SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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
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

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?

Number of vehicles involved in the accident

NO 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)

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





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Report No. J/20180904/2018

POLICE REPORT (NP299)

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.	
Name Of Informant	Address			
MUHAMAD SHAMEER BIN ABDULLAH	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	Sex	Age	Date of Birth	Race
CISCO OFFICER	Male	26	02/05/1992	Malay
Institution/School Name	Language			
Date/Time Of Incident 26/08/2018 06:30	Location Of Incident along Marina East Drive			
Brief details.	1707104			

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:	Signature Of Informant
J / Staff Sgt MOHAMMED AMIRULHAFIZ BIN RAMLAN	
Signature Of Interpreter: Not applicable	Date/Time: 04/09/2018 03:01
Officer In-Charge Of Case: J / Jurong Police Divisional Investigation Branch / Sgt 2 PATRICIA TAN SHILING Contact No.: 67910000	Classification Of Case:

Authentication Stamp

SN 126

Signature:

Singapore Police Force





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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

Signature Of Informant;

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

Classification Of Case:

SN 126

