

## 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	01/08/2018 18:13
Date Of Accident	27/07/2018 16:45
Exact Location Of Accident	SIMEI EXIT TOWARDS CHANGI GENERAL HOSPITAL
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3420U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92283767
Alternative Phone No	OFFICE-92283767

### Vehicle Particulars

Manufacturer	YAMAHA
Model	MW 125 3-WHEELER-125CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
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	MT20171703

### Driver

Name of Driver	SHAHRIZAN BIN OSMAN
NRIC No	S9136276G
Date Of Birth	07/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	02/06/2016
Driving Experience	2 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92283767
Fax Number	
Contact Number	OTHERS-92283767
Email Address	NOEMAIL

Address	BLK 130B CANBERRA CRESCENT #07-453
Postcode	752130
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180727/2157

#### 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	SHC5779T
Vehicle Make/Model/Colour	CHEVROLET LATITUDE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	PEE NGIAP HENG
NRIC/Passport Number	S1253235J
Contact Number	90610812
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	3
Passenger 1	NAME:       :
	GENDER:     :
Passenger 2	NAME:       :
	GENDER:     :

DETAILS OF INJURED PERSON 1	
Name	SHAHRIZAN BIN OSMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK3420U
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.

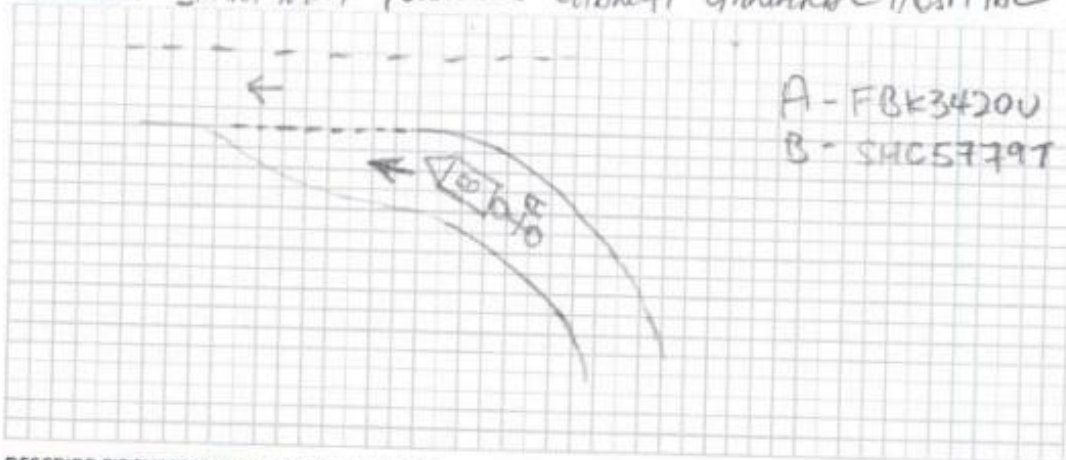
  
Policyholder's Signature \_\_\_\_\_  
Date & Time: \_\_\_\_\_

  
Driver's Signature \_\_\_\_\_  
(If driver is not the policyholder)  
Date & Time: 30/7/18 1300

  
Reporting Centre Personnel's Signature \_\_\_\_\_  
Name: \_\_\_\_\_  
NRIC/FIN No.: 90211100000

# Accident Sketch Plan

SKETCH PLAN SINGAPORE EXIT TOWARDS CHANGI GENERAL HOSPITAL



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police report: T/201807027/2157

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Signature of Policyholder

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 30/7/18 18:00 HRS.

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180727/2157

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

1 of 3

Report No: T/20180727/2157

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2018 22:34	Video Report No.:	Station Diary No.: 192
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### Informant's Particulars

Name of Informant: SHAHRIZAN BIN OSMAN			Address: APT BLK 130B CANBERRA CRESCENT #07-453 SINGAPORE 752130	
ID Type / ID No.: NRIC NO / S9136276G			Contact No.:	Mobile: 92283767
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 26	Date of Birth: 07/10/1991	Type of Informant: Rider	
Race: Chinese			Language:	Institution / School Name:
Occupation: CISCO OFFICER			Driving Licence Information: Class:	
			Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 27/07/2018 16:45	Type of Location: Bend
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE towards Changi , along Simei Exit towards Changi General Hospital				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
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
FBK3420U	Motorcycle	YAMAHA			Slightly Damaged	0
SHC5779T	Car	CHEVROLET		Red	Slightly Damaged	2

### Details of Person Involved

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180727/2157

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180727/2157

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	SHAHORIZAN BIN OSMAN		ID No. S9136276G
Related Vehicle	FBK3420U (Motorcycle)		Contact No. 92283767
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	Slight
<b>Driver</b>			
Name	Pee Ngiap Heng		ID No. S1253235J
Related Vehicle	SHC5779T (Car)		Contact No. 90610812
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 the 27/07/2018 at around 1645hrs, I was riding along the PIE towards Changi Airport and I exited at Simei exit heading towards Changi General Hospital. I was negotiating the bend along the exit behind a taxi bearing registration no SHC 5779T and there was another black colour car unknown veh no travelling in front of the taxi. The black colour car stopped all of sudden before merging into the main road and this caused the taxi driver to applied emergency brake and I was forced to applied emergency brake as well however I couldn't stop my motorbike in time and collided into the rear of the taxi. I suffered injury on my right hand knuckle but I have not seek any medical attention yet. After the accident, the black colour car drove off and I exchanged particulars with the taxi driver and we left the accident scene subsequently. I was told by CISCO to lodge a Traffic Accident Report.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180727/2157

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180727/2157

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 /  
Staff Sgt ZENG ZHIMIN, KEVIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SI DZUL HAIRIE BIN RAMLI  
Contact No.: 65476220

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
27/07/2018 22:34

Classification Of Case:



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





Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048590  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S665508200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MMA46899592 Vehicle Registration No: FBK 34204  
Name (as shown in NRIC): SHAFERIZAN Bin Osman NRIC/FIN/Passport No: 591362264  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 92283767  
Email Address : \_\_\_\_\_  
Date of Accident: 27/07/2018 Time of Accident: 16:45  
Place of Accident: Summit Exit Towards Mount Ganesha Hospital  
Insurance Company: Great American

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Amend to add damage claim

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Phat  
NRIC/FIN No.: 0610001  
Date: