

## 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	26/12/2018 09:23
Date Of Accident	23/11/2018 00:20
Exact Location Of Accident	T-JUNCTION OF CLEMENTI ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK2417L
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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) +65-87550319
Alternative Phone No	OFFICE-87550319

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	TRICITY-125CC MW125
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	MT20171692
Cover Note Number	

#### Driver

Name of Driver	MOHAMED YUSRI BIN MOHD SUZAINI
NRIC No	S9735365D
Date Of Birth	14/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	26/04/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87550319
Fax Number	
Contact Number	OTHERS-87550319
Email Address	NOEMAIL

Address	BLK 106 BEDOK NORTH AVENUE 4 #02-1982
Postcode	460106
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) 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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181125/2004

#### 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	SJR9893S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMED YUSRI BIN MOHD SUZAINI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK2417L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. The 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 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: 20/12/18  
1208

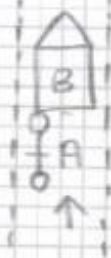
Reporting Centre Personnel's Signature  
Name: Roshan  
NRIC/FIN No.:

REGARD Form ACP Form 1/18

# Accident Sketch Plan

SKETCH PLAN

7-JUNCTION OF GUMMARI RD TOWARDS HYE



A- FBK2417L  
B- GJR9893S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT 7/208/125/2004

## DECLARATION

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

Policyholder's Signature  
Date & Time:

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

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

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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181125/2004

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No: T/20181125/2004

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/11/2018 00:32	Vide Report No.: T/20181124/2132	Station Diary No.: 15
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### Informant's Particulars

Name of Informant: MOHAMED YUSRI BIN MOHD SUZAINI			Address: APT BLK 106 BEDOK NORTH AVENUE 4 #02-1982 SINGAPORE 460106	
ID Type / ID No.: NRIC NO / S9735365D			Contact No.: Home/Office: Mobile: 87550319	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 21	Date of Birth: 14/10/1997	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: PARKING ENFORCEMENT			Driving Licence Information: Class: 2B Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/11/2018 00:30	Type of Location: T-Junction
Location: Along Road 1 CLEMENTI ROAD				
T-Junction of Clementi Road towards Ayer Rajah Expressway				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2417L	Motorcycle	YAMAHA	MV 123 3-WHEELER	White	Slightly Damaged	0
SJR9893S	Car	HYUNDAI	HD AVANTE 1.6 A	Black	Slightly Damaged	0

### Details of Person Involved

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

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181125/2004

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20181125/2004

## CONTINUATION OF REPORT

Rider			
Name	MOHAMED YUSRI BIN MOHD SUZAINI	ID No.	S9735365D
Related Vehicle	FBK2417L (Motorcycle)	Contact No.	87550319
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/11/2018	Date Discharge	24/11/2018
No. of Days granted Medical Leave	15	Degree of Injury	Slight

### Brief Details.

I have previously lodged a traffic accident report T/20181124/2132 regarding this accident. I am lodging this report to amend some details stated in the previous report.

On the 23/11/2018 at about 0030hrs, I was riding my company's (Cisco) motorcycle bearing registration number FBK2417L as a parking enforcement rider along Clementi Road. As I was reaching the T-Junction of Clementi Road towards Ayer Rajah Expressway, I spotted one car bearing registration number SJR9893S on the third lane of the four lane road. The traffic light signal was red and the car was stationary. I slowed down my vehicle and my intention was to stop behind the said car but as I tried to apply my front brake, the braking system did not respond accordingly. As such, my vehicle collided into the rear left portion of the car SJR9893S. After I collided with the car, I fell onto my left side. The driver came out of the vehicle to assist me, and passer-bys assisted to call for the ambulance.

After the ambulance arrive, the paramedics attended to me, and I was conveyed to National University Hospital. I suffered bruises on my left abdomen area, my right knee and my right wrist. I was discharged from the hospital on the 24/11/2018 and I was given 15 days of medical leave.

I wish to state that during the time of the accident, no government property was damaged. My motorcycle was also installed with an in-car camera.



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181125/2004

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No. 1800-2449999

3 of 3

Report No. T/20181125/2004

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:  
G /  
Sgt 2 LIM WEI SIANG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/11/2018 00:32

Officer In Charge Of Case:  
TP / GIT /  
SLEYO CHUN JIAN  
Contact No. 65476213

Classification Of Case:

Authentication Stamp  
NP188



ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait photo of Mohamed Yusri Bin Mohd Suzaini

Licence Number: **S9735365D**

Name: **MOHAMED YUSRI BIN MOHD SUZAINI**

Birth Date: **14 Oct 1997**

Issue Date: **26 Apr 2018**

Barcode: 002797366K

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S9735365D**

Portrait photo of Mohamed Yusri Bin Mohd Suzaini

Name: **MOHAMED YUSRI BIN MOHD SUZAINI**

Race: **BOYANESE**

Date of birth: **14-10-1997**

Country/Place of birth: **SINGAPORE**

Sex: **M**

59735365D

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

Class 2B Motorcycles >= 200 cc

EFFECTIVE DATE

26 Apr 2018

NP 428A



5585786



NRIC No: **S9735365D**



Date of issue: **22-03-2018**

Address:  
**APT BLK 106 BEDOK NORTH AVENUE 4  
#02-1982  
SINGAPORE 480106**

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**



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: S655300200 / 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 : MND4/8165331 Vehicle Registration No: FBK 2417L  
Name (as shown in NRIC) : MOHAMED YUSRI BIN MOHD SUZOMI NRIC/FIN/Passport No : S9735365D  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 87530319  
Email Address : \_\_\_\_\_  
Date of Accident : 23/11/2019 Time of Accident : 00:20  
Place of Accident : T-JUNCTION OF CLEMENTI ROAD TOWARD AYE  
Insurance Company: GRAAT AMERICAN INSURANCE

### (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:

INSURANCE SHOULD BE GRAAT AMERICAN & NOT DIRECT ASIA

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Keshi  
NRIC/FIN No.: W0103  
Date: 24/11/2019