

## 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	21/01/2019 20:17
Date Of Accident	19/01/2019 20:15
Exact Location Of Accident	ALONG STADIUM DRIVE CENTER ROUND ABOUT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8608U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97946219
Alternative Phone No	OFFICE-97946219

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	
Cover Note Number	MT20171734

### Driver

Name of Driver	MOHAMED SHUKRI AL-FATTAH BIN ABDUL MAJID
NRIC No	S9441064I
Date Of Birth	11/11/1994
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2017
Driving Experience	1 YEAR AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97946219
Fax Number	
Contact Number	OTHERS-97946219
EEmail Address	NOEMAIL

Address	BLK 131 BUKIT BATOK WEST AVENUE 6 #03-326
Postcode	650131
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	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?	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	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TP POLICE REPORT T/20190120/2016

#### 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	SJD8625E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SITI ZUHAIRA BINTE MD ITHNIN
NRIC/Passport Number	S9316740F
Contact Number	92258058
Address	
Postcode	
Insurance Company Name	

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

DETAILS OF INJURED PERSON 1

Name MOHAMED SHUKRI AL-FATTAH BIN ABDUL MAJID  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBE8608U  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
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:

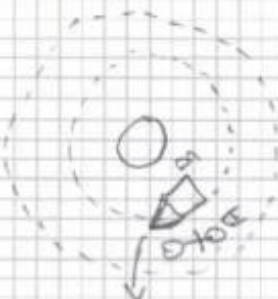
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

### Accident Sketch Plan

### SKETCH PLAN

## STADIUM DRIVE CENTER ROUNDABOUT



A-FBE 8608U

B-SJD8625E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police report: T/20190120/2016

## DECLARATION

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



Policyholder

Date &amp; Time:

Driver's Signature \_\_\_\_\_

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature \_\_\_\_\_

Navigation:

NRIC/FIN No. \_\_\_\_\_

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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190120/2016

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20190120/2016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/01/2019 03:44	Vide Report No.:	Station Diary No.: 25
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### Informant's Particulars

Name of Informant: MOHAMED SHUKRI AL-FATTAH BIN ABDUL MAJID			Address: APT BLK 131 BUKIT BATOK WEST AVENUE 6 #03-326 SINGAPORE 650131		
ID Type / ID No.: NRIC NO / S94410641			Contact No.: Home/Office: Mobile: 97946219		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 11/11/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Auxiliary police officer			Driving Licence Information: Class: Date of Expiry:		

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 19/01/2019 20:15	Type of Location: Roundabout
Location: Along Road 1 STADIUM DRIVE				
Center roundabout				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8608U	Motorcycle				Slightly Damaged	0
SJD8625E	Car				Slightly Damaged	1

### Details of Person Involved

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190120/2016

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20190120/2016

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	MOHAMED SHUKRI AL-FATTAH BIN ABDUL MAJID		ID No. S9441064I
Related Vehicle	FBE8608U (Motorcycle)		Contact No. 97946219
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
<b>Driver</b>			
Name	Siti Zuhaira Binte Md Ithnin		ID No. S9316740F
Related Vehicle	SJD8625E (Car)		Contact No. 92258058
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 19/01/2019, I was executing my duty as an outrider for Certis Cisco at a BTS concert at Singapore Sportshub. I was riding a marked motorcycle FBE8608U along the outer lane of the middle roundabouts of Stadium drive when suddenly one vehicle from my right side made an abrupt lane change to my lane and collided with me.

As a result, I suffered some minor scratches on both of my hand. While the driver and her one passenger was not injured. No ambulance and traffic police attended to the incident.

My motorcycle received some scratches & chip off at the front near the windshield and the right crashbar was bent inwards. While the car left headlight was damaged.

I've reported the incident to my supervisor and was instructed to lodge a traffic accident report.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190120/2016

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

3 of 3


Report No, T/20190120/2016

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.


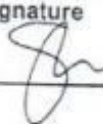
Signature Of Officer Recording The Report: G / Sgt 2 NG KA WAI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/01/2019 03:44
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	



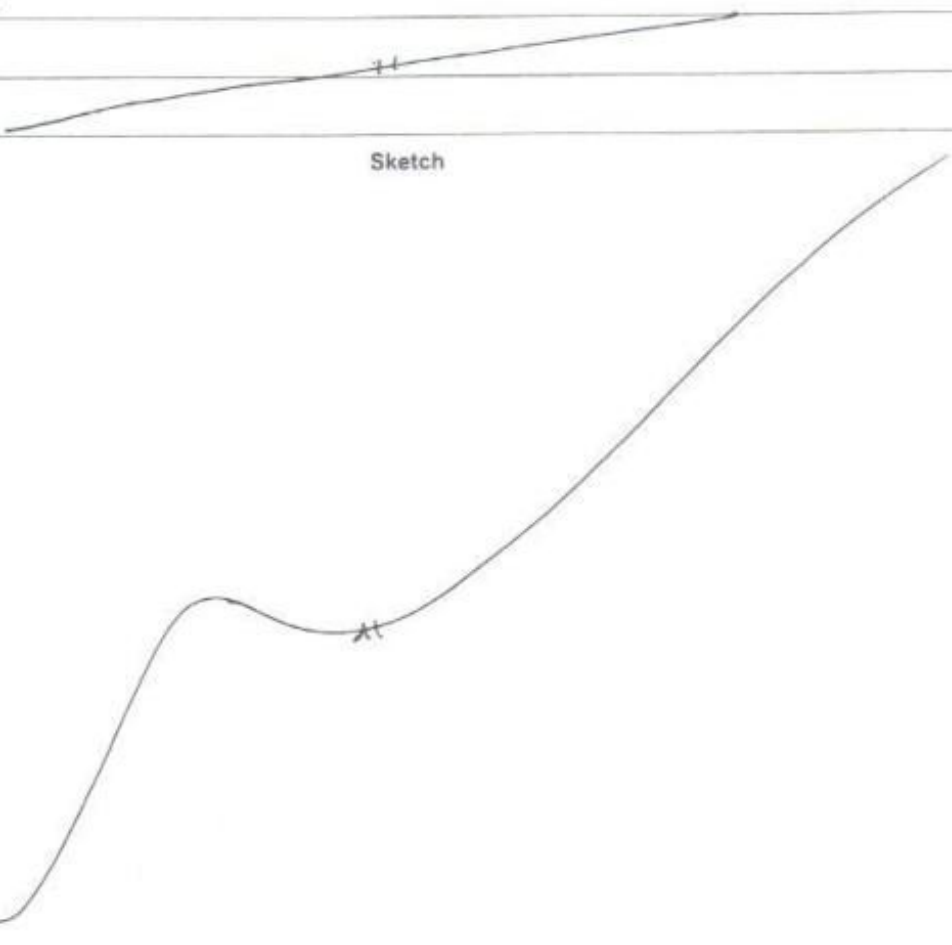
## STATEMENT



## INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition				
BTS CONCERT @ SPORTS HUB	E & E	19/01/2019	2015 hrs	NORMAL				
Person(s) Involved	Particulars of Witness(es)							
SGT 96501 SHUKRI								
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)								
<p>I, SGT 96501 SHUKRI, was executing my duty as an outsider when I was hit by a vehicle (car) on my right while travelling on the outermost lane of "Roundabout 2". I was heading towards stadium drive towards "Roundabout 1" when the vehicle, which was travelling on the inner lane of the Roundabout, made an abrupt lane change to the left causing it to collide with me. I suffered minor scratches on my hands, no medical attention needed. The driver and passenger both are not injured. Traffic police and ambulance were not activated. Motorcycle FBE 8608 V received scratch/chip off of the paintwork at the windshield and the right crashbar was bent inwards. The car SJD 8625 E received a broken left headlight. Exchanged particulars with driver after incident and</p>								
Reported by: (Rank/Svc No/Name)	Signature	Date	Time					
SGT 96501 SHUKRI		20/01/2019	0055 hrs					

## STATEMENT

Details of Incident (Cont'd)	
Resumed duty after vehicle moved off. Myself and driver were advised to make a police report.	
Particulars of driver and Car as follows:	
Registration : SJD 8525 E	ID : S9316740F
Model : Vios	Name : Siti Zuhaira' Binte Md Ithnin
make : Toyota	DOB : 11 / 05 / 1993
Colour : Silver	RACE : Malay / Female
Address : 554 Ck north 6 #09-46 S(680554)	
Contact No : 9225 8058	
That's all.	
	
Sketch	

# STATEMENT

ROAD TRAFFIC ACCIDENT SKETCH PLAN										
Location: <u>STADIUM ROUNDABOUT 2</u>		Time Of Accident: <u>2015 HRS</u>								
Date Of Accident: <u>19 JANUARY 2019</u>										
Vehicle(s) Involved; <u>FBE 8608U</u> <u>SJD 8625E</u>										
<input checked="" type="checkbox"/> Still At Its Original Position <input checked="" type="checkbox"/> Vehicle <u>SJD 8625E</u> Was Removed <input checked="" type="checkbox"/> Causing Obstruction / Danger To Traffic		<input type="checkbox"/> Had Been Removed Before Arrival <input type="checkbox"/> Chalk Mark Faded <input type="checkbox"/> Others: _____								
Please Indicate Any Tyre / Skid Mark, Debris, Broken Glass, Blood Stain, Landmark, etc...										
Legend / Remark:										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="text-align: center;">Field Officer</td> <td rowspan="2" style="text-align: center; vertical-align: middle;">Team <u>LJM</u></td> <td rowspan="2" style="text-align: center; vertical-align: middle;">Signature <u>[Signature]</u> Date &amp; Time <u>20/01/2019 @ 0815hrs</u></td> </tr> <tr> <td style="width: 25%;">Name: <u>Sgt 96501 SHUKRI</u></td> <td style="width: 25%;">Rank &amp; ID <u>Sgt 96501</u></td> <td style="width: 25%;">H/P No: <u>979146219</u></td> </tr> </table>				Field Officer		Team <u>LJM</u>	Signature <u>[Signature]</u> Date & Time <u>20/01/2019 @ 0815hrs</u>	Name: <u>Sgt 96501 SHUKRI</u>	Rank & ID <u>Sgt 96501</u>	H/P No: <u>979146219</u>
Field Officer		Team <u>LJM</u>	Signature <u>[Signature]</u> Date & Time <u>20/01/2019 @ 0815hrs</u>							
Name: <u>Sgt 96501 SHUKRI</u>	Rank & ID <u>Sgt 96501</u>			H/P No: <u>979146219</u>						

ID

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S94410641**

Name  
**MOHAMED SHUKRI AL-FATTAH  
BIN ABDUL MAJID**


Birth Date **11 Nov 1994**  
Issue Date **21 Sep 2013**

002220992G



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. **S94410641**



Name  
**MOHAMED SHUKRI AL-FATTAH  
BIN ABDUL MAJID**

Race  
**INDIAN**

Date of birth **11-11-1994** Sex **M**

Country of birth  
**SINGAPORE**

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

	SELECTIVE DATE
Class 1B	Motorcycles up to 200 CC
Class 1A	Motorcycles between 201 CC and 400 CC
Class 1	Motor cars up to 3500 kg with not more than 7 passengers, exclusive of the driver, and motor tractors/vehicles up to 2000 kg

S / No. 9000268874

NP 425A

License No: S94410641



410578



SANC No. **S94410641**



Date of issue  
**29-05-2009**

Address  
**APT. BLK. 131 BUKIT BATOK WEST AVENUE 6  
#03-326  
SINGAPORE 650131**



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

