

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	07/09/2018 16:21
Date Of Accident	04/09/2018 11:40
Exact Location Of Accident	ALONG AYE (MCE) NEARBY L/P:364
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY3497C
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Insured/Policyholder

Name Of Registered Owner	MAHMUD BIN MOHAMED MOSADDEQ
NRIC No	S8311086D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94357587
Alternative Phone No	OFFICE-94357587

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125S A
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
Fleet Policy	NO
Policy Number	MC/00368544/01
Cover Note Number	

Driver

Name of Driver	MAHMUD BIN MOHAMED MOSADDEQ
NRIC No	S8311086D
Date Of Birth	07/04/1983
Occupation	INDOOR
Date Of Driving Pass	26/09/2001
Driving Experience	16 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94357587
Fax Number	
Contact Number	OFFICE-94357587
Email Address	NOEMAIL

Address	BLK 652 JALAN TENAGA #02-50
Postcode	410658
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	DRIZZLING
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?	YES
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180906/2024.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YN9809E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAMU A/L SELLIYASERVAI
NRIC/Passport Number	F7233413L
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)	2
Passenger 1	NAME: :
	GENDER: :

DETAILS OF INJURED PERSON 1

Name	MAHMUD BIN MOHAMED MOSADDEQ
Approximate Age	
Injuries Sustain	COLLAR BONE
Injured person in which vehicle?	FY3497C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

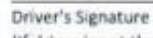
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

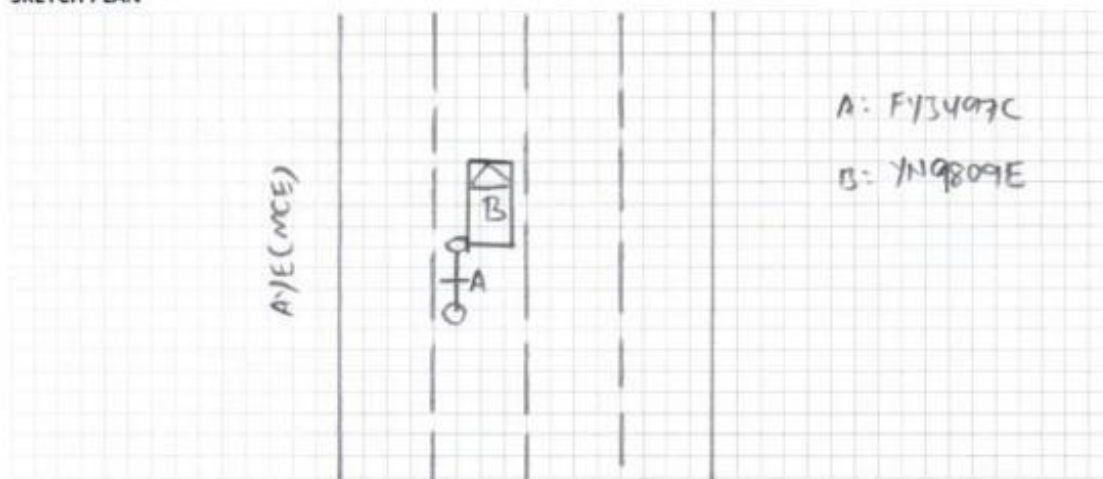

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 1/20/180424/2024.

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/20180906/2024

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180906/2024

YN9809E

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/09/2018 10:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MAHMUD BIN MOHAMED MOSADDEQ	Address: APT BLK 652 JALAN TENAGA #02-50 EUNOS DAMAI VILLE SINGAPORE 410652		
ID Type / ID No.: NRIC NO / S8311086D	Contact No.: Home/Office: Mobile: 94357587		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 35	Date of Birth: 07/04/1983	Type of Informant: Rider
Race: Malay	Language:		Institution / School Name:
Occupation: SENIOR ENGINEER	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 04/09/2018 11:40	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY AYE (MCE) 7.3KM LAMPPPOST NUMBER 364				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY3497C	Motorcycle	HONDA	WAVE 125S A	Red	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY3497C	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00368544/01	25/02/2017	25/02/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180906/2024

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180906/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MAHMUD BIN MOHAMED MOSADDEQ	ID No.	S8311086D
Related Vehicle	FY3497C (Motorcycle)	Contact No.	94357587
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	04/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION

I WAS TRAVELLING ALONG THE SAID LOCATION. I WAS RIDING BETWEEN LANE 3 AND 4. THE LORRY WAS TRAVELLING ON LANE 3. THE LASHINGS ON THE LORRY THAT WAS DANGLING ON THE LEFT SIDE, HOOKED ONTO MY RIGHT SIDE MIRRORS. THIS CAUSE IT TO PULL MY MOTORCYCLE TOWARDS THE LORRY. UPON NOTICING THIS, I IMMEDIATELY LET GO OFF MY MOTORCYCLE AND I FALL STRAIGHT TO THE GROUND. I WAS EVENTUALLY SENT TO NUH FOR MEDICAL TREATMENT. I ALSO EXCHANGE PARTICULARS WITH THE LORRY DRIVER.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180906/2024

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180906/2024

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:
TP /
NG JIN SHENG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
06/09/2018 10:30

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED SUFIAN BIN SUDIN
Contact No.: 65476367



Classification Of Case:
SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

