

## 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	26/02/2019 14:06
Date Of Accident	26/01/2019 04:00
Exact Location Of Accident	SLIP RD EXITING FROM SIMEI AVE TWDS PIE(TUAS)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1833B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ASHRAFF BIN RAMLI
NRIC No	S9912774J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87798189
Alternative Phone No	OTHERS-87798189

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2019TR00058

### Driver

Name of Driver	DANIAL HAIKAL BIN KAMAL
NRIC No	S9906302E
Date Of Birth	26/02/1999
Occupation	OUTDOOR
Date Of Driving Pass	08/01/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87798189
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 403 WOODLANDS ST 41 #06-114
Postcode	730403
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - SUB-RIDER
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190225/2142

#### 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	SHD8865C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH SONG BOON
NRIC/Passport Number	S1797574I
Contact Number	83321968
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	DANIAL HAIKAL BIN KAMAL
Approximate Age	
Injuries Sustain	FRACTURE TOE
Injured person in which vehicle?	FBF1833B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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)**

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.

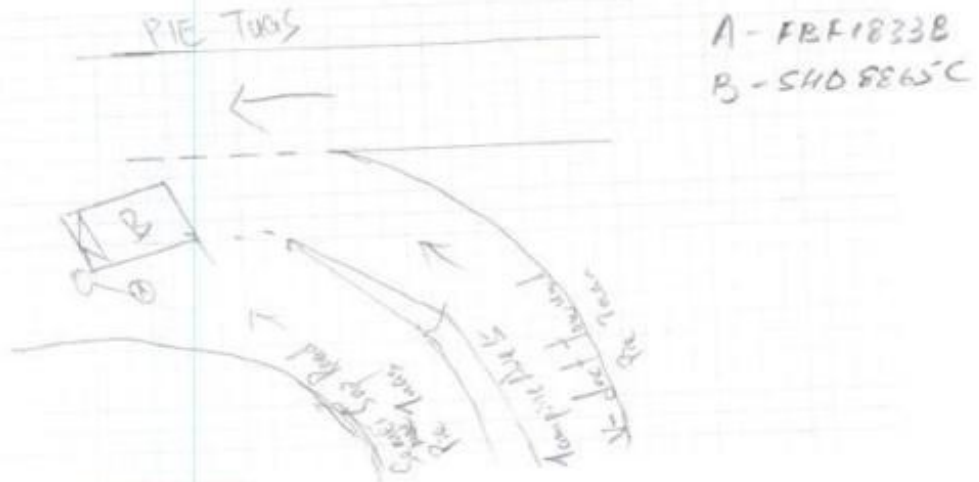
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

\_\_\_\_\_  
Representing Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT NO: T/20190225/7142

## DECLARATION

**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/PIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**

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



T/20190225/2142

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Report No. T/20190225/2142

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF1833B	GREAT AMERICAN INSURANCE COMPANY	MT2019TR00058	14/01/2019	15/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	Danial Haikal Bin Kamal		ID No.	S9906302E
Related Vehicle	NIL		Contact No.	8779 8189
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	
Driver				
Name	Goh Song Boon		ID No.	S1797574I
Related Vehicle	NIL		Contact No.	8332 1968
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 the 26/01/2019 at about 0400hrs, I was riding my motorbike (FBF1833B) along the slip road of Simei Avenue towards PIE (Tuas). Suddenly, a taxi (SHD8865C), which was travelling at a high speed, cut into my lane from my right and collided against the right side of my motorbike. The impact flung me off from my motorbike. Paramedics were at scene to assess the injuries, but I refused conveyance as I did not feel any pain, and there were no significant external injuries other than abrasions to my right shoulder, right wrist and right knee. The taxi driver was not injured. Traffic police also attended to the incident. There were no other travellers around the incident location at the said time, thus there are no witnesses of this incident.

As a result of the collision, the right side of my motorbike suffered multiple scratches. The cover set and the rider footrest of my motorbike were broken, and the exhaust pipe of my motorbike was dented. The left front tyre of the taxi was punctured, and the left side mirror was detached. The left side of the taxi also suffered multiple scratches.

## Individual Statement



**SINGAPORE  
POLICE FORCE**

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



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Report No. T/20190225/2142

### CONTINUATION OF REPORT

After the incident, I felt giddy and my whole body was aching. I thus went to Changi Hospital, and the doctor suspected that I had an occult fracture on the fourth and fifth toe of my right foot. I was given 5 days MC from 26/01/2019 to 30/01/2019 (EMD201921121) by Dr Nandwani Krishin of CGH A&E. As I still felt pain in my toe, I visited Woodlands Polyclinic, and was further given 4 days MC from 01/02/2019 to 04/02/2019 (WDL19012260) by Dr Mahalingham. I subsequently visited Woodlands Polyclinic again, and was given another 3 days MC from 08/02/2019 to 10/02/2019 (WDL19013830) by Dr Shanika.

I received a letter to report the traffic accident (TP/IP/08217/2019), as the matter is being investigated by IO Juremah Bte Ahmad (Tel: 6547 2076).

Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408985  
Tel No: 85470000



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Report No. T/20190225/2142

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/02/2019 16:02		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: Danial Halkal Bin Kamal			Address: APT BLK 403 WOODLANDS STREET 41 #06-114 SINGAPORE 730403		
ID Type / ID No.: NRIC NO / S9906302E			Contact No.: Home/Office:		Mobile: 8779 8189
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 26/02/1999	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DISPATCH RIDER			Driving Licence Information: Class: 2B, 3A		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/01/2019 04:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 SIMEI AVENUE PAN ISLAND EXPRESSWAY Slip road exiting from Simei Avenue, towards PIE (Tuas)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBF1833B	Motorcycle	YAMAHA	T135	White	Seriously Damaged	0
SHD8865C	Car	MERCEDES BENZ	E 220 CDI BLUEEFFICIENCY	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



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POLICE FORCE**

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408866  
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T/20190225/2142

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Report No. T/20190225/2142

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FRF1833B	GREAT AMERICAN INSURANCE COMPANY	MT2019TR00068	14/01/2019	15/04/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	Denial Haikal Bin Kamal		ID No.	S9508302E
Related Vehicle	NIL		Contact No.	8779 8188
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Goh Song Boon		ID No.	517975741
Related Vehicle	NIL		Contact No.	8332 1988
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

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## Police Report



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10 Ubi Avenue 3 SINGAPORE 408866  
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T/20190225/2142

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Report No. T/20190225/2142

### CONTINUATION OF REPORT

After the incident, I felt dizzy and my whole body was aching. I thus went to Changi Hospital, and the doctor suspected that I had an occult fracture on the fourth and fifth toe of my right foot. I was given 5 days MC from 28/01/2019 to 30/01/2019 (EMD201921121) by Dr Nandwani Krishin of CGH A&E. As I still felt pain in my toe, I visited Woodlands Polyclinic, and was further given 4 days MC from 01/02/2019 to 04/02/2019 (WDL19012260) by Dr Mahalingham. I subsequently visited Woodlands Polyclinic again, and was given another 3 days MC from 08/02/2019 to 10/02/2019 (WDL19013830) by Dr Shanika.

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10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000



T/20190225/2142

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Report No. T/20190225/2142

### 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:  
L/  
Insp ONG RUI XIN, SHERLYN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
25/02/2019 16:02

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt YUS MASTARI KHAZALI  
Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP108



Singapore Police Force

## Identification Card

