

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 | 12/09/2019 09:21 |
| Date Of Accident | 06/09/2019 23:10 |
| Exact Location Of Accident | ALONG PIONEER ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | FBK6057R |
| Insured/Policyholder | |
| Name Of Registered Owner | CERTIS CISCO AUXILIARY POLICE |
| Co Reg No | - 2009 00 882K. |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98595057 |
| Alternative Phone No | OFFICE-98595057 |

Vehicle Particulars

| | |
|--|------------------|
| Manufacturer | HONDA |
| Model | CB400 |
| 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 | MOHAMAD SAFRI BIN YUSOFF |
| NRIC No | S8112161C |
| Date Of Birth | 07/05/1981 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 02/10/2007 |
| Driving Experience | 11 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98595057 |
| Fax Number | |
| Contact Number | OTHERS-98595057 |
| EEmail Address | NOEMAIL |

| | |
|---|--|
| Address | BLK 818 JURONG WEST STREET 81 #03-248 |
| Postcode | 640818 |
| 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 | NO COLLISION |
| 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 | 1 |
| Was any body injured in the Accident? | NO |
| Was any injured conveyed to hospital by ambulance? | NO |
| Was any other material or property damaged? | NO |
| 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? | NO |
| If Yes, Please state which Police Station | |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

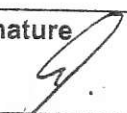
Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | NO |
| Was there any audio recorded? | NO |

INCIDENT REPORT FOR DUTY POST

| Location of Duty Post | Type of Business (Bank/KINs/Embassy/ Residence/Factory) | Date of Incident | Time of Incident | Weather Condition |
|--|---|---|--------------------|--------------------------|
| E & E (Contridex) | Oversize cargo escort | 6/9/19 | 2310 Hrs | Fine. |
| Person(s) Involved | Particulars of Witness(es) | | | |
| CPL 21016 Mohamad Safri | CPL 59690 Ridzuan | | | |
| Details of Incident (Who, What, Where, When, Why, How and Other Essential Details) | | | | |
| <p>On the abovementioned date and time, I cpl 21016 was performing oversize cargo escort for Pak Seng logistics with cargo dimensions H: 3.8m W: 3.5m L: 31m.</p> <p>Along pioneer road the road was not well lighted and very sandy. I was at the lane 1 against the flow covering the turning cargo, however in the process my front tyre run over a curb of divider cause me to fall off the bike. The divider is not visible and no arrow signage.</p> <p>The bike was damage in the process, no other properties damage in the process. That's all. Please refer to sketch.</p> | | | | |
| | | | | |
| Reported by : (Rank/Svc No/Name) CPL 21016 Md Safri Yusoff. | | Signature  | Date 7/9 | Time 0420 Hrs. |

Details of Incident (Cont'd)

Sketch

