

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
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97946219
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 **ROAD:** 132 PAYA LEBAR ROAD , **POSTCODE:** 409014 , **COUNTRY:** SINGAPORE
Police Station Contact **TEL NO:** 1800-8486999 - **FAX NO:** 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

STADIUM DRIVE CENTER ROUNDABOUT

A - FBE 8608U

B - SJD 8625E



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police report T/20190120/2016

DECLARATION

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



Policyholder
Date & Time

[Signature]
 Date & Time: 2/10/2017 @ 09:57h

[Signature] / 2/10/2017
 Name: Ross Watson
 NRICH1160

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

Rider			
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
Driver			
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

1 of 3

Report No: T/20190120/2016

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 20/01/2019 03.44	Video 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

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