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	28/09/2018 10:05
Date Of Accident	27/09/2018 09:30
Exact Location Of Accident	NEAR JUNCTION OF CHOA CHU KANG ST 51 & CCK NORTH 5
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FW2809D
Insured/Policyholder	
Name Of Registered Owner	MOHAMMED SYADZWAN BIN HASHIM
NRIC No	S9418298J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90085727
Alternative Phone No	OTHERS-90085727
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	KRR-ZX150
Exact Purpose for which vehicle was being used at time of accident	
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	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	018MTMCCIOC2232
Cover Note Number	
Driver	
Name of Driver	MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ
NRIC No	S9720007F
Date Of Birth	11/06/1997
Occupation	INDOOR
Date Of Driving Pass	15/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91792784
Fax Number	
Contact Number	
EMail Address	ASHIQILAHI60@GMAIL.COM

Address	BLK 516 CHOA CHU KANG ST 51 #14-66
Postcode	680516
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	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?	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	CHOA CHU KANG NPC
Police Station Address	**ROAD**: 20 CHOA CHU KANG ST 52 #01-02 , **POSTCODE:** 689286 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICE REPORT NO.T/20180928/2006. (NOTE:VEHICLE NOT IN FOR PHOTO TAKING ALREADY SENT TO WORKSHOP)

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	SHC869A
Vehicle Make/Model/Colour	TAXI (YELLOW)
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	THEN THIAM SHIN
NRIC/Passport Number	S0152194B
Contact Number	90281766
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ
Approximate Age	
Injuries Sustain	2 DAY MC
Injured person in which vehicle?	FW2609D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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

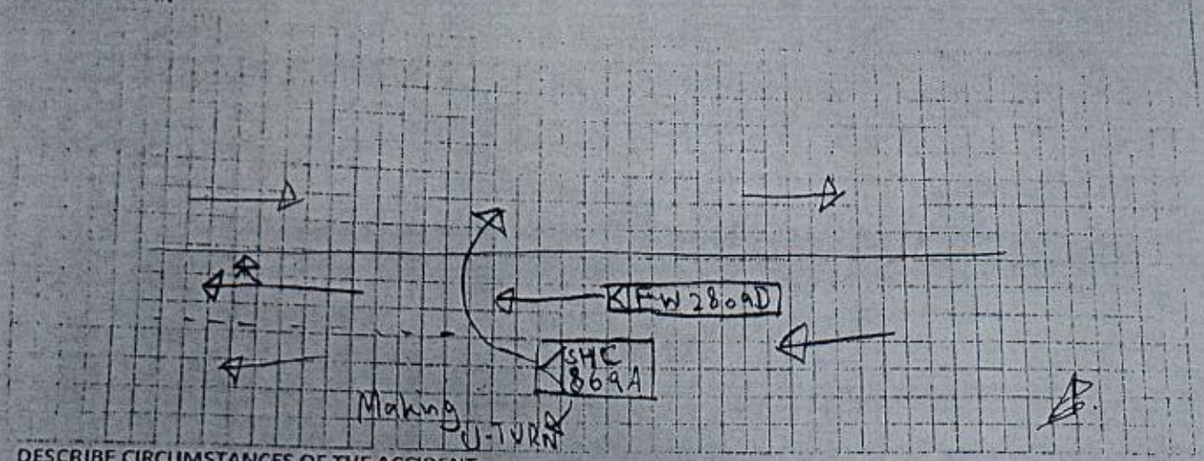
   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 28/9/18 1000

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report

Important:		
You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim ~~OD~~/ TP at other workshop

DECLARATION

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

Policyholder's signature	28/9/18 1000	
Date & Time	Driver's Signature	Reporting Centre Personnel's Signature
	(If driver not the policyholder)	Name:
	Date & Time	Nric/Fin No.

SINGAPORE POLICE FORCE

T/20180928/2006

Report No. T/20180928/2006

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
28/09/2018 02:01	J/20180927/0079	15

Informant's Particulars

Name of Informant: MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ			Address: APT BLK 516 CHOA CHU KANG STREET 51 #14-66 SINGAPORE 680516	
ID Type / ID No.: NRIC NO / S9720007F			Contact No.: Home/Office:	Mobile: 91792784
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 11/06/1997	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: National Service Full Time			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 27/09/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG STREET 51 CHOA CHU KANG STREET 52 Near to the junction of Choa Chu Kang Street 51 x Choa Chu Kang North 5, in front of Chinese Temple				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
FW2809D	Motorcycle	KAWASAKI	KRR-ZX150	Blue	Seriously Damaged	0
SHC869A	Taxi					0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

SINGAPORE POLICE FORCE

T/20180928/2006

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

CONTINUATION OF REPORT

Rider					
Name	MOHAMED ASHIQ ILAHI S/O ABDUL AZIZ			ID No.	S9720007F
Related Vehicle	FW2809D (Motorcycle)			Contact No.	91792784
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/09/2018		Date Discharge	27/09/2018	
No. of Days granted Medical Leave	02		Degree of Injury	Slight	

Driver					
Name	THEN THIAM SHIN			ID No.	S0152194B
Related Vehicle	SHC869A (Taxi)			Contact No.	90281766
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 27/09/2018 at about 9.30am, I was riding my motorcycle, registration plate number FW2809D, along Choa Chu Kang Street 51 after exiting from Blk 516 Choa Chu Kang Street 51 cluster. Near to the junction of Choa Chu Kang Street 51 and Choa Chu Kang North 5, I spotted a yellow taxi stopped by the side of the road without any signals or hazard light. As the taxi stopped at the most left side of the lane, I rode on the right side of the lane. Suddenly the taxi turned right and collided onto my motorcycle. I could not recall if the driver did signal before he made the U-turn. I was at the driver side door when he made the turn.The driver claimed that he wanted to make a right turn into Limbang Shopping Centre and he was on the left side of the lane. However he then confessed to me that he had received a taxi booking and wanted to make a U-turn instead. I saw the driver called the customer to inform that he was involved with an accident and unable to pick him up.

I called my cousin who was working at Limbang Shopping Centre to assist me. Subsequently ambulance came and pushed me into the ambulance. When traffic police came, I briefly told them the incident and was conveyed to Ng Teng Fong General Hospital hurriedly. My cousin then assisted me to take photo of the accident and the particulars of the driver. I was given two days of MC from Thursday to Friday. After the accident, I been feeling sever pain on my left side of my body and leg.

SINGAPORE POLICE FORCE

T/20180928/2006

Police Station Of Origin:
Choa Chu Kang N.P.C
20 Choa Chu Kang Street 52 #01-02
SINGAPORE 689286
Tel No: 1800-7659999

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: J / Sgt 3 CHAI KAU JIE	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/09/2018 02:01
Officer In Charge Of Case: TP / GIT / Staff Sgt NORAMEERA BINTE MOHAMED HUSSEIN Contact No.: 65476236	Classification Of Case:

Authentication Stamp

NP166