

## 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 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
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800132430
Cover Note Number	
<b>Driver</b>	
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)	1

#### 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
Vehicle Make/Model/Colour	HYUNDAI / I40
Details Of Properties	
Vehicle Category	TAXI
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	MOHAMMAD SAIFUL BIN SANUSI
Approximate Age	27
Injuries Sustain	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

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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: 21/01/2019  
1400hrs

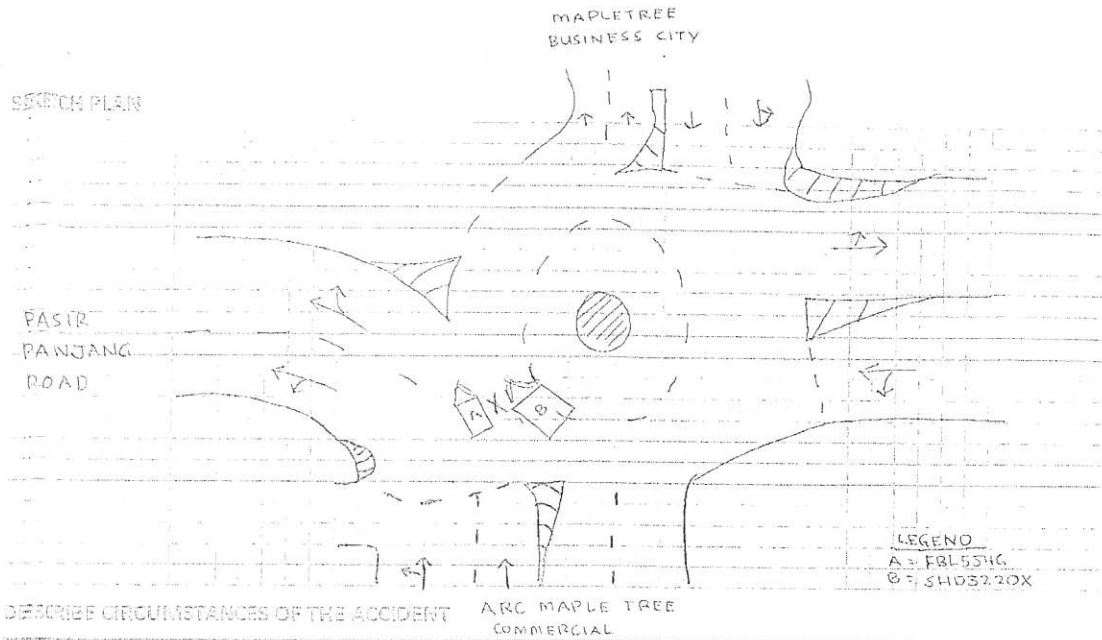
Driver's Signature

(If driver is not the policyholder)  
Date & Time: 21/01/2019  
1400hrs

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2



Refer to Police Report Statement.

Please Refer to Police Report No. T/20190119/2101

## DECLARATION

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

Policyholder's Signature

Date & Time: 21/01/2019  
14:00 hrs

Driver's Signature

(If driver is not the policyholder)  
Date & Time: 21/01/2019  
14:00 hrs

Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:



**SINGAPORE  
POLICE FORCE**



T/20190119/2101

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

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Report No. T/20190119/2101

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/01/2019 16:29		Vide Report No.:		Station Diary No.: 11
<b>Informant's Particulars</b>				
Name of Informant: MOHAMMAD SAIFUL BIN SANUSI		Address: APT BLK 76 TELOK BLANGAH DRIVE #03-284 SINGAPORE 100076		
ID Type / ID No.: NRIC NO / S9129060Z		Contact No.: Home/Office: Mobile: 87520998.		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 27	Date of Birth: 24/08/1991	Type of Informant: Rider	
Race: Malay		Language: English		Institution / School Name:
Occupation: AETOS OFFICER		Driving Licence Information: Class: 2B, 2A, 2 Date of Expiry:		

<b>General Information of the Accident</b>				
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 PANJANG ROAD  Roundabout near Mapletree Business City				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 40 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
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

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date



SINGAPORE  
POLICE FORCE



T/20190119/2101

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

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Report No. T/20190119/2101

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL554G	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800132430	02/11/2018	01/11/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD SAIFUL BIN SANUSI	ID No.	S9129060Z
Related Vehicle	FBL554G (Motorcycle)	Contact No.	87520998
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	19/01/2019	Date Discharge	19/01/2019
No. of Days granted Medical Leave	06	Degree of Injury	Slight

Brief Details.

On 18/01/2019 at about 1935hrs, I riding 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.



SINGAPORE  
POLICE FORCE



T/20190119/2101

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

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Report No. T/20190119/2101

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: D / Staff Sgt JASFAH BIN AB RAHMAN	Signature Of 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 Contact No.: 65476246	Classification Of Case:  S20045
Authentication Stamp NP158  Singapore Police Force	