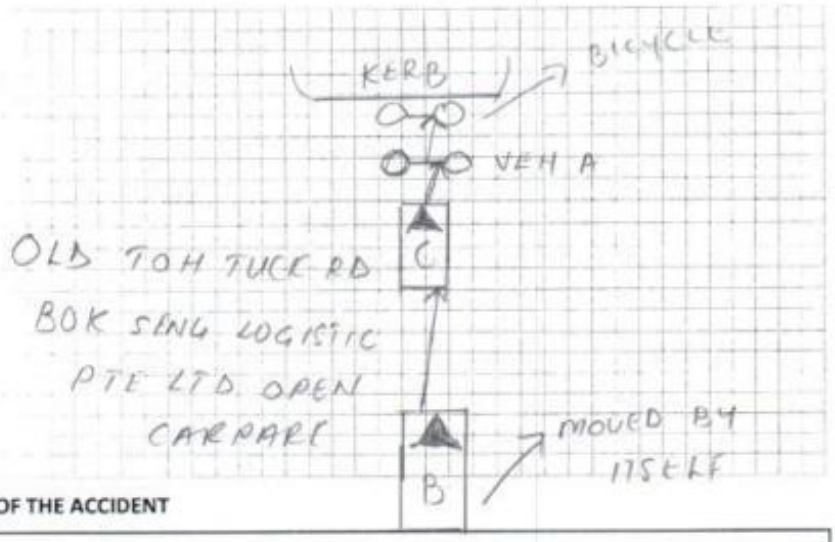
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

A- FBK5086M
B- XD3520
C- UNKNOWN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S refer to the police report: 20180713/2056

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:	13/07/18 Repotting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20180713/2056

Report No. T/20180713/2056

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

CONTINUATION OF REPORT

Brief Details.

On 12/7/18 at about 1830hrs, my colleague informed me that my motorcycle bearing vehicle registration number FBK5086M was hit by a car which was hit by a lorry bearing vehicle registration number XD352D in our office yard (open carpark). The lorry which was parked, somehow moved on its own due to the uneven surface and hit the car, which in turn moved and pushed my motorcycle forward all the way to the side of the building. The lorry driver tried to stop the vehicle and was injured. The lorry driver was conveyed away by ambulance. I then proceeded to the scene and the police officers gave me a case card with ref D/20180712/0103 with AIO Koh Soon Long in charge.

My motorcycle was seriously damaged due to the collision and it could not start at all. To my knowledge, the lorry and car were slightly damaged. There was CCTV in the area but I believe it was not working as my company was going to hand over the building soon.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

SINGAPORE POLICE FORCE

T/20180713/2059

Report No. T/20180713/2059

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
569321
Tel No: 1800-4569999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
13/07/2018 13:01	D/20180712/0103	9

Informant's Particulars

Name of Informant:			Address:	
HASSAN BIN OTHMAN			APT BLK 323 ANG MO KIO AVENUE 3 #09-1944 SINGAPORE 560323	
ID Type / ID No.:			Contact No.:	
NRIC NO / S1723625C			Home/Office:	Mobile: 87506902
Nationality:			Email:	
SINGAPORE CITIZEN				
Sex:	Age:	Date of Birth:	Type of Informant:	
Male	53	16/05/1965	Vehicle Owner	
Race:			Language:	Institution / School Name:
Malay				
Occupation:			Driving Licence Information:	
Prime Mover Driver			Class: 2B,2A,2,3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 12/07/2018 18:30	Type of Location: Car Park
Location: Along Road 1 OLD TOH TUCK ROAD Bok Sing Logistics Pte Ltd open carpark.				
Weather: Clear		Road Surface: Slightly Slanted		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK5086M	Motorcycle	KAWASAKI	GTR1400	Grey	Seriously Damaged	0
XD352D	Lorry	NISSAN	Diesel	White	Slightly Damaged	0

SINGAPORE POLICE FORCE

T/20180713/2096

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
560321
Tel No: 1800-4599999

Report No. T/20180713/2096

CONTINUATION OF REPORT

Brief Details.

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SINGAPORE POLICE FORCE

T/20180713/2056

Report No. T/20180713/2056

Police Station Of Origin:
Teck Ghee NPP
321 Ang Mo Kio Street 31 SINGAPORE
569321
Tel No: 1800-4569999

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: F / Sgt 3 ONG KOK CHUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/07/2018 13:01
Officer In Charge Of Case: TP / GIT / SI NG CHWEE THENG Contact No : 65476397	Classification Of Case:

Authentication Stamp
NP158