# **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.

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 06/12/2021 15:42 (SGT) Date of Accident 03/12/2021 12:35 (SGT) Exact Location of Accident 103 Boon Keng Rd, Singapore 339774 Additional Location Information Country/State of Loss Singapore

# **DETAILS OF OWN VEHICLE**

Yamaha

Vehicle Registration Number FBN5887

### INSURED/POLICYHOLDER

Is company? Name Of Registered Owner HARRY AZMI BIN JUMURI NRIC No S8502812Z Email Address harryshakeys@hotmail.com Mobile Phone No (Phone) +65-81831466 Alternative Phone No +65-81831466

### VEHICLE PARTICULARS

Manufacturer Model SNIPER T150 Variant ..... Exact purpose for which vehicle was being used at time of accident Private use Are you claiming under your own insurance policy for repair to Yes your vehicle? Vehicle Category Motorcycle Transmission Manual 150

## **INSURANCE COMPANY**

Name of Insurance Company AIG Asia Pacific Insurance Pte. Ltd. Type of Coverage Comprehensive Fleet Policy Policy Number 1900129790-02 Cover Note Number

# DRIVER

Name of Driver HARRY AZMI BIN JUMURI S8502812Z

Date Of Birth 13/01/1985 Occupation Indoor Date Of Driving Pass 16/03/2006 Driving experience 15 YEARS AND 9 MONTHS Gender Mobile Number (Phone) +65-81831466 Alt. Phone Number +65-81831466 Email Address harryshakeys@hotmail.com Address BLK 44 BENDEMEER ROAD #02-1450 Address complement Postcode 330044 Is the driver the policyholder? Yes If No. Relationship of the Driver with the Insured 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 Collision - Major/Minor Rd 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? Yes Was any injured conveyed to hospital by ambulance? Yes 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? No DETAILS OF POLICE ACTION Was the accident reported to the police? Yes Police Station Name Traffic Police Police Station Phone No (Phone) +65-65470000 Alt. Police Station Phone No (Fax) +65-65474900 Police Station Address 10 Ubi Avenue 3 Singapore 408865 Was notice of intended Prosecution given? No If yes, against whom? CIRCUMSTANCES OF ACCIDENT REFER TO STATEMENT AND SKETCH ATTACHMENT(S) Are accident photos available for attachment? Yes Was there any video captured by Car Camera? No Was there any audio recorded? **DETAILS OF OTHER VEHICLE PROPERTY 1** Vehicle Registration Number **SLJ2674Y** Vehicle Manufacturer Toyota

Private car

Vehicle Model
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	acciden	ıt	 	 	 _
No. Of Passenger (Including Dr	iver)			 	 _

# INJURED PERSONS DETAILS

# INJURED 1

Name of injured person	HARRY AZMI BIN JUMURI
Gender	Male
Phone No	(Phone) +65-81831466
Address	<u>-</u>
Address Complement	-
Post Code	-
Approximate Age Years Old	-
Injuries Sustained	CONTUSION OF CHEST (MC GIVEN 07 DAYS (03/12/2021-
	09/12/2021)
Injured person in which vehicle?	FBN588Z
Were seat belts worn?	_
Was this injured conveyed to hospital by ambulance?	Yes

### SKETCH PLAN

### IMPORTANT NOTICE

- 1. Please report correctly 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.
- 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.

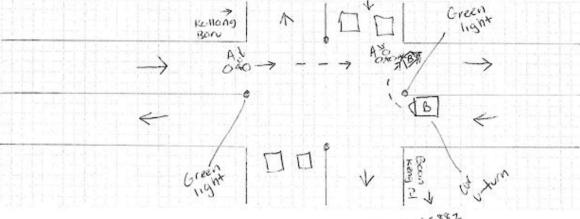
Policyholder's Signature / Date &

Time

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

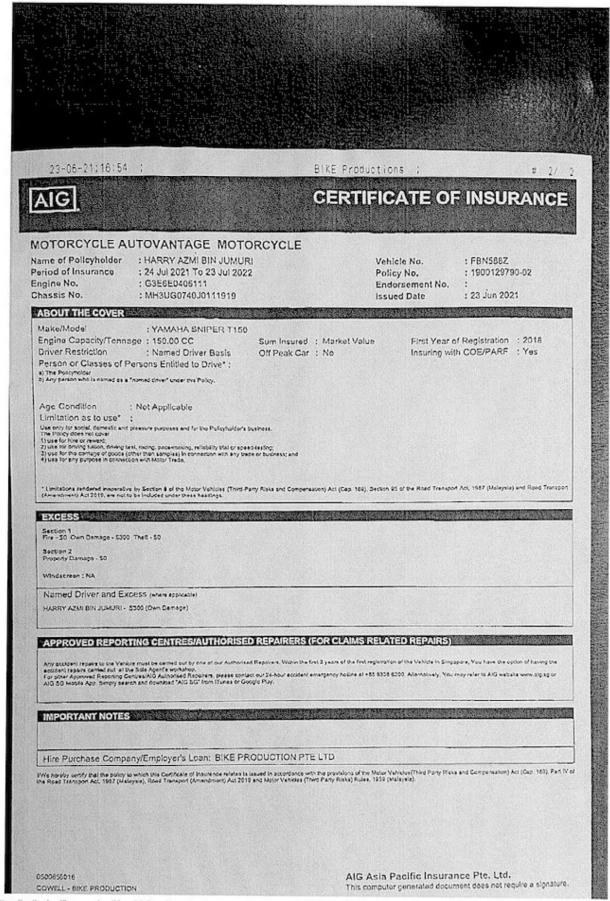
Witnessed by Reporting Centre Personnel

## Sketch Plan

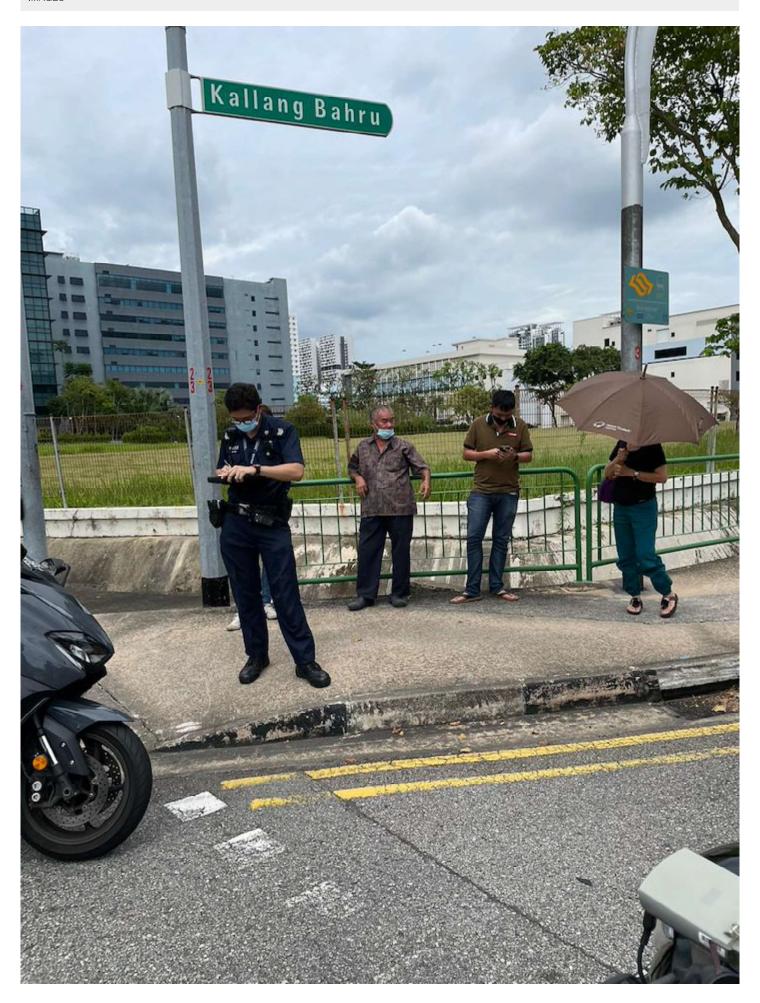


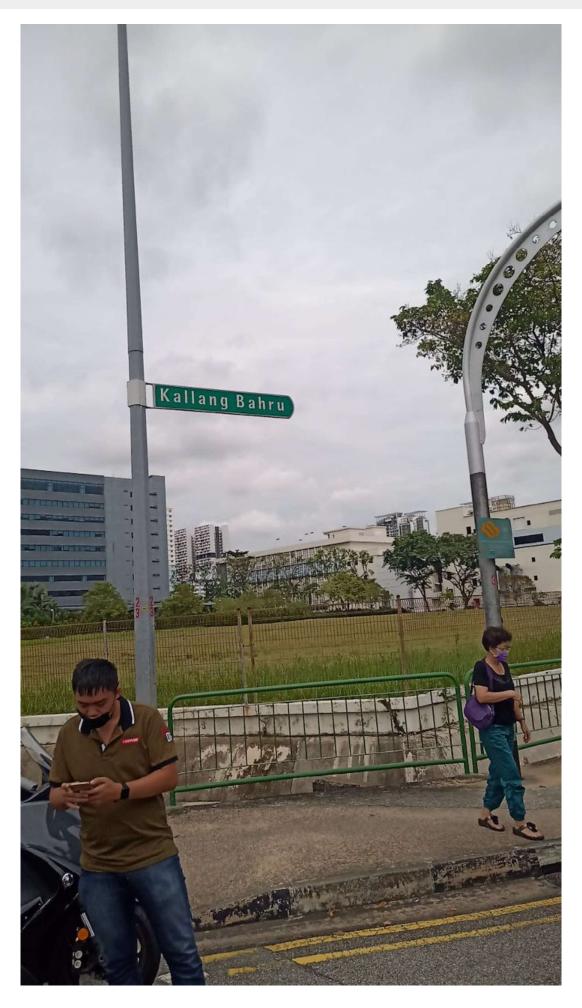
A - FBX 5882 B - SL\$ 2674 Y Describe Circumstances of the Accident

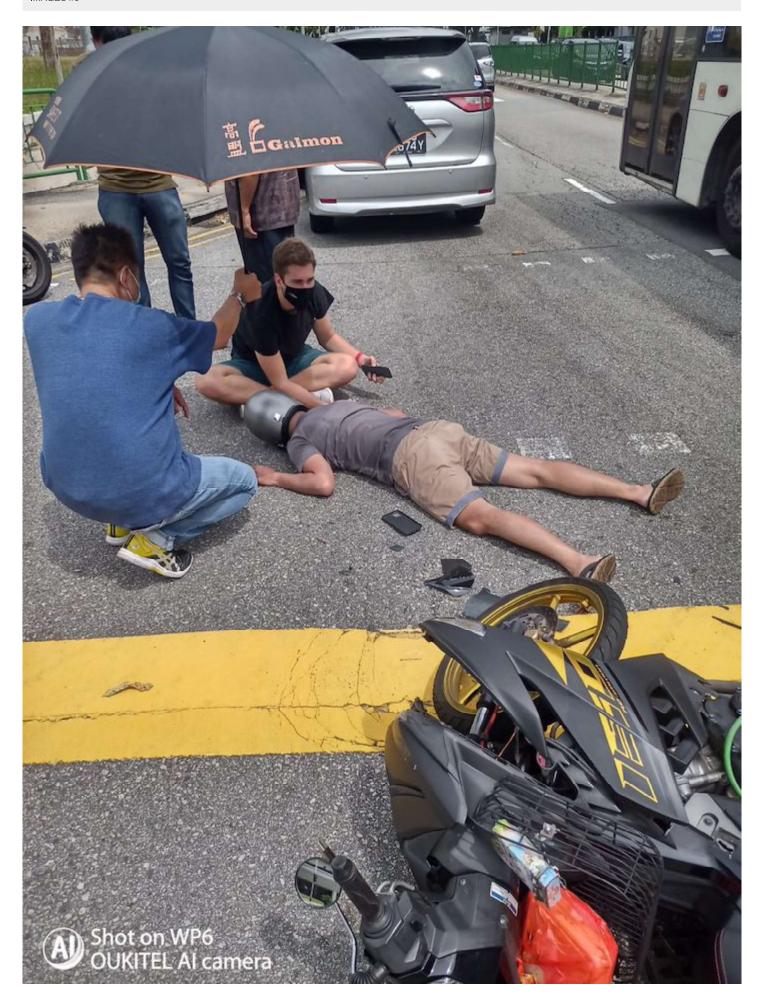
Keter to police	report. T/20211204/	7030
419 1-1 - 1 - 3/2/2		
	TO 100 CO. 100	
claration		
declare the foregoing particul	rs are true in every respect.	
		^
9		
this odiels	1	(1)
10000111		14 6/12/
yholder's Signature / Date &	Driver's Signature (If driver is not the policyhol	der) / Date Witnessed by Reporting Centre
2	& Time	Personnel



 $https://outlook.office.com/mail/braddell\_cr@sparkcarcare.com/inbox/id/AAQkADhkM2FiNGYyLWU3NzMtNDgxMi1iZDQ2LTYyOTE3ZDU5MGFjN...$ 













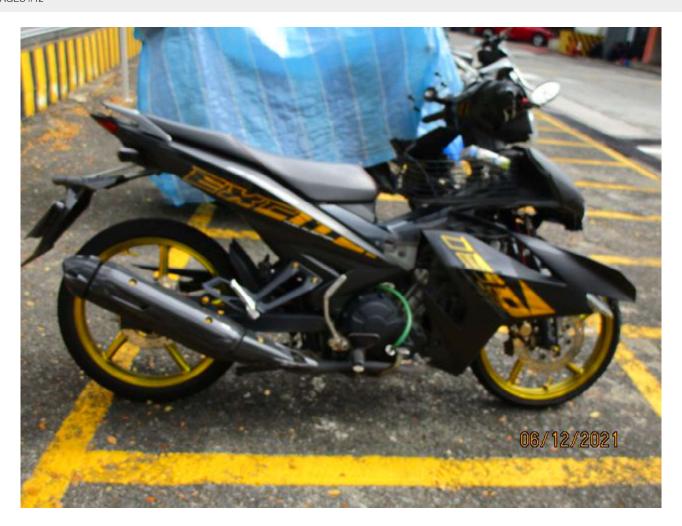


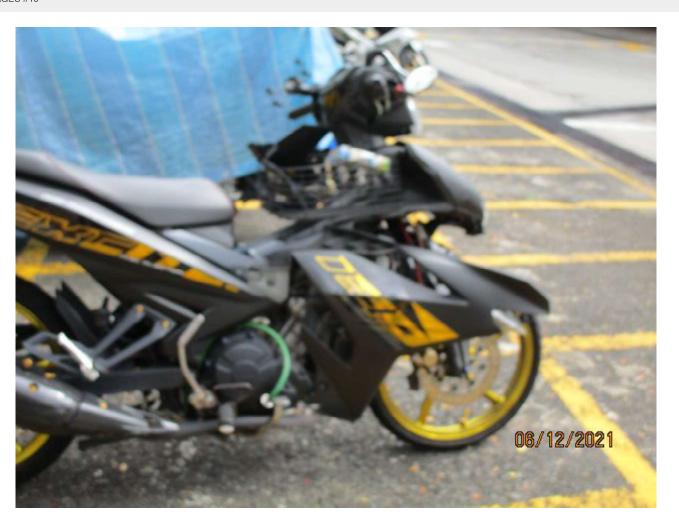
















Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20211204/7030

# REPORT OF A TRAFFIC ACCIDENT

	ne Report N 021 20:40	Made:	Vide Report No.: A/20211203/0050	Station Diary No.:	
Informa	nt's Partic	ulars		Constitution of the second	
	Informant: AZMI BIN .		Address: 44 BENDEMEER ROAD #	02-1450 SINGAPORE 330044	
	/ ID No.: D / S85028	12Z	Contact No.: Home/Office:	Mobile: 81831466	
Nationality: SINGAPORE CITIZEN		'EN	Email: HARRYGUCCI@HOTMAIL.COM		
Sex: Male	Age: 36	Date of Birth: 13/01/1985	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: MRT operations officer		cer	Driving Licence Information Class: 2B,3	n: Date of Expiry:	

General Infori	mation of the Accident			
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/12/2021 12:3	Type of Location: X-Junction
Location: KALLANG BA Weather: Clear	AHRU	Road Surface:		Road Speed Limit:
Traffic Flow:	10/	Dry Traffic Control:		50 Km/h Traffic Volume:
Dual Carriage		Traffic Light - Wo	rking	Light
Type of Collisi Between Movi	ion: ing Vehicles - Head On			Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Conditio	No of
FBN588Z	Motorcycle	YAMAHA	SNIPER+T1	Black		0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN588Z	AIG ASIA PACIFIC INSURANCE PTE.	1900129790-02	24/07/2021	23/07/2022



T/20211204/7030

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20211204/7030

### CONTINUATION OF REPORT

Details of Perso	n Involved				South Die	
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pe	edestrian	Cross	ing: NA
Rider		5000			BYAGA	
Name	HARRY AZMI BIN J	UMURI		ID No.		S8502812Z
Related Vehicle	FBN588Z (Motorcycle)			Contac	t No.	81831466
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence Expiry		Class: 2B,3 Date of Expiry: NIL
Date	NIL		Date		04/12	2/2021
No. of Days gran	ted Medical Leave	07	Degree o		Serio	

# Brief Details.

Please refer to A/20211203/0050

On the 3rd December 2021, around and about 12:34pm, I was riding along Kallang Bahru Junction of Boon Keng going towards PIE, as I was approaching the junction in my favour, a car appeared on the right and struck me

I manage to get these details from my younger brother who was on scene when my Apple Watch send a SOS.

Car plate number: SLJ2674Y





Police Station Of Origin; Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20211204/7030

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 04/12/2021 20:40
Officer In Charge Of Case: TP / TPIB / MUHAMMAD SYARIFUDDIN MUHAMMAD AJMAIN Contact No.: 65476367	Classification Of Case: