

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	08/04/2019 11:44
Date Of Accident	23/03/2019 23:00
Exact Location Of Accident	SLE NEAR LENTOR AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN405T
Insured/Policyholder	
Name Of Registered Owner	AHMAD ZHAFIR BIN KASSIM
NRIC No	S9522529B
Email Address	ZHAFIR95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96540273
Alternative Phone No	OTHERS-96540273

Vehicle Particulars

Manufacturer	HONDA
Model	CBF190WH-184CC
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	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	C0084904

Driver

Name of Driver	AHMAD ZHAFIR BIN KASSIM
NRIC No	S9522529B
Date Of Birth	05/07/1995
Occupation	INDOOR
Date Of Driving Pass	20/06/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96540273
Fax Number	
Contact Number	OTHERS-96540273
Email Address	ZHAFIR95@GMAIL.COM

Address	BLK 863 TAMPINES STREET 83 #08-488
Postcode	520863
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 - HEAD TO REAR
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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190404/2146

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	SLK6971H
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	AHMAD ZHAFIR BIN KASSIM
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBN405T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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: 8/4/2019

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


UNKNOWN RIDER
BLACK OUT &
SENT TO HOSPITAL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PD REFERRAL TO POLICE REPORT.
7/20/90404/2146

DECLARATION

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


Policyholder's Signature
Date & Time: 8/4/2019

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/20190404/2146

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190404/2146

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2019 17:49	Vide Report No.:	Station Diary No.: 89
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Informant's Particulars

Name of Informant: AHMAD ZHAFIR BIN KASSIM			Address: APT BLK 863 TAMPINES STREET 83 #08-488 SINGAPORE 520863		
ID Type / ID No.: NRIC NO / S9522529B			Contact No.: Home/Office: Mobile: 96540273		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 05/07/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Air traffic controller			Driving Licence Information: Class: 2B,3A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/03/2019 00:00	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN405T	Motorcycle				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190404/2145

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190404/2145

CONTINUATION OF REPORT

Rider			
Name	AHMAD ZHA FIR BIN KASSIM	ID No.	S9522529B
Related Vehicle	FBN405T (Motorcycle)	Contact No.	96540273
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3A Date of Expiry: NIL
Date Treatment	24/03/2019	Date Discharge	27/03/2019
No. of Days granted Medical Leave	30	Degree of Injury	Serious

Brief Details.

On the 24/3/2019 at about 0000hrs, I was riding my motorcycle bearing vehicle no.FBN405T along SLE near Lentor exit. Afterwards, I do not have any memory of the events that happened afterwards.

On the same day at about 0300hrs, I woke up and realised that I was in hospital. At that point of time, my parents were already there. They told me that I was involved in a chain traffic accident involving 3 cars and 3 motorcycles and I was the last vehicle involved in the chain traffic accident. I was then conveyed to Khoo Teck Phuat Hospital.

I do not recall how the accident happened or the accident details. I also do not have any other details on the other parties involved.

I only got to know from my insurance agent that there was another vehicle bearing vehicle no.SLK6971H that had claimed against me. They also informed that my motorcycle had scratches and also is missing the exhaust pipe.

I was warded from 24/3/2019 till 27/3/2019 in Khoo Teck Phuat Hospital. I was given 30 days Hospitalisation leave from 24/3/2019 till 22/04/2019.

I received a call from Traffic Police Investigation officer, Insp Amy, Tel: 65476367, who informed me to lodge a traffic accident report under herself. As such, I am lodging this traffic accident report.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190404/2146

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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Report No. T/20190404/2146

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: G / Sgt 3 MUHAMMAD DANIYAL BIN BAHARUDDIN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/04/2019 17:49
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



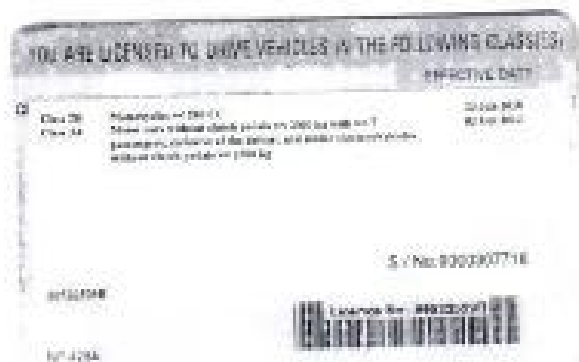
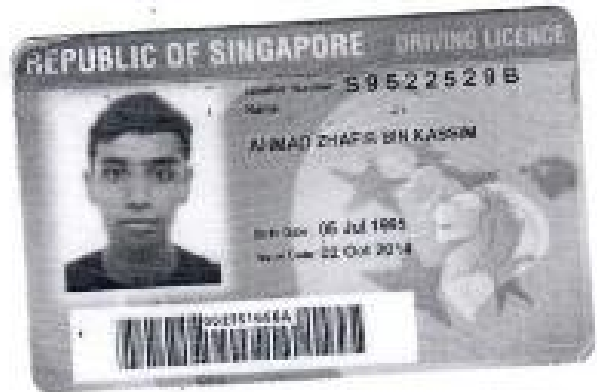
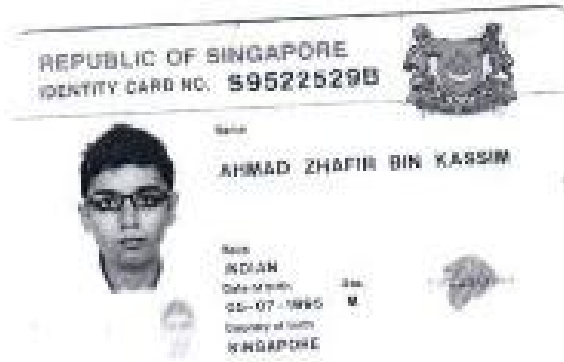
Accident Photo



Accident Photo



Identification Card



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048560
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S665500100 / GST Reg. No: M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: 218119045277 Vehicle Registration No: FBN 4057
 Name (as shown in NRIC): AHMAD ZAHAR BIN KASSIM NRIC/FIN/Passport No: S9522529B
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 9654 0273
 Email Address: _____
 Date of Accident: 23/03/2018 Time of Accident: 22:00
 Place of Accident: Liberty Insurance
 Insurance Company: S&P XANON UNITED ASSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

DATE OF DRIVER'S PASS TO 20/06/2018

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Paul Wong
 NRIC/FIN No.:
 Date: 26/05/2018