

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 02/07/2020 18:02
Date Of Accident 22/06/2020 12:45
Exact Location Of Accident TAMPINES AVENUE 5
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBM3733G
Insured/Policyholder
Name Of Registered Owner MUHAMMAD BIN NASIR BAEESA
NRIC No SXXXX437B
Email Address MUHDB_92@HOTMAIL.COM
Mobile Phone No (LOCAL) +65-90602132
Alternative Phone No OFFICE-90602132

Vehicle Particulars

Manufacturer KTM
Model 125 DUKE-125CC
Exact Purpose for which vehicle was being used at time of accident PRIVATE
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 MOMVM000001954-02-000
Cover Note Number

Driver

Name of Driver MUHAMMAD BIN NASIR BAEESA
NRIC No SXXXX437B
Date Of Birth 19/12/1992
Occupation INDOOR
Date Of Driving Pass 27/09/2017
Driving Experience 2 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90602132
Fax Number
Contact Number OFFICE-90602132
Email Address MUHDB_92@HOTMAIL.COM

Address	NO
Postcode	
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	NO COLLISION
Weather Conditions	DRIZZING
Road Surface	WET

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?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	10 UBI AVENUE 3
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20200624/7027 ATTACHED

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 INJURED PERSON 1

Name	MUHAMMAD BIN NASIR BAEESA
Approximate Age	27
Injuries Sustain	
Injured person in which vehicle?	FBM3733G
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


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:

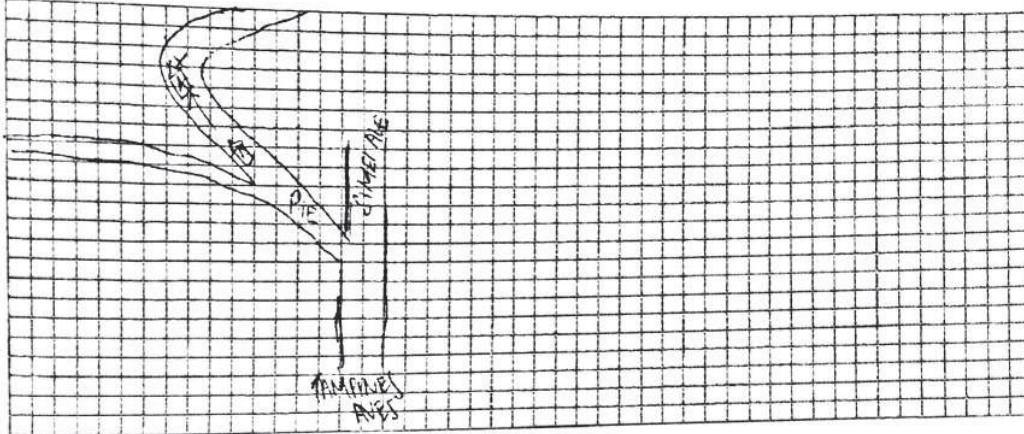
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 2 Jul 2020 1640

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


Reporting Centre Personnel's Signature
Name: En Chuan Lo
NRIC/FIN No.: G71523R

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Report No. T/20200624/T027

DECLARATION

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

Policyholder's Signature

Date & Time: 2 JUL 2020 1640

GAF/AC SketchPlanForm_V3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: *Tim Chow*

NRIC/FIN No: 67715235R

Traffic Accident Report Pg. 1



**SINGAPORE
POLICE FORCE**



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

1 of 3
Report No: T20200624/70327

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24.06.2020 18:50		Vide Report No.		Station Diary No.	
Informant's Particulars					
Name of Informant: MUHAMMAD BIN NASIR BAFESA			Address: APT BLK 709 BEDOK RESERVOIR ROAD #03-3890 SINGAPORE 470709		
ID Type / ID No. NRIC NO: S9247437B			Contact No. Home Office		Mobile: 90602132
Nationality: SINGAPORE CITIZEN			Email: muhdb_92@hotmail.com		
Sex: Male	Age: 27	Date of Birth: 19/12/1992	Type of Informant: Rider		
Race: Arab			Language: English		Institution / School Name:
Occupation: Audit clerk			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: 22/06/2020 12:45	Type of Location: Bend
Location: TAMPINES AVENUE 5				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit: 50 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Bike skid				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM3733G	Motorcycle	KTM	125 DUKE	Orange		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBM3733G	GREAT AMERICAN INSURANCE COMPANY	MT2019TR00933	07/10/2019	06/10/2020



**SINGAPORE
POLICE FORCE**



T/20200624/7027

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

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Report No. T/20200624/7027

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD BAEESA	ID No.	S9247437B
Related Vehicle	FBM3733G (Motorcycle)	Contact No.	90602132
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/06/2020	Date Discharge	22/06/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	MUHAMMAD BIN NASIR BAEESA	ID No.	S9247437B
Related Vehicle	FBM3733G (Motorcycle)	Contact No.	90602132
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.

While turning into PIE from Tampines ave 5, the turn towards PIE (Tuas) my bike skidded. No other cars were present and no one else was injured other than myself. I suffered abrasion on my arm and wound cuts on knee.



**SINGAPORE
POLICE FORCE**



1/20200624/7027

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Report No. 1/20200624/7027

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

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
SUFYAN BIN KHAIRI
Contact No.: 65476390

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
24/06/2020 18:50

Classification Of Case:

Authentication Stamp
NP168