#### 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 witholding 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.

		MEXE

Date Of Report

21/01/2019 14:15

Date Of Accident

18/01/2019 19:35

Exact Location Of Accident

ALONG PASIR PANJANG RD ROUNDABOUT NEAR MAPLETREE

Country/State of Loss

SINGAPORE

# **DETAILS OF OWN VEHICLE**

Vehicle Registration Number

FBL554G

Insured/Policyholder

Name Of Registered Owner

MOHAMMAD SAIFUL BIN SANUSI

NRIC No S9129060Z

Email Address

MOHAMMADSAIFUL.1991@HOTMAIL.COM

Mobile Phone No

(LOCAL) +65-87520998

Alternative Phone No

OTHERS-87520998

Vehicle Particulars

Manufacturer

PIAGGIO

Model

VESPA SPRINT SPORT 150 ABS

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?

YES

If No, Please state action to be taken

Vehicle Category

MOTORCYCLE

Insurance Company

Name of Insurance Company

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

1800132430

Cover Note Number

Driver

Name of Driver

MOHAMMAD SAIFUL BIN SANUSI

NRIC No

S9129060Z

Date Of Birth

24/08/1991

Occupation

INDOOR

Date Of Driving Pass

24/05/2010

Driving Experience

8 YEARS AND 7 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-87520998

Fax Number

Contact Number

OTHERS-87520998

EMail Address

MOHAMMADSAIFUL.1991@HOTMAIL..COM

Address

BLK 76 TELOK BLANGAH DRIVE #03-284

Postcode

100076

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - ROUNDABOUT

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)

Details of Police Action

Was the accident reported to the police?

YES

If Yes.Please state which Police Station

Police Station Name

TELOK BLANGAH NEIGHBOURHOOD POLICE POST

Police Station Address

ROAD: BLK 51 TELOK BLANGAH DRIVE, POSTCODE: 100051,

**COUNTRY: SINGAPORE** 

Police Station Contact

TEL NO: 1800-2729999 - FAX NO: 63772526

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

PLEASE REFER TO ATTACHED.

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

SHD3220X

HYUNDAI / I40

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

Name of Driver

TAXI

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

# DETAILS OF INJURED PERSON 1

Name

MOHAMMAD SAIFUL BIN SANUSI

Approximate Age

Injuries Sustain

 $\ensuremath{\mathsf{HIP}}$  AND PELVIS RIGHT , HAND AND WRIST JOINT LEFT , RIGHT FOREARM ABRASION

Injured person in which vehicle?

FBL554G

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

# SKETCH PLAN

# IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
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- 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. 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)

Lunderstand, 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)
  - (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.(coilectively the
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/ere permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service proyiders 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 freud 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<sup>®</sup> Date & Time: 31/61/2019

HOOhre

Driver's Sign

(If driver is not the policyholder)

Date & Time: 5. / 6. / 2019

1400 5+5

Reporting Centre Personnel's Signature

Mame

MRIC/FIN No.:

MAPLETREE BUSINESS CITY

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Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

1 of 3 Report No. T/20190119/2101

REPORT OF	A TRAFFIC	ACCIDENT			
Date/Time Report Made: 19/01/2019 16:29			Vide Report No.: Station Dia		
Informant	s Particu	lars	Manager Comments Transfer and Comments of the	And the state of t	
Name of Informant: MOHAMMAD SAIFUL BIN SANUSI		IL BIN SANUSI	Address: APT BLK 76 TELOK BLANGAH DRIVE #03-284 SINGAPORE 100076		
ID Type / ID No.: NRIC NO / S9129060Z		0Z	Contact No.: Home/Office: Mobile: 87520998.		
Nationality: SINGAPORE CITIZEN		EN	Email:		
Sex:         Age:         Date of Birth:           Male         27         24/08/1991			Type of Informant:		
Race: Malay			Language: English	Institution / School Name:	
Occupation: AETOS OFFICER			Driving Licence Information: Class: 2B,2A,2	Date of Expiry:	

Type of Accident:	Injury- Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/01/2019 19:35	Type of Location: Roundabout	
Location: Along Road 1 PASIR PANJ,					
1120		pad Surface:		Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collis Between Mov	ion: ing Vehicles - Head To Side	7		Anyone conveyed by ambulance:	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL554G	Motorcycle	PIAGGIO	VESPA SPRINT SPORT 150 ABS	Grey	Slightly Damaged	0
SHD3220X	Car				Slightly Damaged	0

Details of Vehicle Insurance		
Vehicle No. Insurance Company	Insurance No	Effective Expiry Date
The second secon		



T/20190110/2101

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999 2 of 3 Report No. T/20190119/2101

### CONTINUATION OF REPORT

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
BL554G	AIG ASIA PACIFIC INSURANCE PTE.	1800132430	02/11/2018	01/11/2019

Any Pedestrian I	rvolved: No					
No. of Pedestrians Injured: NIL			Use of P	Use of Pedestrian Crossing: NA		
Rider						
Name	MOHAMMAD SAIFUL BIN SANUSI			ID No		S9129060Z
Related Vehicle	FBL554G (Motorcycle)			Conta	ct No.	87520998
l-lospital/Clinic	NATIONAL UNIVERSITY HOSPITAL			Class Drivin Licend Expiry	g	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	19/01/2019	Date Dis	charge	19/0	/2019	
No. of Days granted Medical Leave 06			Degree	of Injury	Slight	

### Brief Details.

On 18/01/2019 at about 1935hrs, I ridning my grey coloured Vespa registered FBL554G. I was near to Mapletree Business city. I was at a roundabout. I was going towards the Mapletree business City exit from The roundabout entry near to the ARC building. I was then hit by a blue Comfort taxi registered SHD3220X. I was on the outer lane and the taxi was on the inner lane and I believe he was going to take the exit towards pasir panjang when this happened. I fell from my motorcycle. I was lying there but still conscious. The driver of the said vehicle came to me and later on assisted to call for the ambulance. There was a passerby who helped me take the necessary photos who later on sent me via WhatsApp. 93968146 is his number and goes by the name of Ikbal. I was then conveyed to NUH where I was treated and got MC for 6 days.

I have lacerations on my right forearm and I also injured my left lower arm. I am not sure of the damages on my bike.





3 of 3

Report No. T/20190119/2101

Police Station Of Origin: Telok Blangah NPP 51 Telok Blangah Drive #01-116 SINGAPORE 100055 Tel No: 1800-2729999

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.

D / Staff Sgt JASFAH BIN AB RAHMAN		Signature Or Informant:		
Signature Of Interpreter: Not applicable		Date/Time: 19/01/2019 16:29		
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL		Classification Of Case:		
Contact No.: 65476246	A Principal Control	S VIOLS		
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	Singapore Pol	ice Force		