

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	30/09/2019 10:33
Date Of Accident	26/09/2019 08:10
Exact Location Of Accident	BKE (PIE) 8KM (MPAG: 4624A)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM7893B
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	SYARIFSEMEWI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87934420
Alternative Phone No	OFFICE-87934420

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE 125
Exact Purpose for which vehicle was being used at time of accident	GOING TO WORK
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5109280207
Cover Note Number	

Driver

Name of Driver	AHMAD SYARIF BIN SENEWI
NRIC No	S9637552B
Date Of Birth	16/10/1996
Occupation	INDOOR
Date Of Driving Pass	04/09/2018
Driving Experience	1 YEAR AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87934420
Fax Number	
Contact Number	OTHERS-87934420
Email Address	SYARIFSEMEWI@GMAIL.COM

Address	BLK 28 MARSILING DRIVE #13-267
Postcode	730028
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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 POLICE REPORT T/20190926/2062

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	FBQ1850T
Vehicle Make/Model/Colour	HONDA CB150R MANUAL
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	RASOOL
NRIC/Passport Number	
Contact Number	90829529
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name AHMAD SYARIF BIN SENEWI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM7893B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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)**

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: 26 Sept 2019
2:23 pm

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

Accident Sketch Plan

SKETCH PLAN

(BKE) P1E 8km CMPAG: 4624A

A) FRM7843B
B) FBQ 18507

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P1E REFER TO POLICE REPORT
7/20190926/2062

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: 20 Sept 2019
2:23pm

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

Signature of Reporting Centre Person
Name: [Signature]
NRIC/FIN No.: [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190926/2062

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

1 of 3

Report No. T/20190926/2062

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/09/2019 12:34		Vide Report No.: G/20190926/0042		Station Diary No.:	
Informant's Particulars					
Name of Informant: AHMAD SYARIF BIN SENEWI			Address: APT BLK 28 MARSILING DRIVE #13-267 SINGAPORE 730028		
ID Type / ID No.: NRIC NO / S9637552B			Contact No.: Home/Office: 67173028 Mobile: 87534420		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 16/10/1996	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/09/2019 08:10	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY BKE(PIE) 8KM (MPAG: 4624A)				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBM7893B	Motorcycle	HONDA	WAVE 125R A	Blue		0
FBQ1850T	Motorcycle	HONDA	CB150R MANUAL	Black		0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190926/2062

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

2 of 3

Report No. T/20190926/2062

CONTINUATION OF REPORT

Rider			
Name	AHMAD SYARIF BIN SENEWI	ID No.	S9637552B
Related Vehicle	FBM7893B (Motorcycle)	Contact No.	87534420
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/09/2019	Date Discharge	26/09/2019
No. of Days granted Medical Leave	03	Degree of Injury	NIL

Brief Details.

ON THE STATED DATE, TIME AND LOCATION
I WAS TRAVELLING ALONG LANE 1 OF THE LOCATION AS MENTIONED. MOTORBIKE OF PLATE NUMBER FBQ1850T WAS TRAVELLING ON THE SAME LOCATION IN FRONT OF THE LORRY. THE RIDER OF BIKE NUMBER FBQ1850T CLAIMS THAT HE DID GIVE SIGNAL BUT FROM MY VIEW THERE WAS NO SIGNALLING GIVEN. THE RIDER ALSO DID NOT CHECK HIS BLIND SPOT BEFORE MAKING A LANE CHANGE.

HENCE

THE RIDER SWITCH LANE OUT OF THE SUDDEN, I WAS UNABLE TO STOP IN TIME AND COLLIDED ONTO THE REAR OF THE BIKE. I WAS CONVEYED TO KHOO TECK PHAT HOSPITAL WITH 3 DAYS OF MC. THAT ALL.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190926/2062

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

3 of 3

Report No. T/20190926/2062

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:
TP /
EUGENE AW WEI XUAN

Signature Of Informant:

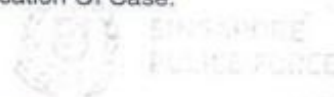
Signature Of Interpreter:
Not applicable

Date/Time:
26/09/2019 12:34

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMED FEROUZ BIN HUSSEIN
Contact No.: 65476206

Classification Of Case:

Authentication Stamp
NP168



Eugene

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



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: S685300200 / 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: X2N8469/28847 Vehicle Registration No: FBM7893B
Name (as shown in NRIC): AHMAD SYARIF BIN SUHAWI NRIC/FIN/Passport No: _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 87934420
Email Address: _____
Date of Accident: 26/09/2019 Time of Accident: 08:10
Place of Accident: BKE (PIR) 8km (MPAG: 4624A)
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:

DATE OF ACCIDENT TO 26/09/2019

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rashid
NRIC/FIN No.: _____
Date: 25/10/2019