

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 | 17/06/2019 11:38 |
| Date Of Accident | 06/06/2019 01:05 |
| Exact Location Of Accident | ALONG YISHUN CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---|
| Vehicle Registration Number | FBH8708Z |
| Insured/Policyholder | |
| Name Of Registered Owner | CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD |
| Co Reg No | - |
| Email Address | NOEMAIL |
| Mobile Phone No | (FOREIGN) 012-3471626 |
| Alternative Phone No | OFFICE-62737469 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | YAMAHA |
| Model | YBR125-124CC (M) |
| Exact Purpose for which vehicle was being used at time of accident | WORKING PURPOSES |
| Are you claiming under your own insurance policy for repair to your vehicle? | YES |
| If No, Please state action to be taken | |
| Vehicle Category | MOTORCYCLE |

Insurance Company

| | |
|---------------------------|----------------------------------|
| Name of Insurance Company | GREAT AMERICAN INSURANCE COMPANY |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MOMVM000001011-02-000 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | JEEVAH HARYDASS |
| Passport No/FIN | G8729779P |
| Date Of Birth | 01/10/1998 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/05/2019 |
| Driving Experience | 0 YEAR AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (FOREIGN) 012-3471626 |
| Fax Number | |
| Contact Number | OFFICE-62737469 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | 10A SCIENCE CENTRE ROAD #01-01 |
| Postcode | 609082 |
| Was driver an employee of the Insured's Company | YES |
| If No, Relationship of the Driver with the Insured | |
| 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 | DRIZZLING |
| Road Surface | WET |

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

PLEASE REFER TO ATTACHMENT AND POLICE REPORT T/20190607/701

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 | SGF9992M |
| Vehicle Make/Model/Colour | MAZDA |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | YEO |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage
No. Of Passenger (Including Driver)

SKETCH PLAN

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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)**

(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.

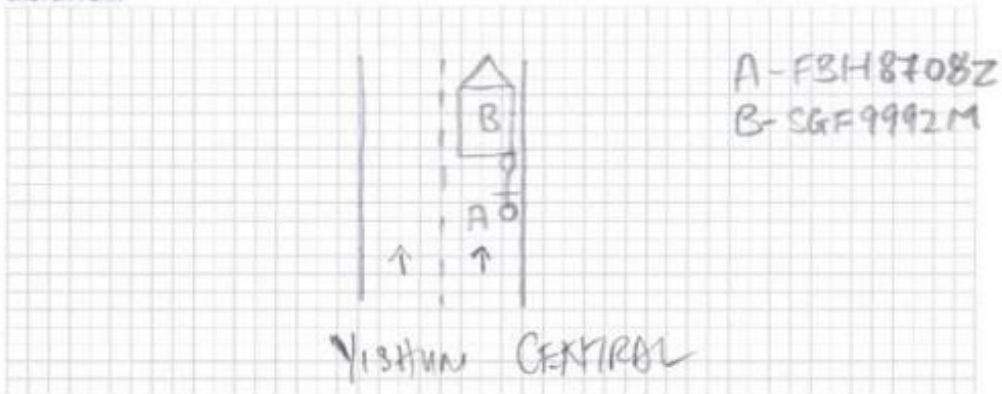


Driver's Signature _____
(if driver is not the policyholder)
Date & Time: 12/1/19

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police report: T/20190607/7001* or see attached report

DECLARATION

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

Policyholder:

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 13/6/19

3.20pm

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

17/06/2019

Rafiq Murtaza

ATTACHMENT

On above mentioned date and time, PW Jeevah was on routine patrol along Yishun Central in front of KTPH when he crashed into a stationary car bearing licence plate SGF9992M. PW and his bike fell onto the right with PW injured his right leg and right hand. Car sustained damages to rear bumper and PW's bike front mud guard and tyre damaged. Ambulance was activated by a MOP on scene. PW was conveyed to KTP Hospital via ambulance and towing was activated. EE Eelam arrived on scene to assist.

17/08/2019
Reli. Watters

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190607/7001

1 of 3

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

Report No. T/20190607/7001

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|--|------------|-------------------------------------|---|--------------------|----------------------------|
| Date/Time Report Made: 07/06/2019 01:25 | | Vide Report No.: L/20190606/0157 | | Station Diary No.: | |
| Informant's Particulars | | | | | |
| Name of Informant: JEEVAH HAAYDASS | | | Address: 10A SCIENCE CENTRE ROAD #01-01 SINGAPORE 609082 | | |
| ID Type / ID No.: FIN NO / G8729779P | | | Contact No.: Home/Office: Mobile: 0123471626 | | |
| Nationality: MALAYSIAN | | | Email: eelammk_rajoo@certisgroup.com | | |
| Sex: Male | Age: 20 | Date of Birth: 01/10/1998 | Type of Informant: Rider | | |
| Race: Indian | | | Language: English | | Institution / School Name: |
| Occupation: Parking Warden | | | Driving Licence Information: Class: 2B,3C | | Date of Expiry: 01/05/2019 |

General Information of the Accident

| | | | | |
|---|------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 06/06/2019 01:05 | Type of Location: Straight Road |
| Location: YISHUN CENTRAL | | | | |
| Lamp Post Number: 64 | | | | |
| Weather: Drizzling | | Road Surface: Wet | Road Speed Limit: 25 Km/h | |
| Traffic Flow: One Way | | Traffic Control: Traffic Light - Working | | Traffic Volume: Light |
| Type of Collision: with a stationery car and i hit the car from behind | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-------|-------|------------------|-----------------|
| FBH8708Z | Motorcycle | YAMAHA | | White | Slightly Damaged | 0 |
| SGF9992M | Car | MAZDA | | White | Slightly Damaged | 1 |

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190607/7001

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

2 of 3
Report No. T/20190607/7001

CONTINUATION OF REPORT

| | | | |
|-----------------------------------|-------------------------|--|--|
| Rider | | | |
| Name | JEEVAH HAAYDASS | ID No. | G8729779P |
| Related Vehicle | FBH8708Z (Motorcycle) | Contact No. | 0123471626 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,3C Date of Expiry: 01/05/2019 |
| Date Treatment | 06/06/2019 | Date Discharge | 07/06/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | YEO | ID No. | NIL |
| Related Vehicle | SGF9992M (Car) | Contact No. | NIL |
| 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 |

Brief Details.

While riding along yishun central, a white car braked suddenly. i could not brake on time and end up colliding with the car

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190607/7001

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

3 of 3

Report No: T/20190607/7001

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
YAN MINGSHENG DANIEL
Contact No.: 65476252

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
07/06/2019 01:25

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



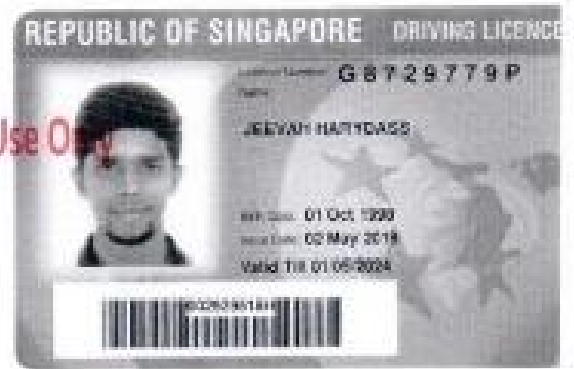
Accident Photo



Accident Photo



Identification Card



Driving License

| VISIT PASS Immigration Registration | | YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES: | |
|---|--|--|-------------|
| NAME: JERRY M. HANCOCK | | EFFECTIVE DATE: | |
| DOB: 08/27/1968 | | Class 3B: Motorcycles 150-750 cc | 01 May 2018 |
| Date of Birth: 08/27/1968 | | Class 3C: Motor cars with limited weight (11,000kg with air) and managers, exclusive of driver | 01 May 2018 |
| Sex: M | | | |
| Nationality: MALAYSIAN | | | |
| MAY 2018 | | | |
| NOT ARE TO REENTER THE CAMP WITHOUT A CANCELLED OR EXPIRED PASS. OR WHEN A NEW PASS IS ISSUED TO YOU. | | | |
|  | |  | |
| UP 4296 | | UP 4296 | |

For LKK/NAC Use Only