



## 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
<b>Insured/Policyholder</b>	
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? YES

If No, Please state action to be taken

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

### 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.

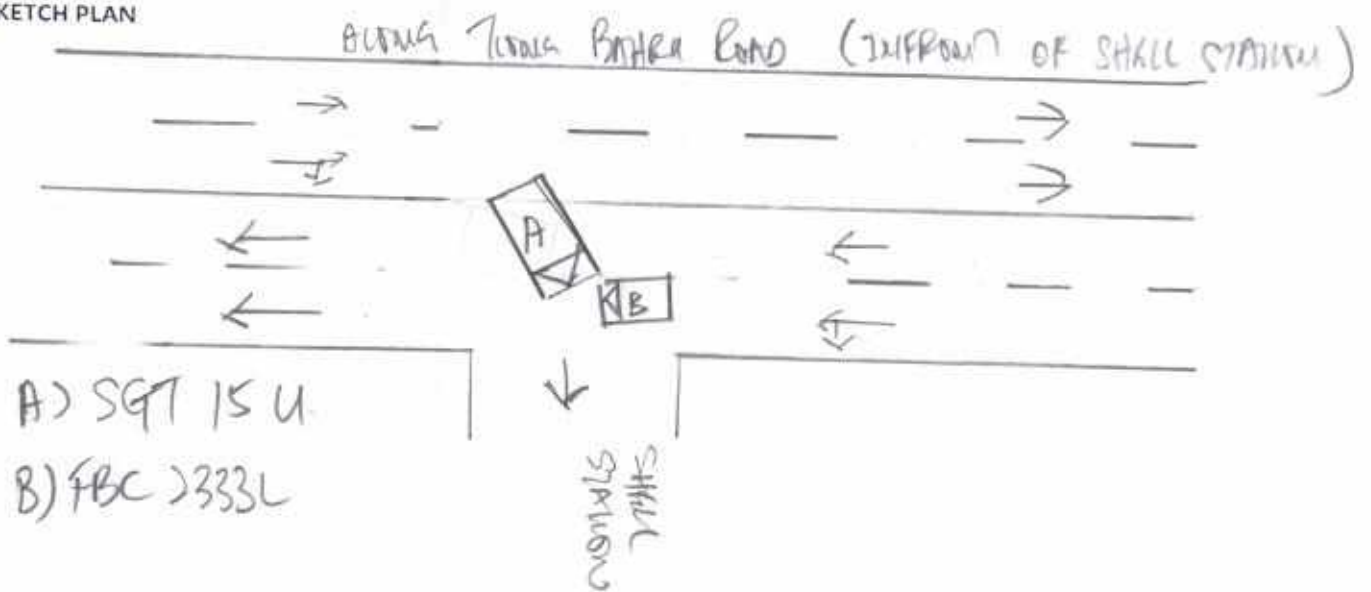
Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 5.8.2020

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

10:40 AM

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER STATEMENT.

POLICE REPORT T/20200508/2043

## 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:  
NRIC/FIN No.:





# 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

1 of 3

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: Age: Date of Birth:  
Male 56 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

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**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

2 of 3

Report No. T/20200805/2043

**CONTINUATION OF REPORT**

<b>Rider</b>			
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
<b>Driver</b>			
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.





**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



SINGAPORE  
POLICE FORCE

SN 065

Classification Of Case:

SIGNATURE

Authentication Stamp  
NP168

**GREAT AMERICAN INSURANCE COMPANY**

UEN: T15FC0029B GST REG. NO.: M90370081T  
3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER  
SINGAPORE 039190  
TEL: +65 6804 6000  
FAX: +65 6235 2616

**MOTOR COVER NOTE: MT20201382**

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover is terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: YONG HSIN YUE
Insured NRIC/Passport No/ ROC	: SXXXX787J
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: AUDI / A8L 3.0 TFSI QU TIP (SR, 19")
Vehicle Registration No.	: SGT15U
Year Of Manufacture	: 2018
Engine No.	: CZS008904
Chassis No.	: WAUZZZF80JN013492
Engine Capacity/ Tonnage/ Seater	: 2995 cc
Hire Purchase	: NIL
Value (S\$)	: AS PER MARKET VALUE
Period of Insurance	: FROM: 23/07/2020 TO: 22/07/2021
Excess (S\$)	: Section I : \$700 : Section II : Nil : Windscreen Excess : Nil
Great American Authorized Workshop	: ANY WORKSHOP

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorized Signatory

Date of Issue	: 20/07/2020
Intermediary	: HOWDEN INSURANCE BROKERS (S) PTE LTD
Cover Note Validity	: 30 days from the Date of Issuance

MTR/COVERNOTE/V02/20



**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 : MA400 Vehicle Registration No : SGT 15U  
Name (as shown in NRIC) : SANI BIKI ARTHMAN NRIC/FIN/Passport No : SXXXX279 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 SHALIM ROAD)  
Insurance Company : GRAN AMERICA

**(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 Repetition to one damage claim
- ② To include police report

Policyholder / Driver's Signature  
Date: 5.9.2020

Reporting Centre Personnel's Signature  
Name: Reda Hassan  
NRIC/FIN No.:  
Date: 05/08/2020