

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	04/06/2019 23:41
Date Of Accident	03/06/2019 08:30
Exact Location Of Accident	TRAFFIC JUNCTION OF MARYMOUNT RD AND SIN MING AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2820P
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAZAK BIN MAHMOOD
NRIC No	S1591304E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97164171
Alternative Phone No	OFFICE-97164171
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SF MANUAL
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AVMCSB0031791800
Cover Note Number	
Driver	
Name of Driver	ABDUL RAZAK BIN MAHMOOD
NRIC No	S1591304E
Date Of Birth	03/12/1963
Occupation	INDOOR
Date Of Driving Pass	02/07/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97164171
Fax Number	
Contact Number	OFFICE-97164171
Email Address	NOEMAIL

Address	NIL
Postcode	
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?	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 [OTHER]	WOODLANDS EAST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO T/20190604/2185 LODGE AT WOODLANDS EAST NPC ON 03/06/2019 AT ABOUT 0830HRS, I WAS RIDING MY MOTORCYCLE , FBN2820P WAITING AT THE TRAFFIC LIGHT OF JUNCTION OF MARYMOUNT ROAD AND SING MING AVENUE. THE WEATHER WAS CLEAR AND THE ROAD WAS DRY. THE TRAFFIC WAS HEAVY. I WAS WAITING ON LANE 3 TO TURN LIGHT WAS RED. THERE WAS A CAR IN FRONT OF MY BIKE AND A TAXI (SHD6581J) AT THE REAR. ONCE THE TRAFFIC LIGHT TURNED GREEN, THE CAR IN FRONT PROCEEDED HOWEVER I DID NOT START YET, SUDDENLY, I FELT AN IMPACT AT THE REAR OF MY BIKE CAUSING MY BIKE TO MOVE FORWARD A SHORT DISTANCE BEFORE I FELL ON MY LEFT ON THE ROAD. I WAS CONSCIOUS AND WAS APPROACHED BY THE TAXI DRIVER WHO CAME TO ASSIST. I THEN SHIFTED MY MOTORCYCLE TO THE SIDE OF THE ROAD AND WE EXCHANGED OUR PARTICULARS. MY BIKE SUSTAINED DAMAGES SUCH AS FRONT FERRYING , ENGINE CRASH BAR, METERS AT THE FRONT. WERE DAMAGED. THE REAR NUMBER PLATE WAS DENTED AND MY REAR BOX HAD SCRATCHES. NO AMBULANCE OF TRAFFIC POLICE WERE AT SCENE. I THEN RIDE THE BIKE SLOWLY TO WORKSHOP THEREAFTER I WENT TO HOSPITAL. I CONSULTED DOCTOR AT KHOO TECK PUAT HOSPITAL AND GIVEN 05 DAYS MC FROM 03/06/2019 TO 07/06/2019 DUE TO INJURY TO THE LEFT WRIST. I DO NOT HAVE ANY CAMERA ON MY BIKE AND HAD ALREADY NOTIFIED MY INSURANCE COMPANY ON THE ACCIDENT

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	SHD6581J
Vehicle Make/Model/Colour	MERCEDES BENZ E220 BLUETEC WHITE
Details Of Properties	NA
Vehicle Category	TAXI
Name of Driver	LOH TZE FEY

NRIC/Passport Number	S0028128Z
Contact Number	98209596
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ABDUL RAZAK BIN MAHMOOD
Approximate Age	
Injuries Sustain	INJURY ON LEFT WRIST
Injured person in which vehicle?	FBN2820P
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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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.

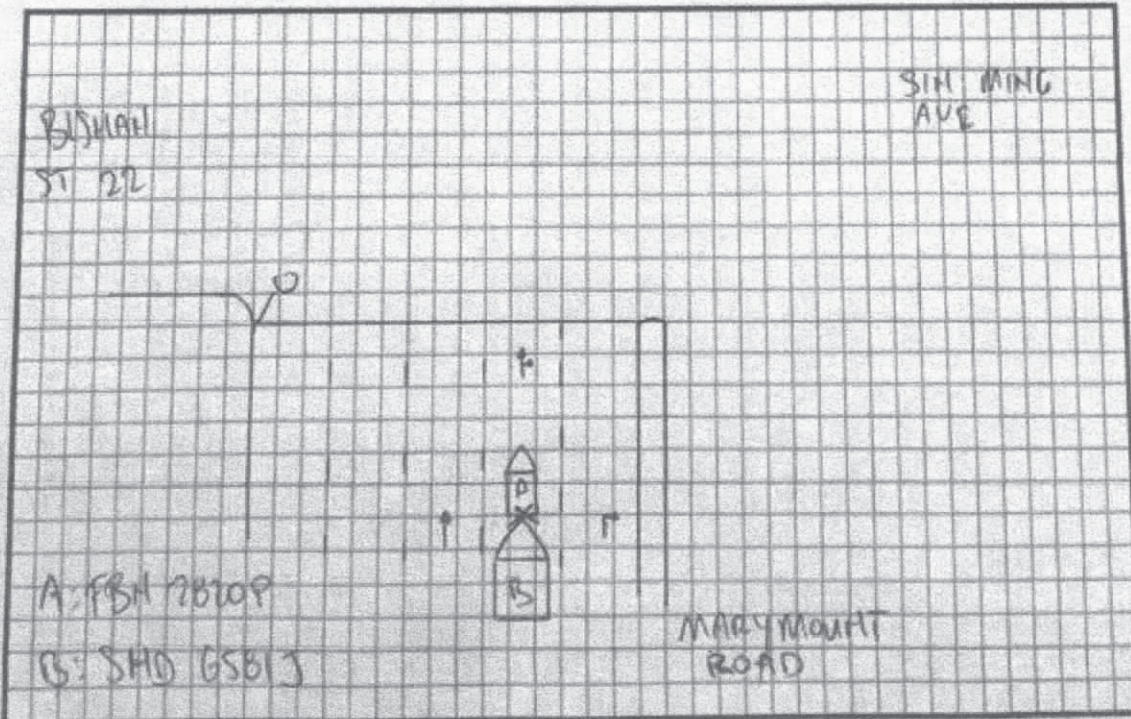
VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabla

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



POLICE REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999



T/20190604/2185

1 of 3

Report No: T/20190604/2185

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
04/06/2019 17:34

Vide Report No.
T/20190603/2170

Station Diary No.
121

Informant's Particulars

Name of Informant:
ABDUL RAZAK BIN MAHMOOD

Address:
APT BLK 845 WOODLANDS STREET 82 #01-149
SINGAPORE 730845

ID Type / ID No.:
NRIC NO / S1591304E

Contact No.
Home/Office: Mobile: 97164171

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 55 03/12/1963

Type of Informant:
Rider

Race:
Malay

Language:

Institution / School Name:

Occupation:
PEST CONTROL OFFICER

Driving Licence Information:
Class: 2B, 2A, 2

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/06/2019 08:30	Type of Location: X-Junction
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Location:
Junction of Road 1 and Road 2
MARYMOUNT ROAD
SIN MING AVENUE

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
One Way

Traffic Control:
Traffic Light - Working

Traffic Volume:
Heavy

Type of Collision:
Moving Vehicle Against - Others

Anyone conveyed by ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
FBN2820P	Motorcycle	HONDA	CB400SF MANUAL	White	Slightly Damaged	0
SHD6581J	TAXI				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Effective	Expiry
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Vehicle No. Insurance Company

Expiry Date