

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	18/07/2019 17:39
Date Of Accident	18/07/2019 07:15
Exact Location Of Accident	ENG NEO AVE TWDS DUNEARN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7585G
Insured/Policyholder	
Name Of Registered Owner	SHARIFF BIN ABDUL RAHMAN
NRIC No	S1496705B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91294557
Alternative Phone No	OFFICE-91294557

Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000SX ABS MANUAL
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI18V12330/VMS/R04
Cover Note Number	

Driver

Name of Driver	SHARIFF BIN ABDUL RAHMAN
NRIC No	S1496705B
Date Of Birth	14/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	31/05/2011
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91294557
Fax Number	
Contact Number	OFFICE-91294557
Email Address	NOEMAIL

Address	BLK 273A JURONG WEST AVENUE 3 #03-35
Postcode	641273
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?	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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190718/2040.

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	SLP4888C
Vehicle Make/Model/Colour	MITSUBISHI ATTRAGE
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	SHARIFF BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	ANKLE & ARM
Injured person in which vehicle?	FBJ7585G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
 - (ii) For complying with requirements under my regulations, laws or court orders.

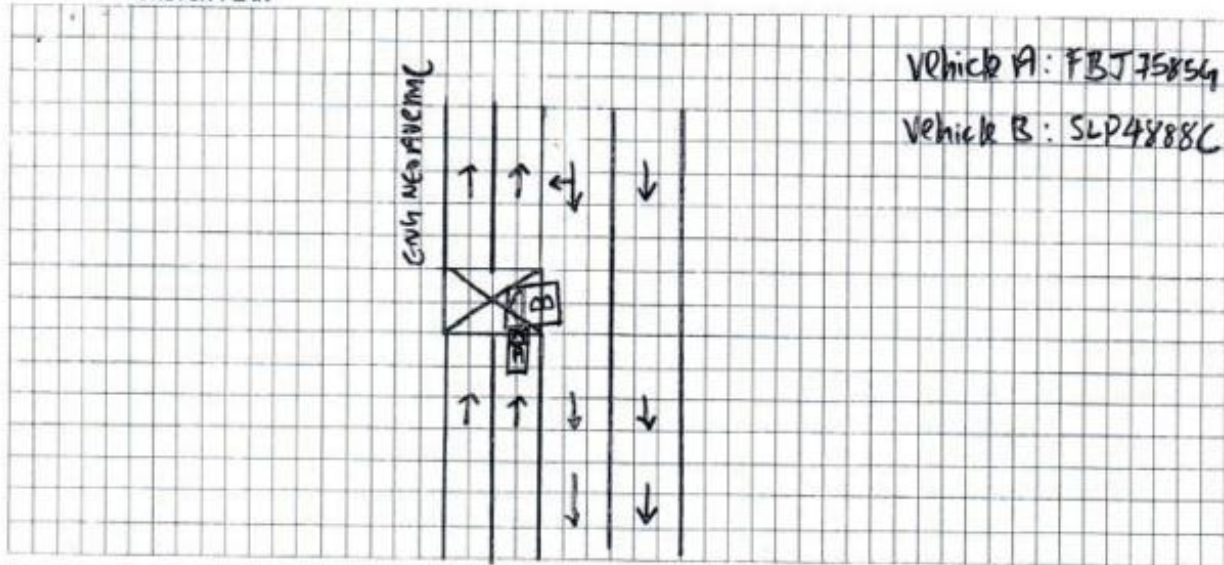
Policy holder's signature
Date / time:

Driver's signature
(If driver is not policy holder)
Date / time:

reporting centre personnel's Signature
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Eng rka Avenue towards Duneam road, weather condition was clear and the roads were dry, traffic was heavy. I was going straight on my own lane when out of a sudden, vehicle B (SLP4888C) made a right turn and I was unable to stop in time and collided into the front left side of his vehicle.

DECLARATION

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

Policy holder's signature
Date & time:

Driver's signature
(if driver is not policy holder)
Date & time:

reporting centre personnel's Signature
NRIC/FIN No.:

Police Report

SINGAPORE POLICE FORCE

Police Station Of Origin:
Bukit Timah N.P.C.
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629929

Report No: 1/2019/25246

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 18/07/2019 10:55	Video Report No.	Station Diary No. 15
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Informant's Particulars

Name of Informant SHARIFF BIN ABDUL RAHMAN	Address APT BLK 273A JURONG WEST AVENUE 3 #03-35 SINGAPORE 641273	
ID Type / ID No. NRIC NO / S1496705B	Contact No. Home/Office	Mobile: 91294557
Nationality SINGAPORE CITIZEN	Email	
Sex: Male	Age: 58	Date of Birth: 14/01/1961
Race: Malay	Type of Informant: Rider	Institution / School Name:
Occupation: personal driver	Driving Licence Information: Class:	Date of Expiry

General Information of the Accident

Type of Accident	Injury: Attended by Police	Drink: Drive: No	Date/Time of Accident: 18/07/2019 07:15	Type of Location: Straight Road
Location: Along Road 1 ENG NEO AVENUE				
Along Eng Neo Ave towards Dunearn Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Not Controlled	Traffic Volume: Heavy		
Type of Collision: between Moving Vehicles - Head To Side				Anyone conveyed to ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passengers
7585G	Motorcycle				Seriously Damaged	0
1888C	Car				Slightly Damaged	0

Details of Person Involved

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4529999



T120190716/2040

Report No. T120190716/2040

CONTINUATION OF REPORT

Rider			
Name	SHARIFF BIN ABDUL RAHMAN	ID No.	S1496705B
Related Vehicle	FBJ7565G (Motorcycle)	Contact No.	91294557
Hospital/Clinic	GALILEE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/07/2019	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 18/7/19 at about 0717hrs, while I was riding my bike along Eng Neo Ave towards Dunearn Road going forward, a driver (slp4888c) suddenly made a right turn from the opposing direction into the yellow box area, and I was unable to stop in time and collided into the front left of his vehicle (slp4888c). Traffic police attended to us after the incident occurred and ambulance was also activated to assess my injury. However, I did not want to be conveyed into the hospital.

After which, I went to the private clinic (Galilee Clinic) for medical check and was endorsed with 4 days Medical leave from 18/7/19 to 21/7/19. My motorbike was quite damaged and I have filed for my insurance report. After the incident, my ankle swell and my body ache badly. No other people was injured. I do not know what is the incident number for the incident that traffic police attended to me. The motorbike total repairing I estimate to be a few thousands.

Police Report

SINGAPORE POLICE FORCE

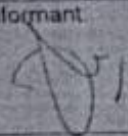
Vehicle Station Of Origin
Road Traffic N.E.C.
1 Shuen Ewe Road SINGAPORE 268114
Tel No: 1800-4829000

Report No: 1/201901180000

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: E / Sgt 2 TAN HUI RU	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2019 10:55
Officer In Charge Of Case: TP / GIT / Staff Sgt QHAIRIL BIN ZULKEFLEE Contact No.: 65476187	Classification Of Case:

Authentication Stamp

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Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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