

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 Submission	17/11/2021 09:34 (SGT)
Date of Accident	15/11/2021 21:30 (SGT)
Exact Location of Accident	Bedok S, Singapore
Additional Location Information	BEDOK SOUTH AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBS4159B
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INSURED/POLICYHOLDER

Is company?	Yes
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Company Reg No	2XXXXX882K
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Mobile Phone No	(Phone) +65-68428849
Alternative Phone No	(Office) +65-68428849

VEHICLE PARTICULARS

Manufacturer	Honda
Model	Cb400x
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?	Yes
Vehicle Category	Motorcycle
Transmission	Manual
CC	400

INSURANCE COMPANY

Name of Insurance Company	MS First Capital Insurance Ltd
Type of Coverage	Comprehensive
Fleet Policy	Yes
Policy Number	D-2109290MFCE/133
Cover Note Number	-

DRIVER

Name of Driver	MOHAMAD ZULFADLY BIN MOHAMAD AEDEY
NRIC No	SXXXX023E

Date Of Birth	21/09/1996
Occupation	Outdoor
Date Of Driving Pass	18/05/2018
Driving experience	3 YEARS AND 6 MONTHS
Gender	Male
Mobile Number	(Phone) +65-97886103
Alt. Phone Number	-
Email Address	JEREMYC_QUEK@CERTISGROUP.COM
Address	BLK 141 PASIR RIS ST 11 #06-161
Address complement	-
Postcode	-
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Employee
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

GENERAL INFORMATION OF THE ACCIDENT

Type of Accident	Side Swipe
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	1
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	No
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Pasir Ris Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18005852999
Alt. Police Station Phone No	(Fax) +65-65855261
Police Station Address	1 Pasir Ris Drive 4 #01-01 Singapore 519457
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT.

ATTACHMENT(S)

Are accident photos available for attachment?	Yes
Was there any video captured by Car Camera?	No
Was there any audio recorded?	No

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 Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for preserving 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.

B. 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.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

Page 4

Describe Circumstance of the Accident

Refer to attached police report T/20211116/2000.

Declaration

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


Policyholder's Sig / Date / Date & Time


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


Witnessed by Reporting Centre Personnel



SINGAPORE
POLICE FORCE



T/20211116/2000

1 of 3

Report No. T/20211116/2000

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852899

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/11/2021 00:27

Vide Report No.:

Station Diary No.:
6

Informant's Particulars

Name of Informant: MOHAMAD ZULFADLY BIN MOHAMAD AEDEY			Address: APT BLK 141 PASIR RIS STREET 11 #08-161 SINGAPORE 510141		
ID Type / ID No.: NRIC NO / S9333023E			Contact No.: Home/Office: Mobile: 97885103		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 21/09/1996	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: CERTIS CISCO			Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:		

General information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 15/11/2021 21:30	Type of Location:
Location: BEDOK SOUTH AVENUE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: self-skid HITG			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBS4159B	Motorcycle	HONDA	CB400X	White	Slightly Damaged	0



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999



T/20211116/2000

Report No. T/20211116/2000

CONTINUATION OF REPORT

Brief Details.

On the 16/11/2021 at 2130hrs, I was travelling along Badok south avenue 1 just after exiting my base I had self-skidded on the company's motorcycle. No injuries I had informed my supervisor and was advised to lodge this police report for their record. The damages on the motorcycle are the windshield was broken, clutch issue, crash bar side and rear, the left blinker, slight scratches on the fairing.

**SINGAPORE
POLICE FORCE**

Police Station Of Origin
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5552999

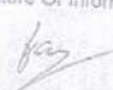
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CONTINUATION OF REPORT

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: G/ Sgt 2 MUHAMMAD FAIZ BIN MUHAMMAD FAIZAL	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 16/11/2021 00:27
Officer In Charge Of Case: TP / CIA / SI TAN JEOK LENG Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	