

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	16/05/2019 12:01
Date Of Accident	08/05/2019 08:40
Exact Location Of Accident	JUNC TAMPINES AVE 9 & TAMPINES ST 41
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP2999Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD NASRUL BIN A RAHMAT
NRIC No	S8211722I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-85333237
Alternative Phone No	OFFICE-85333237

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R155
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1900062749
Cover Note Number	

Driver

Name of Driver	MOHAMAD NASRUL BIN A RAHMAT
NRIC No	S8211722I
Date Of Birth	13/04/1982
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85333237
Fax Number	
Contact Number	OFFICE-85333237
Email Address	NOEMAIL

Address	BLK 269 YISHUN STREET 22 #08-14
Postcode	760269
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 - CHANGE/CROSS LANE
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
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 - T/20190508/2178.

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	SKK7366K
Vehicle Make/Model/Colour	NISSAN QASHQAI
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	MOHAMAD NASRUL BIN A RAHMAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP2999Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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. 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:

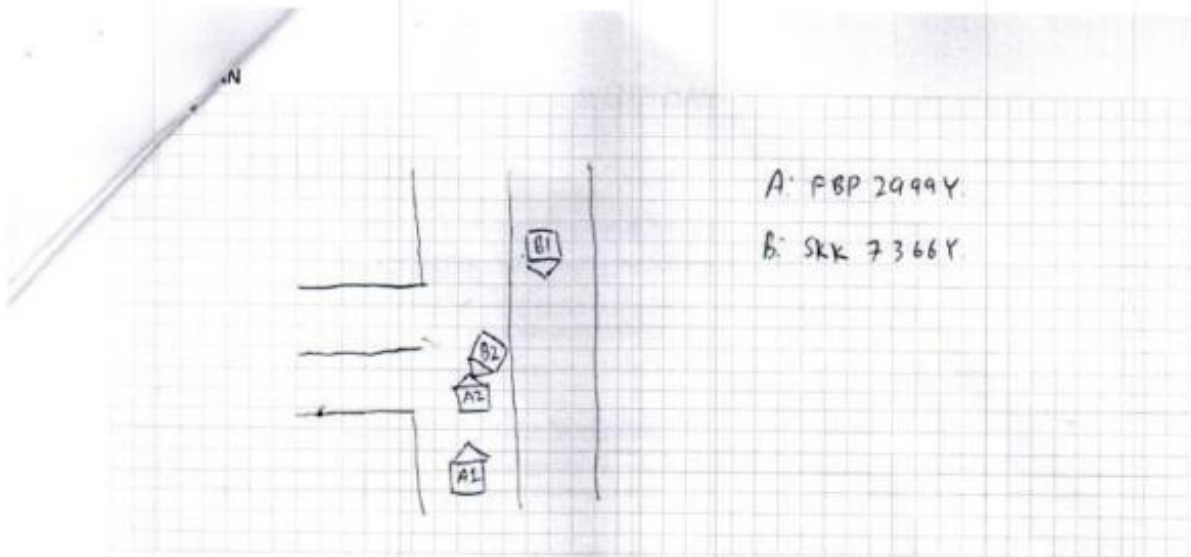
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached police report.

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/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190508/2178

1 of 3

Report No. T/20190508/2178

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/05/2019 17:34		Vide Report No.: G/20190508/0070	Station Diary No.:
Informant's Particulars			
Name of Informant: MOHAMAD NASRUL BIN RAHMAT		Address: APT BLK 269 YISHUN STREET 22 #08-14 SINGAPORE 760269	
ID Type / ID No.: NRIC NO / S8211722I		Contact No.: Home/Office: Mobile: 85333237	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 37	Date of Birth: 13/04/1982	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: CHAFFEUR		Driving Licence Information: Class: 2B,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/05/2019 08:40	Type of Location: T-Junction
Location: TAMPINES AVENUE 9 ALONG TAMPINES AVE 9 TOWARDS AVE 2 AT THE JUNCTION OF TAMPINES ST 41				
Weather: Drizzling		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP2999Y	Motorcycle	YAMAHA	YZF-R155	Blue		0
SKK7366K	Car	NISSAN	NISSAN QASHQAI 2.0L CVT ABS D/AB 2WD 5DR	Beige		0

Scanned with CamScanner

Police Report



**SINGAPORE
POLICE FORCE**

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



T/20190508/2178

2 of 3

Report No. T/20190508/217

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP2999Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1900062749	11/03/2019	10/03/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMAD NASRUL BIN RAHMAT	ID No.	S8211722I
Related Vehicle	FBP2999Y (Motorcycle)	Contact No.	85333237
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4,5 Date of Expiry: NIL
Date Treatment	08/05/2019	Date Discharge	08/05/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION, I WAS RIDING OF (FBP2999Y) AT THE SAID LOCATION. THERE WAS 2 LANES. I WAS AT RIGHT MOST LANE GOING STRAIGHT. TRAFFIC LIGHT WAS IN MY FAVOUR. A VEHICLE OF (SKK7366K) WAS IN THE RIGHT TURN POCKET WAITING WHILE I WAS HALFWAY THROUGH THE JUNCTION, THE DRIVER OF (SKK7366K) SUDDENLY MAKE A RIGHT TURN AND RESULTING ME TO COLLIDED ONTO THE VEHICLE. THAT'S ALL.

Scanned with CamScanner

Police Report



**SINGAPORE
POLICE FORCE**



T/20190508/2178

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

3 of 3

Report No. T/20190508/2178

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 /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/05/2019 17:34

Officer In Charge Of Case:

TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp
NP168

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Scanned with CamScanner

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

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 : MNA119063631 Vehicle Registration No: FBP2999Y
Name (as shown in NRIC) : MOHAMAD NASRUL BIN A RAHMAT NRIC/FIN/Passport No : S82117221
(~~Vehicle Driver~~ / Vehicle Owner) (*) Please delete as appropriate
Address : BLK 269 YISHUN STREET 22 #08-14 Singapore (760269)
Contact (Tel) : _____ Mobile No. : 85333237
Email Address : _____
Date of Accident : 08/05/2019 Time of Accident : 08:40
Place of Accident : JUNC TAMPINES AVE 9 & TAMPINES ST 41
Insurance Company : AIG Asia Pacific Insurance Pte. Ltd.

(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:

Amemd date & time of accident

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date: