

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	15/08/2018 16:29
Date Of Accident	13/08/2018 21:20
Exact Location Of Accident	PASIR RIS DR 4 BEFORE SPC
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL8167R
Insured/Policyholder	
Name Of Registered Owner	KAMSANI BIN ABDUL RAHMAN
NRIC No	S1648829A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90023484
Alternative Phone No	OFFICE-90023484

Vehicle Particulars

Manufacturer	HONDA
Model	NV400CR
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00063944/07
Cover Note Number	

Driver

Name of Driver	KAMSANI BIN ABDUL RAHMAN
NRIC No	S1648829A
Date Of Birth	01/07/1964
Occupation	INDOOR
Date Of Driving Pass	19/03/1988
Driving Experience	30 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90023484
Fax Number	
Contact Number	OFFICE-90023484
Email Address	NOEMAIL

Address	BLK 225 PASIR RIS STREET 21 #07-62
Postcode	510225
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	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?	NO
Was any injured conveyed to hospital by ambulance?	
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180813/2194.

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	MUHAMMAD KHAIRUL SAYYAT BIN MOHAMAD SAAIB
Phone Number	81838290
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB8697G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	OSMAN BIN MOHAMED SALLEH
NRIC/Passport Number	S0682826D
Contact Number	92990334

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

SKETCH PLAN

(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.

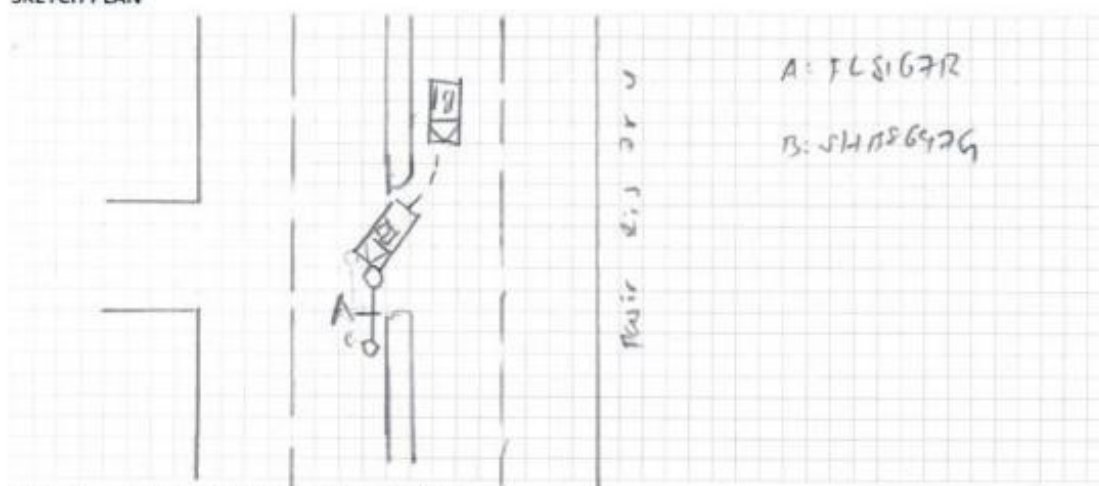
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018 at 13/2/194.

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2194

1 of 3

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

Report No. T/20180813/2194

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/08/2018 21:58	Vide Report No.:	Station Diary No.: 122
--	------------------	---------------------------

Informant's Particulars

Name of Informant: KAMSANI BIN ABDUL RAHMAN	Address: APT BLK 225 PASIR RIS STREET 21 #07-62 SINGAPORE 510225
ID Type / ID No.: NRIC NO / S1648829A	Contact No.: Home/Office: Mobile: 90023484
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 54 Date of Birth: 01/07/1964	Type of Informant: Rider
Race: Javanese	Language: Institution / School Name:
Occupation: Social worker (general)	Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 13/08/2018 21:20	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 4				
BEFORE SPC				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: No Traffic		
Type of Collision: Between Moving Vehicles - Head To Side	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FL8167R	Motorcycle	HONDA	NV400CR	Blue	Seriously Damaged	0
SHB8697G	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL8167R	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00063944/07	15/12/2011	28/07/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2194

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

2 of 3
Report No. T/20180813/2194

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAMSANI BIN ABDUL RAHMAN	ID No.	S1648829A
Related Vehicle	FL8167R (Motorcycle)	Contact No.	90023484
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	OSMAN BIN MOHAMED SALLEH	ID No.	S0682826D
Related Vehicle	SHB8697G (Car)	Contact No.	92990334
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 13/8/18 at about 9.20pm, I was riding along Pasir Ris Dr 4 on the right lane of a 2 lane road intending to turn right into the cluster of Blk 225 Pasir Ris St 21 when a Taxi from the opposite direction suddenly turned right into the SPC. As the taxi made an abrupt turn, I could not brake on time and as such collided onto his vehicle.

My motorcycle suffered damages such as my front head light broke, front wheel dented, mudguard dented, the handlebar misalignment and the radiator broke. I have made arrangements for my vehicle to be towed away.

I have a witness who saw everything, his particulars as follows:
FBL1734Y, Muhammad Khairul Sayyat Bin Mohamad Saaib, NRIC: S9633471J. HP:81838290

I am lodging this report for insurance claiming purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180813/2194

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

3 of 3

Report No. T/20180813/2194

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 S EVA SHERRIENA BINTI S AFFINDY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/08/2018 21:58

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp
NP168



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



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S665500206 / 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 : MUA1810562 Vehicle Registration No: FL8167 R
Name(as shown in NRIC) : Karim bin Abdul Rahman NRIC/FIN/Passport No : 516488294
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : Blk 225 Pasir Ris Street 21 A 02-62 Singapore(56225)
Contact (Tel) : _____ Mobile No.: 90223484
Email Address : _____
Date of Accident : 13/8/18 Time of Accident : 21:20
Place of Accident : Pasir Ris Dr 4 before JPC
Insurance Company: DAI

(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:

1. Amend date of accident (13/8/18)

Policyholder / Driver's Signature
Date:

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