

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	12/03/2019 11:44
Date Of Accident	10/03/2019 09:30
Exact Location Of Accident	T/JUNCTION OF GEYLANG RD & SIMS WAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL6302C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD DARWEEZ BIN MOHAMED HAMIM
NRIC No	S8219583A
Email Address	ROSEDAR2308@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-93257579
Alternative Phone No	OTHERS-93257579

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
Exact Purpose for which vehicle was being used at time of accident	PTE 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	COVER NOTE : MT2019TR00054
Cover Note Number	23/01/2019 - 22/01/2020

Driver

Name of Driver	MUHAMMAD DARWEEZ BIN MOHAMED HAMIM
NRIC No	S8219583A
Date Of Birth	05/07/1982
Occupation	INDOOR
Date Of Driving Pass	17/08/2002
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93257579
Fax Number	
Contact Number	OTHERS-93257579
Email Address	ROSEDAR2308@HOTMAIL.COM

Address	BLK 299B COMPASSVALE STREET #01-110
Postcode	542299
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)	2
Passenger 1	NAME: : ROSLINDAWATI BINTI ROSMAN GENDER: : FEMALE

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	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 NO.: T/20190310/2075.

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	SJC9212L
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 ROSLINDAWATI BINTE ROSMAN

Approximate Age

Injuries Sustain 8 DAYS MC

Injured person in which vehicle? FBL6302C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD DARWEEZ BIN MOHAMED HAMIM

Approximate Age

Injuries Sustain 5 DAYS MC

Injured person in which vehicle? FBL6302C

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

VEHICLE NO.: F826302C
INSURER: GA
DATE & TIME: 10/03/2019 @ 0930

IMPORTANT NOTICE

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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: 12/03/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Joylyn (AMK) 12/03/19

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

A: FBL 6302C
(w/ pillion:
Roslindawati Binti
Rosman)

B: SJC9212L

Sims way

Grylls Rd

Shells Station

To PIE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Vehicle No: FBI 6302C(6A)
Date & Time: 10/03/2019 @ 0930 (clear/dry)
refer to police report no: 7/20190310/2075.

Note : Please note that your insurer may have 14days Time Frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check with your policy for more information.

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: (AMK)
NRIC/FIN No.:

GIARMC Sketch PlatForm_V3 () Claim Own Policy () Claim Third Party () Reporting Only
(x) Claim OD/TP at other workshop (Sg Motor Enterprise)



**SINGAPORE
POLICE FORCE**



T/20190310/2075

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

1 of 3

Report No. T/20190310/2075

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/03/2019 15:14		Vide Report No.: G/20190310/0088		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD DARWEEZ BIN MOHAMED HAMIM			Address: APT BLK 299B COMPASSVALE STREET #01-110 COMPASSVALE GREEN SINGAPORE 542299		
ID Type / ID No.: NRIC NO / S8219583A			Contact No.: Home/Office: Mobile: 93257579		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 05/07/1982	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/03/2019 09:30	Type of Location:
Location: Along Road 1 GEYLANG ROAD towards sims way				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL6302C	Motorcycle	HONDA	PCX150 AUTO	Black	Slightly Damaged	1
SJC9212L	Car	MITSUBISHI	LANCER 1.6 A		Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL6302C	GREAT AMERICAN INSURANCE COMPANY	MT2019TR00054	23/01/2019	22/01/2020

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20190310/2075

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

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Report No. T/20190310/2075

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD DARWEEZ BIN MOHAMED HAMIM	ID No.	S8219583A
Related Vehicle	FBL6302C (Motorcycle)	Contact No.	93257579
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
Pillion			
Name	ROSLINDAWATI BINTE ROSMAN	ID No.	S8335837H
Related Vehicle	FBL6302C (Motorcycle)	Contact No.	93257433
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/03/2019	Date Discharge	10/03/2019
No. of Days granted Medical Leave	08	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was travelling along Geylang Road towards Kallang Road on the 2nd lane from right of 5 lanes road. The lane I was travelling on was a sharing lane for straight and turning right into Sims Way (PIE). I heading straight into the junction of Geylang Road by Sims Way and traffic light was green for my direction. I saw a motor-car SJC9212L, about 1-2 cars length on my left ahead travelling on the 3rd lane. When I was in the said junction yellow-box, the car suddenly signalled and made a right turn towards Sims Way while I was heading straight towards Kallang Road. I could not stop in time and collided onto the said car right portion. I only saw the signal light flickered one time and it just made the turn. My wife was conveyed to TTSH and given 8 days of Outpatient sick leave. After the accident, I also went to TTSH for treatment and was given 5 days of Outpatient sick leave.



**SINGAPORE
POLICE FORCE**

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



T/20190310/2075

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Report No. T/20190310/2075

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:
TP /
AHMAD JALALUDDIN BIN AHMAD

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
SI THABAGESH JEYATHESH
Contact No.: 65476232

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
10/03/2019 15:14

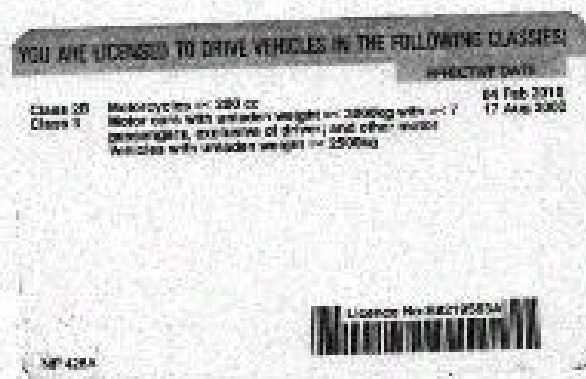
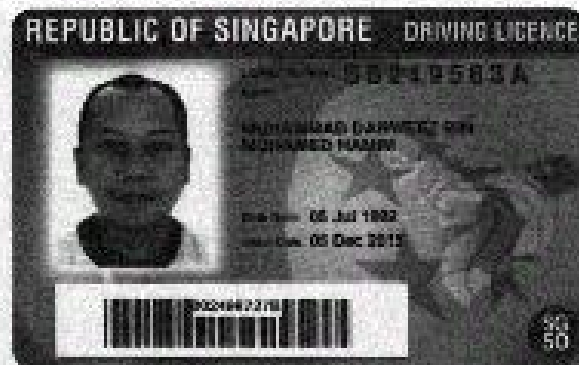
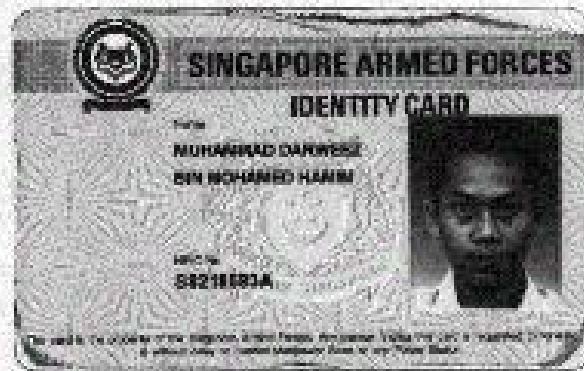
Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

IC & DL



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

