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 witholding 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.

- 4. The issue and acceptance of this is form by instrained 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 Submission 10/09/2021 11:01 (SGT) Date of Accident 09/09/2021 11:00 (SGT) Exact Location of Accident Ang Mo Kio, Singapore Additional Location Information ANG MO KIO AVE 8 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Yamaha

Vehicle Registration Number FBJ517A

INSURED/POLICYHOLDER

Is company? No Name Of Registered Owner ABDUL RASHID BIN OMAR NRIC No. S1709523D Email Address shamble sha90@live.com.sq Mobile Phone No (Phone) +65-97766954 Alternative Phone No +65-97766954

VEHICLE PARTICULARS

Manufacturer

Model Fz1-s Variant Exact purpose for which vehicle was being used at time of accident Are you claiming under your own insurance policy for repair to your vehicle? No - Claiming third party Vehicle Category Motorcycle Transmission Manual CC 998

INSURANCE COMPANY

Name of Insurance Company Direct Asia Insurance (Singapore) Pte Ltd Type of Coverage ThirdPartyFireTheft Fleet Policy Policy Number MC/00709503/01 Cover Note Number

DRIVER

Name of Driver ABDUL RASHID BIN OMAR NRIC No. S1709523D

Date Of Birth 22/08/1965 Occupation Indoor Date Of Driving Pass 11/05/1995 Driving experience 26 YEARS AND 4 MONTHS Gender Mobile Number (Phone) +65-97766954 Alt. Phone Number +65-97766954 Email Address shamble_sha90@live.com.sg Address BLK 655 WOODLANDS RING ROAD #10-310 Address complement Postcode 730655 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured Does Driver Own Other Vehicles? Yes Vehicle Registration Number of Other Vehicle Owned by Driver SMR8965P Insurance Company of Other Vehicle Owned by Driver Direct Asia Insurance (Singapore) Pte Ltd GENERAL INFORMATION OF THE ACCIDENT Type of Accident Hit and run / Vandalism / Damaged whilst parked Weather Conditions Clear Road Surface Dry OTHER INFORMATION Was any foreign vehicle involved in the accident? No Number of vehicles involved in the accident Was anybody injured in the Accident? Was any injured conveyed to hospital by ambulance? Was any other vehicle or property damaged? Yes Number of Passengers (Including Driver) Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? Nο **DETAILS OF POLICE ACTION** Was the accident reported to the police? Police Station Name Ang Mo Kio North Neighbourhood Police Centre Police Station Phone No (Phone) +65-18004849999 Alt. Police Station Phone No (Fax) +65-62181399 Police Station Address 51 Ang Mo Kio Avenue 9 Singapore 569784 Was notice of intended Prosecution given? Nο If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO SKETCH PLAN/TP REPORT ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? Nο Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number SMG4154Y Vehicle Manufacturer Vehicle Model

Private car

Vehicle Variant
Vehicle Colour
Vehicle Category

Name of Driver				_
Contact Number			 	_
Address			 	_
Address complement	 			_
Postcode				_
Insurance Company Name	 			_
Nature Of Damage				_
Details of property damaged in accident		 		_
No. Of Passenger (Including Driver)				_

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 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.
- 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

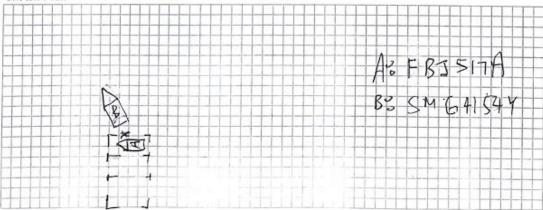
1755 hy arxit 9.9.2021

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



AMK AVE &

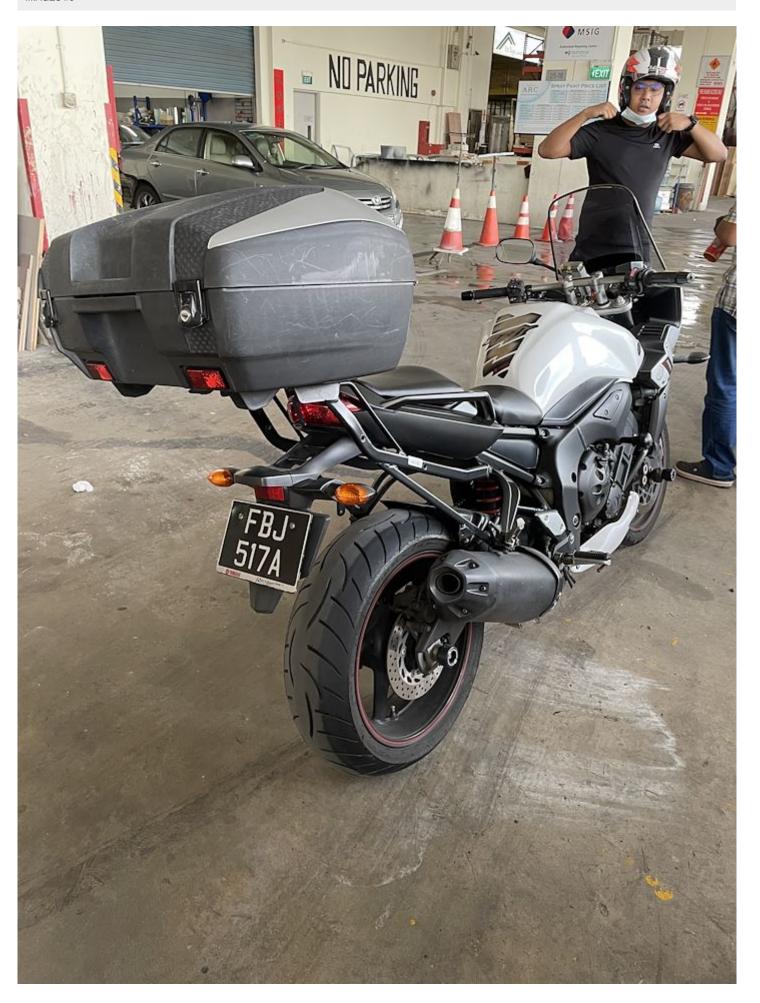
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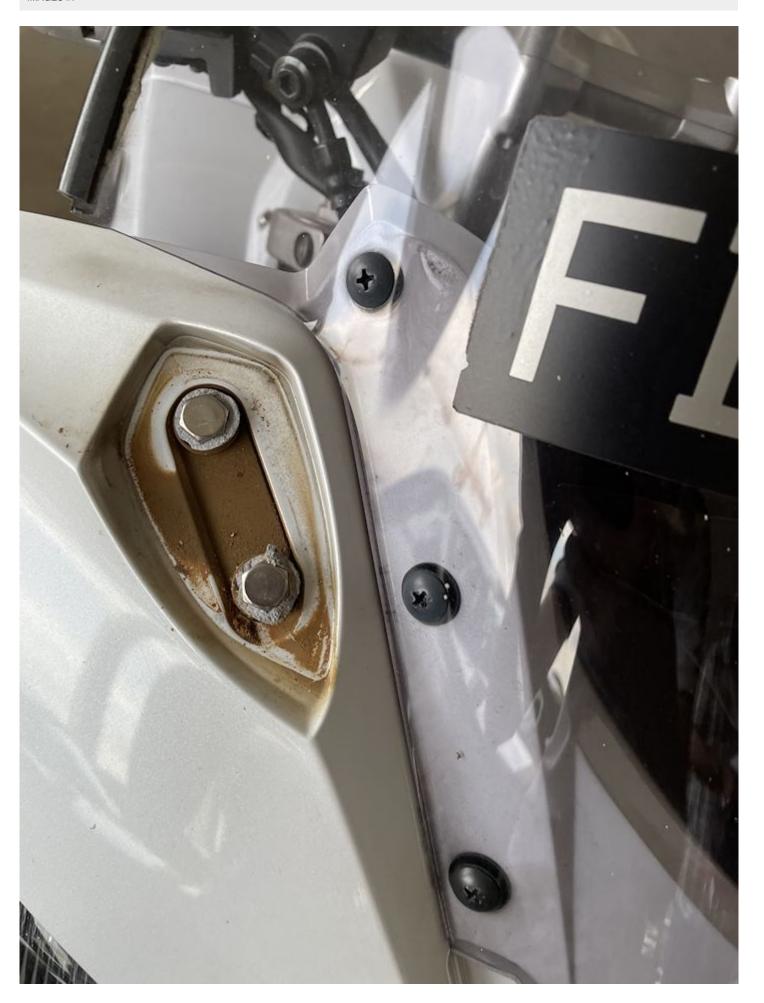




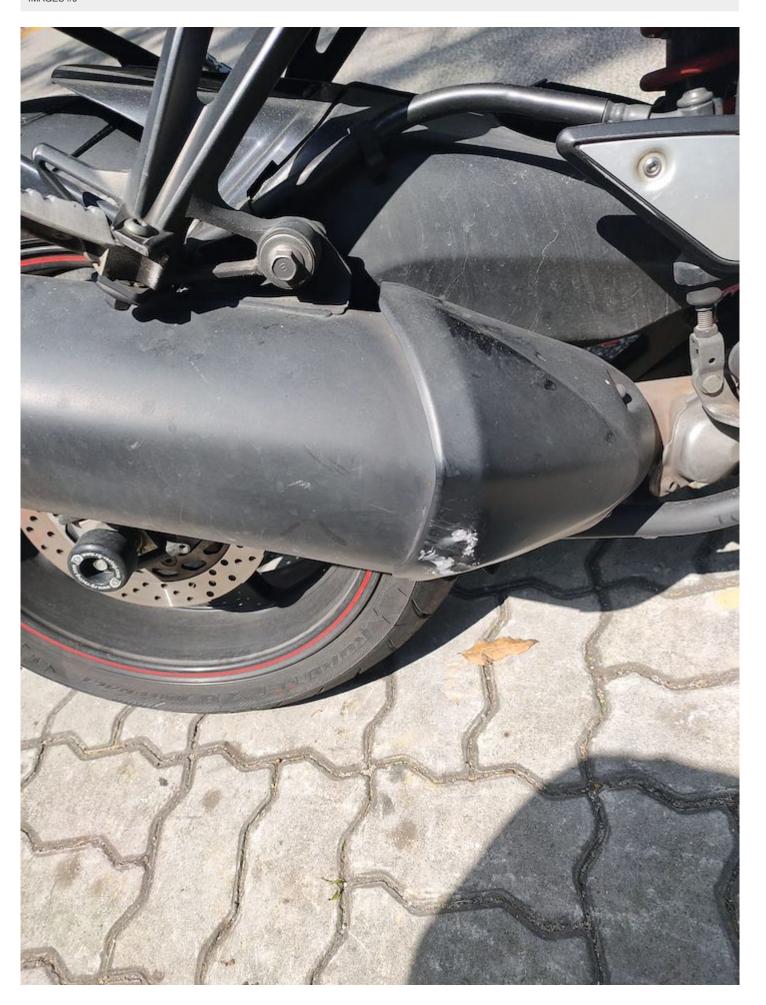
















1 of 3

Report No. T/20210909/2068

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

PEPORT	OF A	TRAFFIC	ACCIDENT

REPORT OF A HOUTTO AGGISETT.		
Date/Time Report Made: 09/09/2021 15:53	Vide Report No.:	Station Diary No.: 64

09/09/2021 15:53				- 04	
Informa	nt's Particu	ılars			
Name of Informant: ABDUL RASHID BIN OMAR			Address: APT BLK 655 WOODLANDS RING ROAD #10-310 SINGAPORE 730655		
ID Type / ID No.: NRIC NO / S1709523D			Contact No.: Home/Office:	Mobile: 97766954	
National	ity: ORE CITIZ	EN	Email: rashidomar65@gmail.com	Total I	
Sex: Age: Date of Birth: Male 56 22/08/1965			Type of Informant: Vehicle Owner		
Race: Malay			Language: English	Institution / School Name:	
Occupation: TRAIN CAPTAIN			Driving Licence Information: Class:	Date of Expiry:	

Type of Accident:	' Hit and Run		Date/Time of Accident: 09/09/2021 11:00	Type of Location Car Park
Location: ANG MO KIO Weather: Clear	AVENUE 8	Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume:
Type of Collis Moving Vehic	sion: sle Against - Parked V	in As Va	Anyone conveyed by ambulance: No	

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenge
FBJ517A	Motorcycle					0
SMG4154Y	Car					0



Tr20210909/2068

2 of 3

Report No. T/20210909/2068

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION OF REPORT

Brief Details.

On 09/09/2021 at around 1010hrs, I parked my motorcycle, FBJ517A, at the opened space carpark near to Blk 705 Ang Mo Kio Avenue 8, opposite Maybank. Everything was intact and I went to work.

On the same day at around 1200hrs, I received WhatsApp messages from my friends informing me that they saw a Facebook post on SGRV ADMIN that on 09/09/2021 at around 1100hrs, Blk 705 Ang Mo Kio Avenue 8, #FBJ517A Yamaha fz1-s, hit & run by #SMG4154Y PEUGEOT 5008, quoted This bike parked at Blk 705 Amk ave 8 was knocked down and lifted up by the driver of SMG4154Y. Drove away after that.

At about 3pm, I went back to my bike. I discovered that there were some scratches on the from right headlight area and on the exhaust pipe area. The front right mirror is also broken. I did not see any notes left behind on my bike.

I am lodging this report for police investigation.





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999 3 of 3 Report No. T/20210909/2068

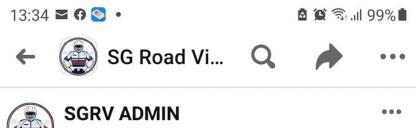
CONTINUATION OF REPORT

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 / Staff Sgt TAN CHENG HEONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/09/2021 15:53
Officer In Charge Of Case: TP / HRT / Sr Staff Sgt IRMAN, BIN MOHAMAD SAID Contact No.: 65476145 SHISAPORE FOLICE FORCE	Classification Of Case:
Authentication Stamp NP168 SIGNATURE	





9sep2021 1100hrs blk 705 ang mo kio ave 8

#FBJ517A yamaha fz1-s

hit & run by #SMG4154Y PEUGEOT 5008

quoted

This bike parked at Blk 705 Amk ave 8 was knocked down and lifted up by the driver of SMG4154Y. Drove away after that

