

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	19/02/2019 18:50
Date Of Accident	15/02/2019 16:00
Exact Location Of Accident	EXIT OF KPE TOWARDS PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5117P
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84823697
Alternative Phone No	OFFICE-84823697

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF-399CC
Exact Purpose for which vehicle was being used at time of accident	GOING BACK TO BASE

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
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Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT20171744
Cover Note Number	

Driver

Name of Driver	DRALRAFFIAN BIN DAREN SETRIA
NRIC No	S9025345Z
Date Of Birth	23/07/1990
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	2 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84823697
Fax Number	
Contact Number	OTHERS-84823697
E Mail Address	NOEMAIL

Address	BLK 179 BOON LAY DRIVE #03-470
Postcode	640179
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	NO COLLISION
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	3
Was any body injured in the Accident?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBE5169P
Vehicle Make/Model/Colour	HONDA CBR 400
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SMF7392B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG YING YUAN (HUANG YING YUAN)
NRIC/Passport Number	S7627033C
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

ATTACHMENT



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
TUNIS WEST AVENUE (NEA SMOKEY OPS)		15/02/2019	1600 hrs.	Clear
Person(s) Involved	Particulars of Witness(es)			
CPL NABILL SPTGS.				
Details of Incident (Who, What, Where, When, Why, How and Other Essential Details)				
WHILST TRAVELLING BACK TO FAYA LEBAR DIVISION AFTER END OF OPS OPERATION, I WAS INVOLVED IN A ROAD TRAFFIC ACCIDENT. A WHITE BMW MODEL SUV, SMH 7392B				
SUDDENLY JAMMED BRAKE AND CHANGE DIRECTION ACROSS THE CHEVRON MARKING, CAUSING				
BY MY COLLEAGUE CORPORAL NABILL SPTGS WHO WAS RIDING MOTORCYCLE FBE STT 5169 P				
TO JAMMED HIS BRAKE, THUS I APPLIED MY BRAKE TO AVOID THE CR. MY MOTORCYCLE				
WAS SLIGHTLY DAMAGED AND NO ONE WAS INJURED AND FOOTAGE WAS RECORDED				
IN THE MOTORCYCLE CAMERA. PARTICULARS OF BMW DRIVER IS NG YIN YUAN (HUANG				
YIN YUAN), J7629033C. MY MOTORCYCLE IS FBE 5117P.				
Reported by: (Rank/Svc No/Name)	Signature	Date	Time	
CPL 927460 DEACRAFFIAN		15/02/2019	1655hrs.	

gav 19/02/2019
Rosl Lina