

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	12/02/2019 17:10
Date Of Accident	01/02/2019 15:30
Exact Location Of Accident	JUNC BEDOK RESERVOIR RD & KAKI BUKIT RD 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9977R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HISAM BIN AHMAD SALIM
NRIC No	S8624213C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91529994
Alternative Phone No	OFFICE-91529994

Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA (LED)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000001071-01-000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HISAM BIN AHMAD SALIM
NRIC No	S8624213C
Date Of Birth	31/08/1986
Occupation	INDOOR
Date Of Driving Pass	10/12/2012
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91529994
Fax Number	
Contact Number	OFFICE-91529994
Email Address	NOEMAIL

Address	BLK 615 BEDOK RESERVOIR ROAD #11-1250
Postcode	470615
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 - CROSS JUNCTION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190201/7022.

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	SLR5400J
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	MUHAMMAD HISAM BIN AHMAD SALIM
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK9977R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

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:

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

Vehicle A: FBK9977R
Vehicle B: SLR0400J

Kaki Bukit Ave 1

Bedok Reservoir Rd

B₁


B₂


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

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


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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190201/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190201/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2019 18:25	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MUHAMMAD HISAM BIN AHMAD SALIM		Address: APT BLK 615 BEDOK RESERVOIR ROAD #11-1250 SINGAPORE 470615	
ID Type / ID No.: NRIC NO / S8624213C		Contact No.: Home/Office: Mobile: 91529994	
Nationality: SINGAPORE CITIZEN		Email: hisamsalim05@gmail.com	
Sex: Male	Age: 32	Date of Birth: 31/08/1986	Type of Informant: Rider
Race: Boyanesse		Language: English	Institution / School Name:
Occupation: Service Engineer		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2019 15:30	Type of Location: X-Junction
Location: BEDOK RESERVOIR ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9977R	Motorcycle	HONDA	NC750XA (LED)	Black	Seriously Damaged	1
SLR5400J	Car				Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK9977R	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00763	22/04/2018	21/04/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190201/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190201/7022

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HISAM BIN AHMAD SALIM	ID No.	S8624213C
Related Vehicle	FBK9977R (Motorcycle)	Contact No.	91529994
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	01/02/2019	Date Discharge	01/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

Brief Details.

ON 01/02/2019 AT ABOUT 15:30HR, I WAS RIDING MY BIKE - FBK9977R, ALONG BEDOK RESERVOIR ROAD. AS THE TRAFFIC LIGHT TURNS GREEN, I PROCEEDED TO TURN. I WISH TO STATE THAT I WAS ON THE LEFT LANE - IN WHICH MEANT FOR RIGHT TURN AND GO STRAIGHT. VEHICLE NUMBER - SLR5400J, WHO WAS ON MY RIGHT LANE (RIGHT TURN ONLY LANE), WENT STRAIGHT INSTEAD AND COLLIDED ONTO MY VEHICLE'S REAR PORTION. THE IMPACT CAUSED ME TO FALL ON MY LEFT AND FLUNG FORWARD.

I THEN SEEK MEDICAL ATTENTION AT UNIHEALTH 24-HR CLINIC (TOA PAYOH) AND WAS GIVEN 4 DAYS MC.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190201/7022

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190201/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
WONG SIEU LUI
Contact No.: 65476151

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
01/02/2019 18:25

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

