

### 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	14/08/2018 15:28
Date Of Accident	20/07/2018 23:00
Exact Location Of Accident	TUAS CHECKPOINT IN MALAYSIA
Country/State of Loss	MALAYSIA/WILAYAH PERSEKUTUAN

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FP500T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL ISMAIL BIN SIMIN
NRIC No	S7628417B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96961630
Alternative Phone No	OFFICE-96961630
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	TMAX530-530CC CVT ABS
Exact Purpose for which vehicle was being used at time of accident	PLEASURE
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR01093
<b>Driver</b>	
Name of Driver	IRWAN BIN ROSD
NRIC No	S7438371H
Date Of Birth	05/12/1974
Occupation	INDOOR
Date Of Driving Pass	24/08/1995
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96961630
Fax Number	
Contact Number	
Email Address	GENTONG74@HOTMAIL.COM

Address	BLK 618 HOUGANG AVE 8 #01-330
Postcode	530618
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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 ON COLLISION
Weather Conditions	UNKNOWN
Road Surface	UNKNOWN

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	UNKNOWN (PRIVATE CAR)
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?	NO
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	HONG KAH NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 370 BUKIT BATOK STREET 31 , <b>POSTCODE:</b> 650370 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5679999 - <b>FAX NO:</b> 65652508
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

i cannot remember anything. As per 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 INJURED PERSON 1

Name	IRWAN BIN ROSD
Approximate Age	43
Injuries Sustain	LIMBS & FACIAL
Injured person in which vehicle?	FP500T
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 618 HOUGANG AVE 8 #01-330
Postcode	530618

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:

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

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

geto  
gentong 744@ hot mail . com  
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### SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I cant remember. as per police report.

## 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.:



**SINGAPORE  
POLICE FORCE**



J20180727/2054

1 of 2

**POLICE REPORT (NP299)**

Report No. J20180727/2054

Police Station Of Origin  
Hong Kah North NPP  
370 Bukit Batok Street 31 #01-201  
SINGAPORE 650370  
Tel No. 1800-5678999

Date/Time Report Made 27/07/2018 13:28	Video Report No.	Station Diary No. 14
Name Of Informant IRWAN BIN ROSO	Address APT BLK B18 HOUGANG AVENUE 8 #01-330 SINGAPORE 530618	
ID Type / ID No. NRIC NO / S7438371H	Contact No. Home/Office Mobile 96961630	
Nationality SINGAPORE CITIZEN	Email Address	
Occupation Safety coordinator	Sex Male	Age 43
Institution/School Name	Date of Birth 05/12/1974	Race Malay
Date/Time Of Incident 20/07/2018 23:00	Location Of Incident After Tuas checkpoint -1 Kilometer mark MALAYSIA	

**Brief details.**

V1) FP500T

On 20/07/2018 at around 2300hrs, I was riding my bike V1 along Tuas checkpoint, I was at the -1 kilometre mark which is in Malaysia. I was not sleepy as I had enough sleep. At that point of time, the road was clear however only 2 lanes were opened. There were a lot of cars trying to merge into the two lanes. They were swerving around and I could not recall what happened after that. On 21/07/2018 at around 0300hrs, I regained conscious however was still in a daze and noticed that I was already at

Signature Of Officer Recording The Report J / Sgt 2 MUHAMMAD SYAFIQ BIN MOHD RAFFA	Signature Of Informant:
Signature Of Interpreter Not applicable	Date/Time: 27/07/2018 13:28
Officer in Charge Of Case: J / Jurong Police Divisional Investigation Branch / Staff Sgt LIM JIA QING Contact No. 67810000	Classification Of Case:

**Authentication Stamp**



SN 116

Singapore Police Force



hospital Sultanah Aminah Johor Bahru which is located in Malaysia. I was informed that I was involved in an accident however I was not able to remember what happened. The injuries I sustained during the accident are as mentioned below:

- 1) head injuries: right frontal/periorbital scalp haematoma
- 2) Multiple Abrasions at face: Right eyebrow, Left eyebrow abrasion, cheek abrasion, top lip, chin
- 3) Multiple abrasion over limbs
- 4) Right sub conjunctival haemorrhage
- 5) Lost some teeth, chipped and subluxed teeth

I was warded at the said hospital but subsequently transferred to Ng Teng Fong hospital located in Singapore. I was warded from 21/07/2018 and discharged on 25/07/2018.

I was given Medical Leave till 08/08/2018. I am lodging this report for claiming of insurance and referral and to back up my report which I had already made in Malaysia.

Signature Of Officer Recording The Report:

J / Sgt 2 MUHAMMAD SYAFIQ BIN MOHD RAFA

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
J / Jurong Police Divisional Investigation Branch /  
Staff Sgt LIM JIA QING  
Contact No: 67910000

Signature Of Informant:

Date/Time:  
27/07/2018 13.28

Classification Of Case:

Authentication Stamp

