

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 liability.
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	27/11/2018 12:28
Date Of Accident	26/11/2018 09:30
Exact Location Of Accident	ADMIRALTY ROAD WEST TOWARDS MARSILING DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5169P
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87489623
Alternative Phone No	OFFICE-87489623

Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MOMVM000001011-01-000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NASRULL BIN ZULKIFLI
NRIC No	S9406069I
Date Of Birth	23/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	07/12/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87489623
Fax Number	
Contact Number	OTHERS-87489623
EEmail Address	NOEMAIL

Address	BLK 528A PASIR RIS STREET 51 #09-663
Postcode	511528
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	SIDE SWIPE
Weather Conditions	CLOUDY
Road Surface	WET

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?	NO
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	BUKIT PANJANG NORTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 27 MARSILING DRIVE , POSTCODE: 730027 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-3689999 - FAX NO: 63682383
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181126/2059

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	SHC8207H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	YEW HOCK HENG
NRIC/Passport Number	S7109164C
Contact Number	85711313
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD NASRULL BIN ZULKIFLI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE5169P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

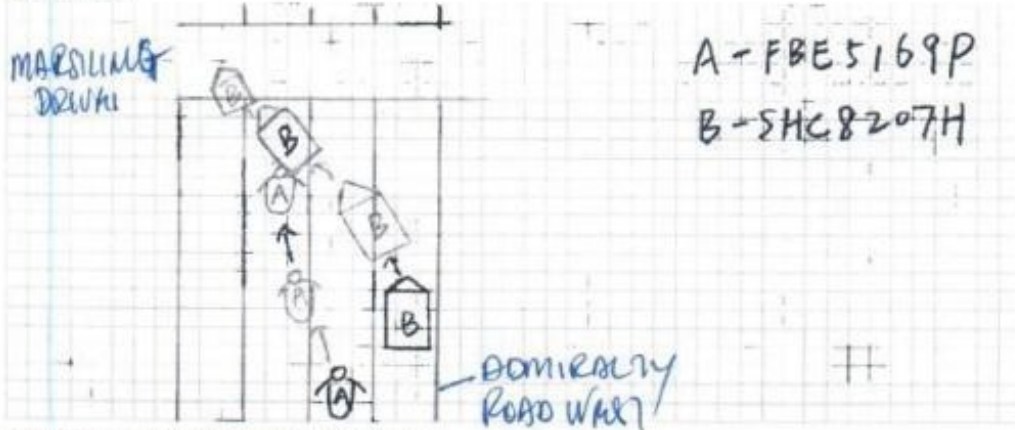
Driver's Signature
(If driver is not the policyholder)
Date & Time:

26/11/2018 16:20 hrs

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.
T/2018/126/2059.

DECLARATION

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



Policyholder's
Date & Time

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

26/11/2018 16:20:00

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

27/11/2018
Resli hood

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181126/2059

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

1 of 3

Report No. T/20181126/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/11/2018 13:08	Vide Report No.:	Station Diary No.: 18
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Informant's Particulars

Name of Informant: MUHAMMAD NASRULL BIN ZULKIFLI			Address: APT BLK 528A PASIR RIS STREET 51 #09-663 SINGAPORE 511528		
ID Type / ID No.: NRIC NO / S9406069I			Contact No.: Home/Office: Mobile: 87489623		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 23/02/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: 2B,2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 26/11/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 ADMIRALTY ROAD WEST traffic light junction before Marsiling Drive				
Weather: Cloudy		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE5169P	Motorcycle				Slightly Damaged	0
SHC8207H	Car				Slightly Damaged	0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181126/2059

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

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Report No. T/20181126/2059

CONTINUATION OF REPORT

Brief Details.

On 26/11/2018 at 0930hrs, I was performing my duty as Auxiliary police and was riding my company vehicle (FBE5169P) on the second lane along Admiralty Road West. In the mist of riding along the said road towards a traffic light junction of Marsiling Drive, a Singapore Blue Comfort Taxi (SHC8207H) was driving on the extreme right lane when he suddenly made a abrupt lane change to the left entering into my lane. I quickly applied my break and attempted to avoid the collision but it was too late. My vehicle had collided onto the left side of the taxi. No one was injured during the accident. Ambulance and Traffic police was not activated. I already informed my management about the matter.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181126/2059

Police Station Of Origin:
Bukit Panjang North NPP
27 Marsiling Drive #01-237 SINGAPORE
730027
Tel No: 1800-3689999

3 of 3

Report No. T/20181126/2059

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:

L /

Sgt 1 MUHAMMAD SHARIN BIN ROSLI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

26/11/2018 13:08

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No: 65476151

Classification Of Case:

Authentication Stamp
NP168

Singapore Police Force

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S94060691



Name
**MUHAMMAD NASRULL BIN
ZULKIFLI**

Race
MALAY
Date of birth
23-02-1994 Sex
M
Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: **S94060691**

Name:
**MUHAMMAD NASRULL BIN
ZULKIFLI**

Birth Date: **23 Feb 1994**
Issue Date: **29 Jan 2015**

0023514688

SG
50



NRIC No: S94060691



Date of issue
09-04-2009

APT BLK 528A PASIR RIS STREET S1 #09-602
SINGAPORE S11528
NRIC No: S94060691 Date: 11/01/2015

4386416

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 1B: Motorcycles up to 250 CC
Class 1A: Motorcycles between 251 CC and 400 CC

29 Jan 2015
27 Dec 2016

STAMPED

S / No: 9000254548

NP 425A



Licence No: S94060691

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : XMA418153592 Vehicle Registration No: FBE 5169P
Name (as shown in NRIC) : MUHAMMAD NADZUL BAKI NRIC/FIN/Passport No : S9406069I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 87489623

Email Address : _____

Date of Accident : 26/4/2018 Time of Accident : 09:30

Place of Accident : ADAMCART RD W/ST TOWARDS MARILYN DR.

Insurance Company : GREAT AMERICAN

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

THERE IS INQUIRY IN THE ACCIDENT

Policyholder / Driver's Signature
Date:

[Signature]
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.: [Signature]
Date: 27/4/2018