

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 17:36
Date Of Accident	16/06/2019 12:50
Exact Location Of Accident	BLK 763 PASIR RIS ATREET 71 (SERVICE ROAD)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ2353S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD IQBAL HAFIRULLAH BIN SALIM
NRIC No	S8943730Z
Email Address	HAFIRULLAH@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90694737
Alternative Phone No	OTHERS-90694737

Vehicle Particulars

Manufacturer	BMW
Model	R1200GS-1.2 (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	AVMCSB0032521900
Cover Note Number	

Driver

Name of Driver	MUHAMMAD IQBAL HAFIRULLAH BIN SALIM
NRIC No	S8943730Z
Date Of Birth	04/12/1989
Occupation	INDOOR
Date Of Driving Pass	27/05/2014
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90694737
Fax Number	
Contact Number	OTHERS-90694737
Email Address	HAFIRULLAH@HOTMAIL.COM

Address	BLK 110 RIVERVALE WALK #02-08
Postcode	540110
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
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)	0

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 STATEMENT AND POLICE REPORT T/20190616/2100

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	GZ2452X
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YAP YEE YANG
NRIC/Passport Number	S9178935C
Contact Number	98306273
Address	
Postcode	
Insurance Company Name	

Nature Of Damage
No. Of Passenger (Including Driver)

Accident 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.
- (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: 17/6 142742

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 BIKE WAS PARKED

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

BIKE WAS PARKED AT SERVICE ROAD. (I WAS NOT PRESENT DURING THE INCIDENT)
WENT DOWN FROM VISITING AND SAW MY BIKE IS IN SIDE STAND POSITION INSTEAD OF
MAIN STAND (ORIGINAL POSITION). DRIVER LEFT A NOTE WITH HIS PHONE NUMBER AND
LEFT. LOANED A REPORT AT TAMPINES POLICE STATION. INFORMED THE DRIVER ABOUT THE
THE REPORT. DRIVER CAME DOWN UNDER THE BLOCK ON 'T/6' 1148RS TO EXCHANGE
PARTICULARS. ASKED DRIVER HOW ACCIDENT HAPPENED. HE SAID HE WAS REVERSING AND
DIDN'T NOTICE MY BIKE.

POLICE REPORT T/20190616/200

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/20190616/2100

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

1 of 3

Report No: T/20190616/2100

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2019 23:47	Vide Report No.:	Station Diary No.: 124
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Informant's Particulars

Name of Informant: MUHAMMAD IQBAL HAFIRULLAH BIN SALIM			Address: APT BLK 110 RIVERVALE WALK #02-08 SINGAPORE 540110		
ID Type / ID No.: NRIC NO / S8943730Z			Contact No.: Home/Office: Mobile: 90694737		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 04/12/1989	Type of Informant: Driver		
Race: Malay			Language:	Institution / School Name:	
Occupation: Cabin attendant/steward			Driving Licence Information: Class: 2B,2A,2 Date of Expiry:		

General information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 16/06/2019 12:50	Type of Location: Car Park
Location: Along Road 1 PASIR RIS STREET 71 Carpark service road of Blk 763 Pasir Ris Street 71				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ2353S	Motorcycle	BMW	R1200GS	Black	Seriously Damaged	0
GZ2452X	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190616/2100

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/20190616/2100

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ2353S	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVMCSB0032521900	12/04/2019	11/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD IQBAL HAFIRULLAH BIN SALIM	ID No.	S8943730Z
Related Vehicle	FBJ2353S (Motorcycle)	Contact No.	90694737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/06/2019 at about 0900hrs, I parked my motorcycle at the carpark service road at Blk 763 Tampines Street 71. At that time, my motorcycle was intact.

On the same day at about 1315hrs, I returned to my motorcycle to retrieve some items when I discovered that it had been damaged at the right side, tail light, pipe, foot rest and left handlebar. There was also damage to the paint work. I also found a note placed near the handlebar area which stated the following, "Sir, I crash yr vehicle. any spoil can call me @ 98306273 so sorry". The note did not state the registration number of the vehicle that hit against my motorcycle.

While I was there, I was also approached by a person who informed that he had witnessed what had happened to my motorcycle. The witness informed that on the same day at about 1250hrs, he saw a lorry reversing near my motorcycle and while the lorry was reversing, the rear portion of the lorry hit against the front left portion of my motorcycle, causing it to fall over on the right side. The driver of the lorry then left a note on my motorcycle and left. The witness left his name as Faizal and he can be contacted at 97773266.

I wish to state that I have tried to contact the driver of the lorry through the telephone number left on the note multiple times but to no avail. As such, I am making this report.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190616/2100

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

3 of 3

Report No. T/20190616/2100

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 /
Sr Staff Sgt MUHAMMAD NOOR AZRI BIN
MOHAMED SALLEH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
16/06/2019 23:47

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Classification Of Case:

Authentication Stamp
NP168

SIGNATURE

Accident Photo



Accident Photo



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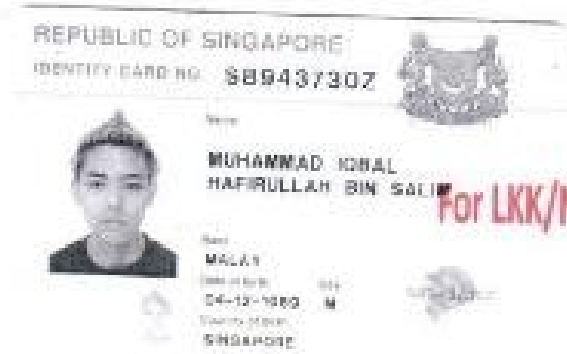
Accident Photo



Accident Photo



Identification Card



For LKK/NAC Use Only



For LKK/NAC Use Only