

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 13:18
Date Of Accident	12/02/2019 17:00
Exact Location Of Accident	CHOA CHU KANG AVE 4 U-TURN JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF415G
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHIM BIN MOHAMAD
NRIC No	S8415917D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85228374
Alternative Phone No	OTHERS-85228374

Vehicle Particulars

Manufacturer	PIAGGIO
Model	VESPA SPRINT SPORT 150ABS
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00369187/01
Cover Note Number	

Driver

Name of Driver	ABDUL RAHIM BIN MOHAMAD
NRIC No	S8415917D
Date Of Birth	30/05/1984
Occupation	OUTDOOR
Date Of Driving Pass	30/06/2003
Driving Experience	15 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85228374
Fax Number	
Contact Number	OTHERS-85228374
EMail Address	NOEMAIL

Address	BLK 102 GANGSA ROAD #02-15
Postcode	670102
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	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?	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	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

KINDLY REFER TO ATTACH POLICEREPORT NO.T/20190213/2118. (NOTE: LATE REPORTING DUE TO VEHICLE AT TP COMPOUND COLLECTED ON 18/02/2019 AROUND 4PM).

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	SCM9063E
Vehicle Make/Model/Colour	NISSAN SYLPHY
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ABDUL RAHIM BIN MOHAMAD
Approximate Age	
Injuries Sustain	3 DAYS MC
Injured person in which vehicle?	FBF415G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

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.

B. 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.

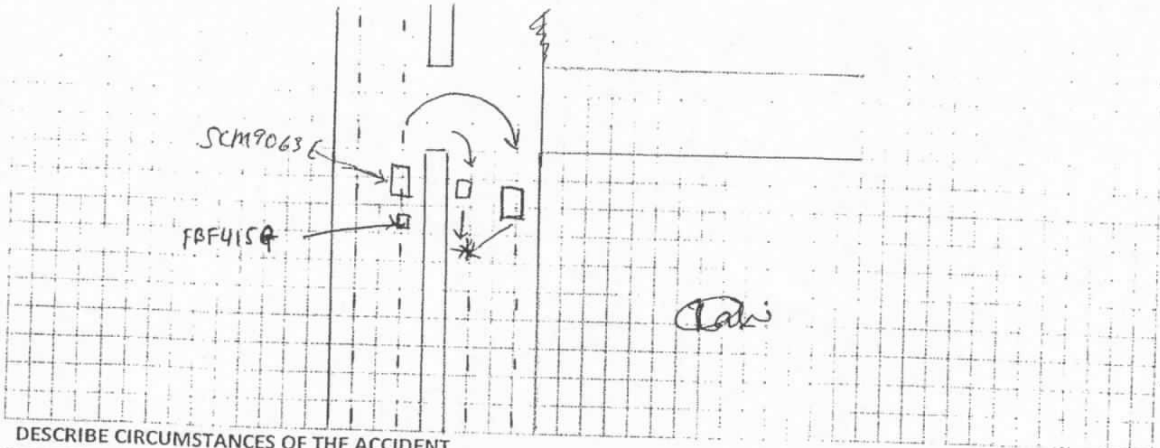
Adwin 19/02/19
 Policyholder's Signature
 Date & Time:

Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/IN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS riding my vehicle FBF415Q along Chua Chu Kang Ave A. While queuing to make a U-turn, a vehicle SCM9063E was in front of me making a U-turn. The vehicle SCM9063E made a u-turn after which I did mine. After the U-turn, I'm on lane 1 and vehicle SCM9063E was on lane 2.

Out of the sudden, the vehicle accelerated and swerved towards my lane and had a collision onto my vehicle. I fell onto the ground together with my motorcycle. The driver called for traffic police and ambulance and I was conveyed to NTF&H

I was given 3 days of MC from NTF&H. I was sustained with a Confusion on my left calf. My vehicle was towed to the TP Pound.

Police report as per attached also

Rahni

<p>Important: You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.</p>		- Reporting Only
		- Claim OD
		- Claim TP
	✓	- Claim DB/ TP at other workshop


DECLARATION

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

Rahni 19/02/19

Policyholder's signature
Date & Time

Driver's Signature
(if driver not the policyholder)
Date & Time


Reporting Centre Personnel's Signature
Name:
Nric/Fin No.



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190213/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2019 15:05	Vide Report No.: T/20190213/2111	Station Diary No.: 76
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Informant's Particulars			
Name of Informant: ABDUL RAHIM BIN MOHAMAD ARIFFIN		Address: APT BLK 102 GANGSA ROAD #02-15 SINGAPORE 670102	
ID Type / ID No.: NRIC NO / S8415917D		Contact No.: Home/Office: Mobile: 85228374	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 30/05/1984	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: FOOD PANDA DELIVERY		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/02/2019 17:00	Type of Location: Straight Road
Location: Along Road 1 CHOA CHU KANG AVENUE 4 U turn Junction				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF415G	Motorcycle	PIAGGIO	VESPA SPRINT SPORT 150 ABS	Grey	Seriously Damaged	0
SCM9063E	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF415G	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00369187/01	28/02/2017	28/02/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ABDUL RAHIM BIN MOHAMAD ARIFFIN	ID No.	S8415917D	
Related Vehicle	FBF415G (Motorcycle)	Contact No.	85228374	
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	12/02/2019	Date Discharge	12/02/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 12/2/2019 at 1700hrs, I was riding my vehicle FBF415G along Chua Chu Kang Avenue 4. While queuing to make a U-turn, a vehicle SCM9063E was in front of my vehicle making a U-turn. It was a two lane road on both sides. The vehicle made a wide u turn and ended at lane 2. After which I made a narrow u turn and was at lane 1.

Out of sudden, the vehicle accelerated and swerved towards my lane and had a collision onto my vehicle. I then fell onto the ground together with my motorcycle. The driver called for traffic police and ambulance and I was conveyed to NTFGH.

I was issued 03 day medical certificate from 12/2/19 - 14/2/19 from NTFGH. I was sustained with a contusion of calf. The front left side of my vehicle was dented.



Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999


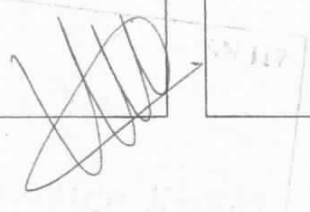
Report No. T/20190213/2118

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: J/ Sgt 2 CHERYL YEO	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2019 15:05
Officer In Charge Of Case: TP / GIT / Sgt 2 LEE MING CAI Contact No.: 65476960	Classification Of Case:
Authentication Stamp NP168	



Traffic Police Department
Charge Office
10 Ubi Avenue 3
S408865

Traffic Police
AMENDMENT

NP168 No:	T/20190213/2118	Name:	Abdul Rahim Bim Mohamad Ariffin
Accident Date/Time:	12/02/2018 @ 1700hrs	Address:	Blk 102 Gangsa Road #02-15 S(670102)
Vehicle(s) Involved:	FBF415G SCM9063E	NRIC No:	S8415917D
		Telephone No:	85228374
		Date:	15/02/2019

Dear Sir/Madam

I wish to amend/add as follows:

- 1) I wish to cancel away the second and last sentence in the first paragraph "The vehicle made a U turn and ended at lane 2. After which I made a narrow u turn and was lane 1."
And change it to "The said vehicle SCM9063E made a u turn after which I did mine. After the u turn, I'm on lane 1 and SCM9063E was on lane 2. "

Yours faithfully

BUKIT BATOK N.P.C.
NO. 21 BUKIT BATOK EAST AVE 4
SINGAPORE 659840
TEL.: 66659000