

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	05/08/2020 10:32
Date Of Accident	04/08/2020 16:20
Exact Location Of Accident	TIONG BAHRU ROAD (INFRONT OF SHELL STATION)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT15U
Insured/Policyholder	
Name Of Registered Owner	YONG HSIN YUE
NRIC No	SXXXX787J
Email Address	ARTHMATSANI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82007032
Alternative Phone No	OTHERS-82007032

Vehicle Particulars

Manufacturer	AUDI
Model	A8
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?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20201382

Driver

Name of Driver	SANI BIN ARTHMAT
NRIC No	SXXXX279I
Date Of Birth	20/07/1964
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1998
Driving Experience	22 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82007032
Fax Number	
Contact Number	OTHERS-82007032
Email Address	ARTHMATSANI@GMAIL.COM

Address	BLK 707 CLEMENTI WEST STREET 2 #03-341
Postcode	120707
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	COLLISION - HEAD ON 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	2
Was any body injured in the Accident?	NO
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	BUKIT TIMAH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 DUKE ROAD , POSTCODE: 268914 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4629999 - FAX NO: 64628933
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

ON THE 04/08/2020 AT ABOUT 16:20HRS I WAS AT TIONG BAHRU AND ABOUT TO TURN INTO THE SHELL STATION .I MAKE SURE NO IN COMING TRAFFIC SO I MAKE A TURN, SUDDENLY COME A MOTORCYCLE FBC2333L FROM THE OPPOSITE DIRECTION WHICH I COULD NOT SEE COLLIDED ONTO THE FRONT OF MY CAR SGT15U. HOW FAST THAT THE RIDER RIDE I DON'T KNOW.AND POLICE REPORT T/20200805/2043

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBC2333L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	JAMES TEO SEK LENG
NRIC/Passport Number	SXXXX391A
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan

SKETCH PLAN

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. 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 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: 5.8.2020

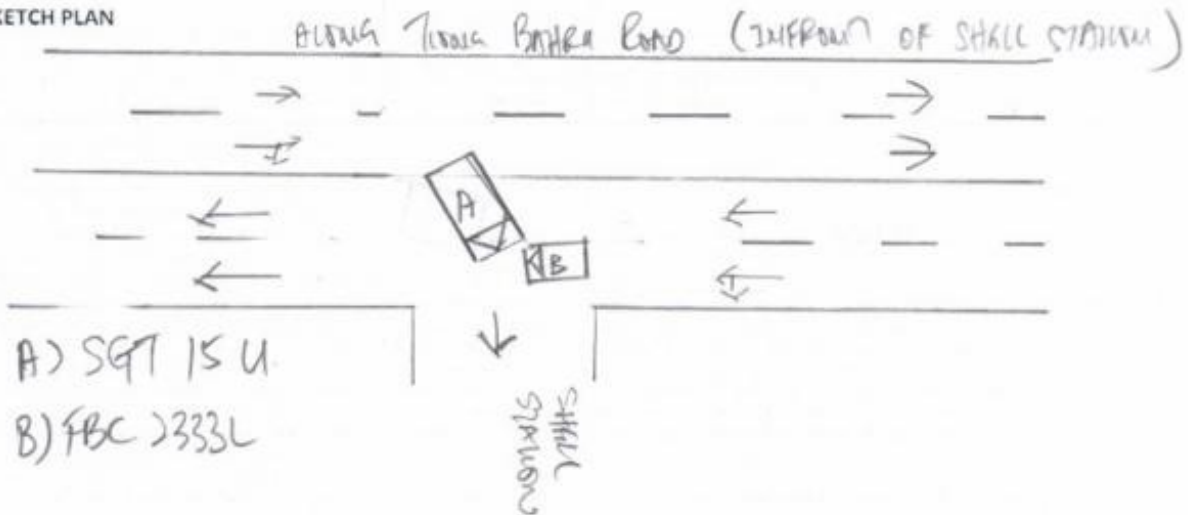
10.40 AM



Reporting Centre Personnel's Signature
Name: Aida / 108403
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER STATEMENT.

POLICE REPORT T/2000508/2013

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: 5.8.2020
10.40 am

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200805/2043

1 of 3

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

Report No. T/20200805/2043

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/08/2020 12:49	Vide Report No.:	Station Diary No.: 43
--	------------------	--------------------------

Informant's Particulars

Name of Informant: SANI BIN ARTHMAT	Address: APT BLK 707 CLEMENTI WEST STREET 2 #03-341 SINGAPORE 120707		
ID Type / ID No.: NRIC NO / S1635279I	Contact No.: Home/Office: Mobile: 82007032		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 56	Date of Birth: 20/07/1964	Type of Informant: Driver
Race: Boyanese	Language:		Institution / School Name:
Occupation: PERSONAL DRIVER	Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 04/08/2020 16:20	Type of Location: Straight Road
Location: Along Road 1 TIONG BAHRU ROAD				
Along Tiong Bahru Rd. Right turn towards Shell.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC2333L	Motorcycle				Slightly Damaged	0
SGT15U	Car				Slightly Damaged	0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200805/2043

2 of 3

Report No. T/20200805/2043

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

CONTINUATION OF REPORT

Rider			
Name	James Teo Sek Leng	ID No.	S7631391A
Related Vehicle	FBC2333L (Motorcycle)	Contact No.	97713456
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
Driver			
Name	SANI BIN ARTHMAT	ID No.	S1635279I
Related Vehicle	SGT15U (Car)	Contact No.	82007032
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 04/08/2020, at about 1620hrs, I was driving the vehicle (SGT15U) along Tiong Bahru Rd and wanted to make a right turn to head into Shell petrol kiosk. I stopped the vehicle at the turn junction and looked out for any incoming vehicle, and ensure that it was safe and clear before attempting to make the turn. However, as I was making the right turn, a motorcycle (FBC2333L) suddenly collided into the front of vehicle. We then alighted our respective vehicles and made a check on each other and our vehicles.

I observed that the rider of the motorcycle was not injured and I was not injured as well. I observed that my vehicle (SGT15U) sustained dents and scratches to the front bumper and hood. I observed that the motorcycle sustained cracks and broken front coverset, rim, headlight. I will like to state that my vehicle has an In-car camera footage. The vehicle belonged to my boss, Yong Hsin Yue, S7120787J, 96745060. I called for police assistance during the time of the accident and a traffic police officer subsequently came down and attended to us. The traffic police officer advised me that a traffic report is not required but I am advised by my insurance company to still make a traffic report instead.

Hence, I am lodging this traffic report to put on record this accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20200805/2043

Police Station Of Origin:
Bukit Timah N.P.C
1 Duke's Road SINGAPORE 268914
Tel No: 1800-4629999

3 of 3

Report No. T/20200805/2043

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 3 LAU KOK TING 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 05/08/2020 12:49
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SYED ZAYID MUHAMMAD BIN SYED ABDUL WAHID ALHINDUAN Contact No.: 65476394 Authentication Stamp NP168	SN 065 Classification Of Case:  SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



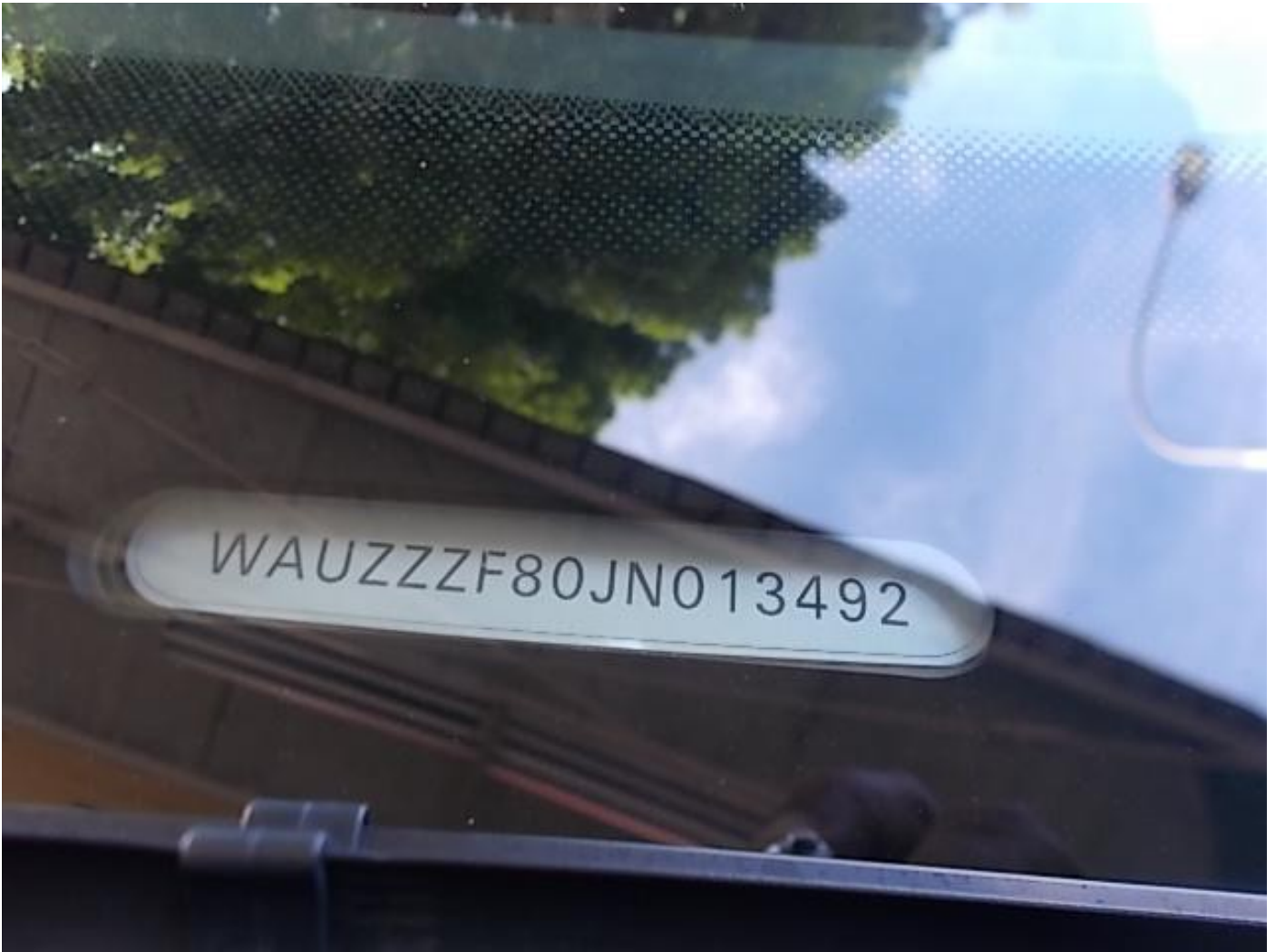
Accident Photo



Accident Photo



Accident Photo



Addendum Sheet

**GENERAL
INSURANCE
ASSOCIATION**
RECORDS MANAGEMENT CENTRE

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: S665500206 / 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 : MA4420 Vehicle Registration No : SGT 15U.
Name (as shown in NRIC) : SANI BIN ARTHMAN NRIC/FIN/Passport No : XXXXX279 I
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 82007032
Email Address : _____
Date of Accident : 04/08/2020 Time of Accident : 16:20
Place of Accident : TONG PORTER ROAD (INTERSECTION OF SHALLO ROAD)
Insurance Company : GREAT AMERICAN

(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:

- ① to change from Repudiate to other appropriate claim
- ② to include police report


Policyholder / Driver's Signature
Date: 5.9.2020


Reporting Centre Personnel's Signature
Name: Ped. Ho
NRIC/FIN No.: XXXXX279 I
Date: 05/08/2020