

## 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	02/08/2018 14:49
Date Of Accident	02/08/2018 09:30
Exact Location Of Accident	SIMEI STREET 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBJ2912D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HAKEEM BIN SAIRI
NRIC No	S9828912G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92317676
Alternative Phone No	OFFICE-92317676
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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
<b>Insurance Company</b>	
Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MTMC01001623
Cover Note Number	
<b>Driver</b>	
Name of Driver	MUHAMMAD HAKEEM BIN SAIRI
NRIC No	S9828912G
Date Of Birth	03/09/1998
Occupation	INDOOR
Date Of Driving Pass	17/11/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92317676
Fax Number	
Contact Number	OFFICE-92317676
EEmail Address	NOEMAIL

Address BLK 146 SIMEI STREET 2  
#08-26  
Postcode 520146  
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 DRIZZLINGS  
Road Surface WET

#### 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) 2  
Passenger 1  
NAME: : MUHAMMAD HAKEEM BIN SAIRI  
GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name CHANGI N.P.C  
Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO THE 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 Witness 1

Name MR AZRI  
Phone Number 94890852  
Email Address

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD4822C  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category TAXI


SKETCH PLAN


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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.

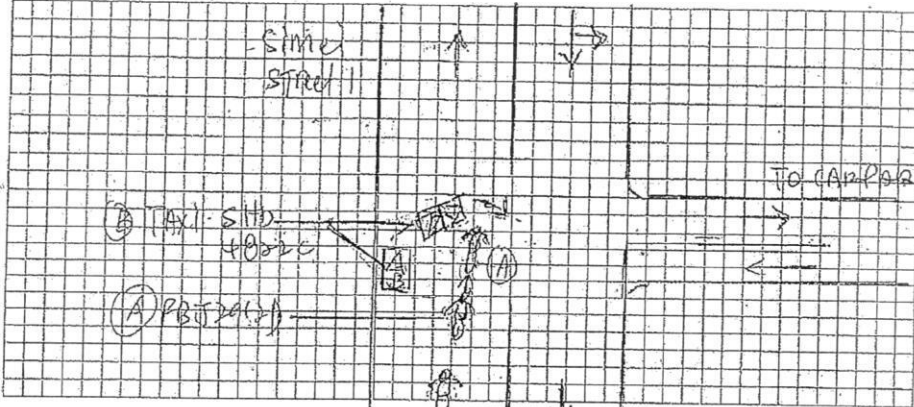
  
Policyholder's Signature  
Date & Time: 21/8/2018  
2:30pm

  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time: 21/8/2018  
2:30pm

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

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

witness:

MR. AZRI

Refer to Police Report no: T/2018080/209P

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 2/8/2018, 2:30pm

*[Signature]*

Driver's Signature

(If driver is not the policyholder)

Date & Time: 2/8/2018, 2:30pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GIAGMC SketchPlanForm\_V3

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**SINGAPORE  
POLICE FORCE**



T/20180801/2093

1 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180801/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/08/2018 16:03	Vide Report No.:	Station Diary No.: 48
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<b>Informant's Particulars</b>			
Name of Informant: MUHAMMAD HAKEEM BIN SAIRI		Address: APT BLK 146 SIMEI STREET 2 #08-26 SINGAPORE 520146	
ID Type / ID No.: NRIC NO / S9828912G		Contact No.: Home/Office: Mobile: 92317676	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 03/09/1998	Type of Informant: Rider
Race: Boyanese		Language: English	Institution / School Name:
Occupation: PART-TIME		Driving Licence Information: Class: 2B Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/08/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 SIMEI STREET 1  Simei Street 1, Infront of Blk 123 Simei Street 1 Carpark Entrance				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2912D	Motorcycle	YAMAHA	FZ 16	Black	Seriously Damaged	0
SHD4822C	Taxi					0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2912D	TENET SOMPO INSURANCE PTE. LTD.	D18MTMC0100162 3	24/03/2018	23/03/2019



**SINGAPORE  
POLICE FORCE**



T/20180801/2093

2 of 3

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

Report No. T/20180801/2093

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD HAKEEM BIN SAIRI	ID No.	S9828912G
Related Vehicle	FBJ2912D (Motorcycle)	Contact No.	92317676
Hospital/Clinic	TRINITY MEDICAL & AESTHETIC CLINIC	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/08/2018	Date Discharge	01/08/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	KELVIN TAN	ID No.	S7238819D
Related Vehicle	SHD4822C (Taxi)	Contact No.	97949491
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 01/08/2018 at about 0930hrs, I was riding my motorcycle (FBJ2912D) along Simei Street 1 towards Simei MRT. There was a taxi (SHD4822C) in front of my vehicle. I noticed that the taxi had the right signal light on. The taxi then swerved to the left and was slowing down. I was confused by the taxi action. As I was about to pass by the taxi on the right side, the taxi made a sudden right turn to the right towards Blk 123 Simei Street 1 carpark. I applied the e-brake and subsequently skid with my motorcycle. My motorcycle did not hit onto the taxi. There were no damages to the taxi. Another motorcycle rider had a camera on his vehicle. He had witness the incident. There is a video recording of the incident. His name is Azri of contact number 94890852



SINGAPORE  
POLICE FORCE



T/20180801/2093

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180801/2093

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 HASAN BIN SIDIK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Authentication Stamp  
NP168

SIGNATURE

Signature Of Informant:

Date/Time:

01/08/2018 16:03

Classification Of Case: