

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	27/08/2019 16:32
Date Of Accident	21/08/2019 17:15
Exact Location Of Accident	ROUND ABOUT AT JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX1211D
Insured/Policyholder	
Name Of Registered Owner	BENAIHA GABRIEL WILLIAMS
NRIC No	S9442232I
Email Address	BOXERBURN94@GMAIL.COM
Mobile Phone No	(LOCAL) +65-97922469
Alternative Phone No	OTHERS-97922469

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF2J-399CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000001840-01-000
Cover Note Number	

Driver

Name of Driver	BENAIHA GABRIEL WILLIAMS
NRIC No	S9442232I
Date Of Birth	13/11/1994
Occupation	INDOOR
Date Of Driving Pass	25/04/2017
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97922469
Fax Number	
Contact Number	OTHERS-97922469
Email Address	BOXERBURN94@GMAIL.COM

Address	BLK 188 BOON LAY DRIVE #09-92
Postcode	40188
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	SIDE SWIPE
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	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190822/2057

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	JTM5037
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	BENAI AH GABRIEL WILLIAMS
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX1211D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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 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: *27/08/2019*
NRIC/FIN No.: *Rohd Carlos*

Accident Sketch Plan

SKETCH PLAN

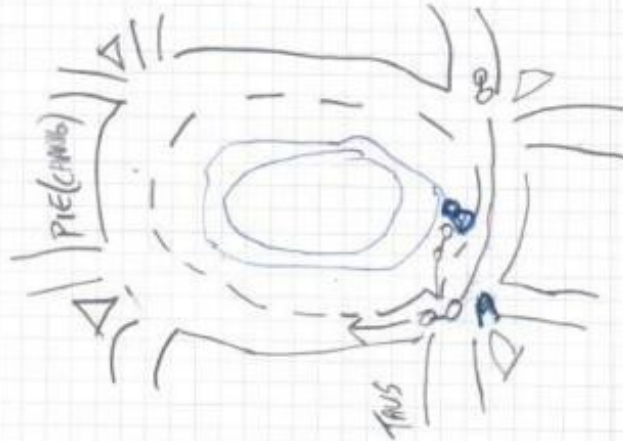
JALAN AHMAD IZZATULLAH POLIHIK ABOUT

1=FX 12/10

3=JLF

7263

NOT
ACCURATE



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report. 1/20190822/2057.

DECLARATION

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

[Signature]

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190822/2057

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

1 of 3

Report No. T/20190822/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/08/2019 13:00		Vide Report No.:	Station Diary No.: 13
Informant's Particulars			
Name of Informant: BENALIAH GABRIEL WILLIAMS		Address: APT BLK 188 BOON LAY DRIVE #09-92 SINGAPORE 640188	
ID Type / ID No.: NRIC NO / S94422321		Contact No.: Home/Office: Mobile: 97922469	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 13/11/1994	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: PRODUCT TECHNICIAN		Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/08/2019 17:10	Type of Location: Roundabout
Location: Along Road 1 JALAN AHMAD IBRAHIM JALAN AHMAD IBRAHIM ROUNDABOUT				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX1211D	Motorcycle	HONDA	CB400SF2J	Black	Seriously Damaged	0
JLF7263					Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX1211D	GREAT AMERICAN INSURANCE COMPANY	MT2018TR01769	14/09/2018	13/09/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190822/2057

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

CONTINUATION OF REPORT

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Report No. T/20190822/2057

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	BENAIHAH GABRIEL WILLIAMS	ID No.	S9442232I
Related Vehicle	FX1211D (Motorcycle)	Contact No.	97922469
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 21/08/2019 at about 1710hrs, I was travelling on my motorcycle (FX1211D) on the outer lane of the roundabout at Jalan Ahmad Ibrahim. As I was about to exit at the PIE towards Changi exit, I saw another Malaysian bike attempting to overtake me from the right. The said motorbike was from the inner lane.

The rider then did not manage to overtake me and sideswiped the right side of my vehicle instead. The impact caused my vehicle to be dragged along with him and subsequently the both of us fell down to the road. At this point of time, I saw several parts of my body such as my arms and knees bleeding. I only saw slight bleeding at the feet of the Malaysian rider. I immediately called for Police and Ambulance assistance.

Soon after, ambulance and Traffic Police came to scene and attended to us. Myself and the Malaysian rider was then conveyed to Ng Teng Fong General Hospital. The doctor informed that I sustained abrasions and received 4 days of medical leave from 22/08/2019 to 25/08/2019.

I wish to state that I do not have any recording footage of the incident. I am lodging this report from insurance claim purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999



T/20190822/2057

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Report No: T/20190822/2057

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 MUHAMMAD NOOR HAIKAL BIN MUHAMMAD	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/08/2019 13:00
Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246	Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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 : MN4419113201 Vehicle Registration No: F2 1211D
Name (as shown in NRIC) : BENARAH GABRIEL WILLIAMS NRIC/FIN/Passport No : SP4422321
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : B1K 158 BOON LAY DRIVE #09-92 Singapore (640188)
Contact (Tel) : 9 Mobile No. : 97922469
Email Address : Boxerburn94@gmail.com
Date of Accident : 21/08/2019 Time of Accident : 17:15
Place of Accident : ROUND ABOUT AT JALAN AHMAD IBRAHIM
Insurance Company : GREAT AMERICAN INSURANCE COMPANY

(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:

THIRD PARTY VEHICLE NUMBER JTM5307

[Signature]
Policyholder / Driver's Signature
Date:

[Signature] 01/07/2019
Reporting Centre Personnel's Signature
Name: [Signature]
NRIC/FIN No.:
Date: