

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	05/09/2018 19:31
Date Of Accident	26/08/2018 06:30
Exact Location Of Accident	ALONG MARINA EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK5932X
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Insured/Policyholder

Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86614647
Alternative Phone No	OFFICE-86614647

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
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	MT20171758

Driver

Name of Driver	MUHAMAD SHAMEER BIN ABDULLAH
NRIC No	S9215643E
Date Of Birth	02/05/1992
Occupation	OUTDOOR
Date Of Driving Pass	13/03/2013
Driving Experience	5 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86614647
Fax Number	
Contact Number	OTHERS-86614647
Email Address	NOEMAIL

Address	BLK 63 YUNG KUANG ROAD #06-73
Postcode	610063
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	NO COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT J/20180904/2018 (TYPE OF COLLISION IS SELF SKIDDED)

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	MUHAMAD SHAMEER BIN ABDULLAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK5932X
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: 03/01/2018
1605pm


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

Accident Sketch Plan

SKETCH PLAN

Along MARINA EAST DRIVE

A - FBK5932X

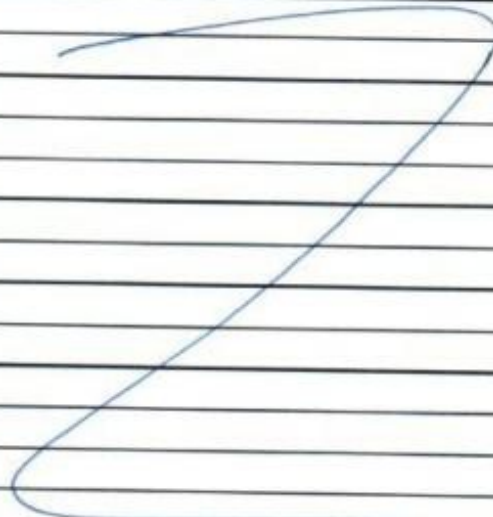
SELF
SKIDDED

LA

sand patch

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT 3/20180904/2018



DECLARATION

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

Policyholder's Signature
Date & Time:

Sub-MAC Sketch Plan Form, V3

Driver's Signature
(If driver is not the policyholder)
Date & Time: 31/07/2018
16:05 pm

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



J/20180904/2018

1 of 2

POLICE REPORT (NP299)

Report No. J/20180904/2018

Police Station Of Origin
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Date/Time Report Made 04/09/2018 03:01	Vide Report No.	Station Diary No. 14
Name Of Informant MUHAMAD SHAMEER BIN ABDULLAH	Address APT BLK 63 YUNG KUANG ROAD #06-73 SINGAPORE 610063	
ID Type / ID No. NRIC NO / S9215643E	Contact No. Home/Office	Mobile 86614647
Nationality SINGAPORE CITIZEN	Email Address	
Occupation CISCO OFFICER	Sex Male	Age 26
Institution/School Name	Date of Birth 02/05/1992	Race Malay
Date/Time Of Incident 26/08/2018 06:30	Location Of Incident along Marina East Drive	

Brief details.

On 26.08.2018 at about 0630hrs, I was deployed and performing roving duties at an AD-HOC event located at Marina East Drive. I was engaged to ride vehicle; FBK5932X to perform my duties. During the event, I met with an accident when I self-skidded at the said location. When the incident occurred, I was slowing down my vehicle when approaching a hump. However the lighting was dark and upon going over the hump, the said hump was sandy thus my vehicle skidded and I fell to my right.

I sustained abrasions on my right forearm and my vehicle sustained minimal damages and I was able to

Signature Of Officer Recording The Report:
J / Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 PATRICIA TAN SHILING
Contact No.: 67910000

Signature Of Informant:

Date/Time:
04/09/2018 03:01

Classification Of Case:

Authentication Stamp

SN 126



Signature :

Singapore Police Force

POLICE REPORT



SINGAPORE
POLICE FORCE



J/20180904/2018

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20180904/2018

continue my duties. However I was advised by my supervisor that I can report off from work. I am lodging this report as I was advised by my management to lodge a police report for record purpose.

Signature Of Officer Recording The Report:

J / Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN

Signature Of Interpreter:
Not applicable

Officer In-Charge Of Case:
J / Jurong Police Divisional Investigation Branch /
Sgt 2 PATRICIA TAN SHILING
Contact No.: 67910000

Authentication Stamp



Singapore Police Force

Signature Of Informant:

Date/Time:
04/09/2018 03:01

Classification Of Case:

MC

WC18/0398

93918

Ng Teng Fong General Hospital

A member of the NUHS



MEDICAL CERTIFICATE (Ref:31315737)

ORIGINAL

NAME: MUHAMAD SHAMEER BIN ABDULLAH

NRIC: S9215643E

Type of Medical Leave granted: **OUTPATIENT SICK LEAVE**

The above named is unfit for duty from **26/8/2018** to **31/8/2018** inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from **26/08/2018 13:20** to **26/08/2018 16:47**.

26/08/2018
Date

Dr. Ab Aziz MOHD ZUHAIRY (17452A)
Issued by


Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Accident Photo



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