

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	06/04/2020 18:08
Date Of Accident	03/04/2020 15:10
Exact Location Of Accident	ALONG ALEXANDRA ROAD TOWARDS HAVELOCK ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH1231C
Insured/Policyholder	
Name Of Registered Owner	CERTIS CISCO SECURE LOGISTICS PTE LTD
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90125149
Alternative Phone No	OFFICE-90125149

Vehicle Particulars

Manufacturer	YAMAHA
Model	YBR125-124CC (M)
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	D-20095422MFCE/29
Cover Note Number	

Driver

Name of Driver	ABDUL RASHID BIN ABDUL RAHMAN
NRIC No	SXXXX645F
Date Of Birth	27/10/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/08/1988
Driving Experience	31 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90125149
Fax Number	
Contact Number	OTHERS-90125149
Email Address	NOEMAIL

Address	BLK 298B COMPASSVALE STREET #01-152
Postcode	542298
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	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	3
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20200403/2116

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	FBN8231A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	HAFEEZ
NRIC/Passport Number	
Contact Number	87849904
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKW7765D
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	97352249
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	ABDUL RASHID BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH1231C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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. The 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 judgment 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) in complying with requirements under any regulations, laws or court orders.



Policyholder's
Date & Time:

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

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

06/04/20
1000 Hrs

06/04/2020
Raj, Luran

Accident Sketch Plan

SKETCH PLAN

Refer to attached.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the attached police reports.
T/2020-0403/2116

DECLARATION

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

Policyholder's Signature
Date & Time:

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

06/04/20
1000HRS

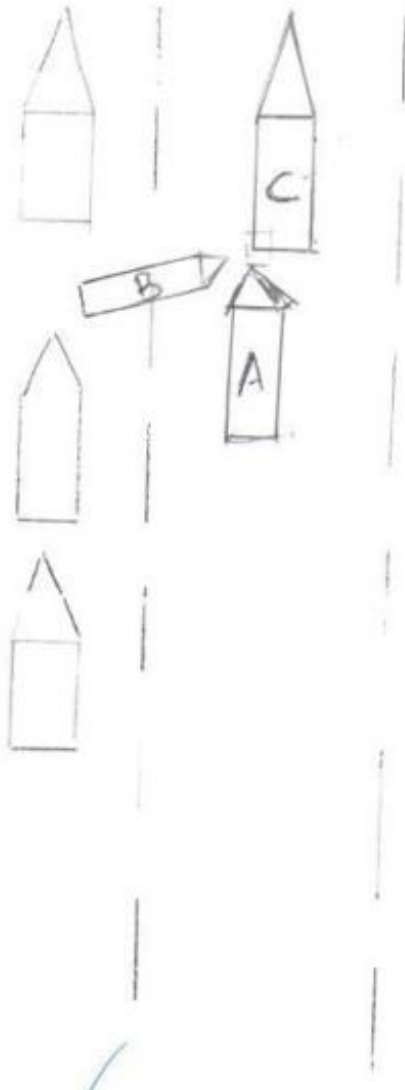
Reporting Centre Personnel's Signature
Name:
MICR/TIN No.:

06/04/2020
Rashid Khan

Accident Sketch Plan

Along BUNYMAIDEN ROAD TOWARD HAYFLECK ROAD

A
FBH 1231C
B
FBA 8231A
C
SKW 7765D



John 01/02/2020

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200403/2116

1 of 3

Report No. T/20200403/2116

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/04/2020 22:09		Vide Report No.:	Station Diary No.: 106
Informant's Particulars			
Name of Informant: ABDUL RASHID BIN ABDUL RAHMAN		Address: APT BLK 298B COMPASSVALE STREET #01-152 SINGAPORE 542298	
ID Type / ID No.: NRIC NO / S1638645F		Contact No.:	Mobile: 90215149
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 55	Date of Birth: 27/10/1964	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DISPATCH		Driving Licence Information: Class: 2B,2A Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2020 15:10	Type of Location:
Location: Along Road 1 ALEXANDRA ROAD HAVELOCK ROAD				
Weather:		Road Surface:	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
FBH1231C	Motorcycle					0
FBN8231A	Motorcycle					0
SKW7765D	Car					0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200403/2116

2 of 3

Report No. T/20200403/2116

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RASHID BIN ABDUL RAHMAN	ID No.	S1638645F
Related Vehicle	FBH1231C (Motorcycle)	Contact No.	90215149
Hospital/Clinic	MUTUAL HEALTHCARE MEDICAL CLINIC	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	NIL
Rider			
Name	Hafeez	ID No.	NIL
Related Vehicle	FBN8231A (Motorcycle)	Contact No.	87849904
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 03/04/2020 at about 1510hrs, I was motorbike registration plate FBH1231C along Alexandra Road towards Havelock Road. I was riding on the center lane.

I was approaching towards the traffic junction, suddenly there was one motorbike bearing registration plate number FBN8231A came from left lane and dash towards my lane. I then did not manage to stop in time and collision with the FBN8231A front.

My vehicle then fall and lean to the front vehicle SKW7765D left side. We then alight from the vehicle and exchange particular. We then drove off.

I then went to Mutual health care and given 4 days of MC. I suffer cut on my left hand which cause by the accident as I hit on to the FBN8231A handler.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999



T/20200403/2116

3 of 3

Report No. T/20200403/2116

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
F /
Sgt 3 ONG RONG HUI EDMUND

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/04/2020 22:09

Officer In Charge Of Case:
TP / AEIT /
SSI 2 JUREMAH BINTE AHMAD
Contact No.: 65476219



Signature:

Classification Of Case:
SN 085

POLICE REPORT

CONFIDENTIAL

Annex E

NOTICE OF COMPLIANCE

This is to confirm that Abdul Rashid Bin Abdul Rahman, HP: 90215149
NRIC/FIN S1638645F, has reported to the Police a non-injury traffic accident
which occurred at Alexandra Road heading towards Havelock Road,
on 03/04/2020 at 1510hrs involving the following vehicles:

- FBH1231C (Abdul Rashid Bin Abdul Rahman, S1638645F HP: 90215149)
- SKW7765D
- FBN8231A

- 2 If this accident was reported to the Police within 24 hours of its occurrence,
Then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: SSgt T100404 Ryan YM Tan Sengkang Area
2 Sengkang Square
#01-02 S(545026)
Tel: 1800-3438999

Date: 03/04/2020 Time: 1908hrs

S/D Ref: 63

Police Post/Unit: Sengkang NPC

Original - to be issued to informant

Duplicate - to be submitted to Traffic Police

CONFIDENTIAL

Version as of 15 Jan 2002

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



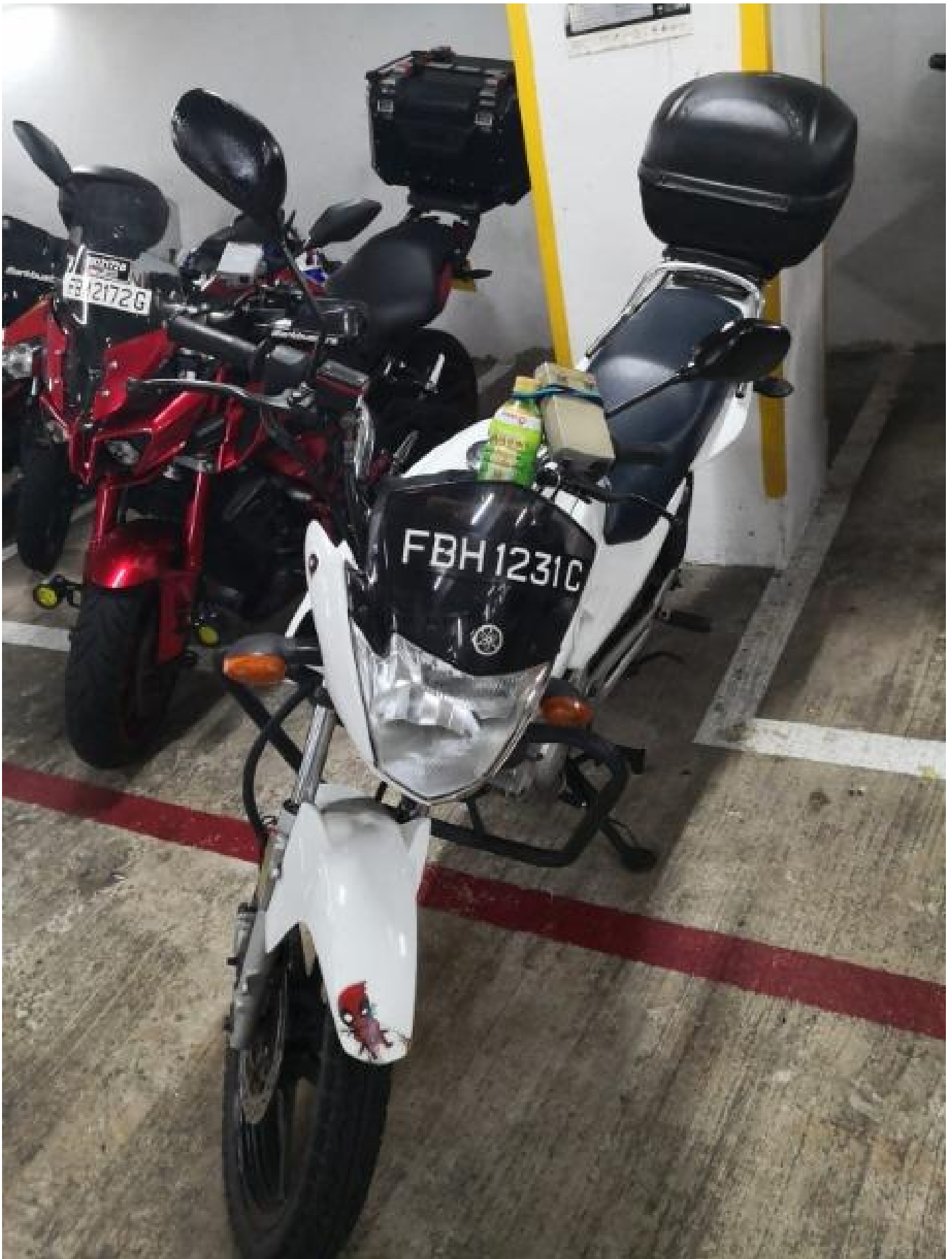
Accident Photo



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: MMAY20040639 Vehicle Registration No: FB4 1281C
 Name (as shown in NRIC): ABDUL RAHMAN BIN ABDUL KAHMAN NRIC/FIN/Passport No: SXXXXX645P
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore()
 Contact (Tel): _____ Mobile No.: 96125749
 Email Address: _____
 Date of Accident: 03/04/2020 Time of Accident: 15:10
 Place of Accident: ALONG BUKITMUTIA ROAD TOWARDS HAVILOCK ROAD
 Insurance Company: FIRST CARPAZ

(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:

VEHICLE MODEL TO YAMAHA YBR 125

Policyholder / Driver's Signature
 Date:

[Signature] 07/04/2020
 Reporting Centre Personnel's Signature
 Name: [Signature]
 NRIC/FIN No.: _____
 Date: _____