

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	10/01/2022 12:08 (SGT)
Date of Accident	08/01/2022 12:40 (SGT)
Exact Location of Accident	Yishun Ring Rd, Singapore
Additional Location Information	257 YISHUN RING ROAD (OPEN CARPARK) LOT 27
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF1377B
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	AMEER HAMSA BIN ABDUL WAHAB
NRIC No	SXXXX257B
Email Address	MAT_ROCK667@HOTMAIL.COM
Mobile Phone No	(Phone) +65-91883914
Alternative Phone No	(Home) +65-96969082

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	Fz16
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 your vehicle?	No - Claiming third party
Vehicle Category	Motorcycle
Transmission	Manual
CC	153

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Type of Coverage	ThirdPartyFireTheft
Fleet Policy	No
Policy Number	MC/00577015/02
Cover Note Number	-

DRIVER

Date Of Birth	19/01/1954
Occupation	Indoor
Date Of Driving Pass	05/06/1980
Driving experience	41 YEARS AND 7 MONTHS
Gender	Male
Mobile Number	(Phone) +65-91883914
Alt. Phone Number	(Home) +65-96969082
Email Address	MAT_ROCK667@HOTMAIL.COM
Address	BLK 312 YISHUN RING ROAD
Address complement	#02-1208
Postcode	760312
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	Collided into Parked Vehicle
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	4
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	0
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	Yishun North Neighbourhood Police Centre
Police Station Phone No	(Phone) +65-18008529999
Alt. Police Station Phone No	(Fax) +65-68522299
Police Station Address	31 Yishun Central Singapore 768827
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

REFER TO TRAFFIC ACCIDENT REPORT NO. T/20220108/2072 ATTACHED

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ5414E
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-

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)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number	UNKNOWN
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Motorcycle
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)	-

WITNESS DETAILS

WITNESS 1

Name	UNKNOWN
Phone	-
Email	-

SKETCH PLAN

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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: 10/1/2022 01:11 pm

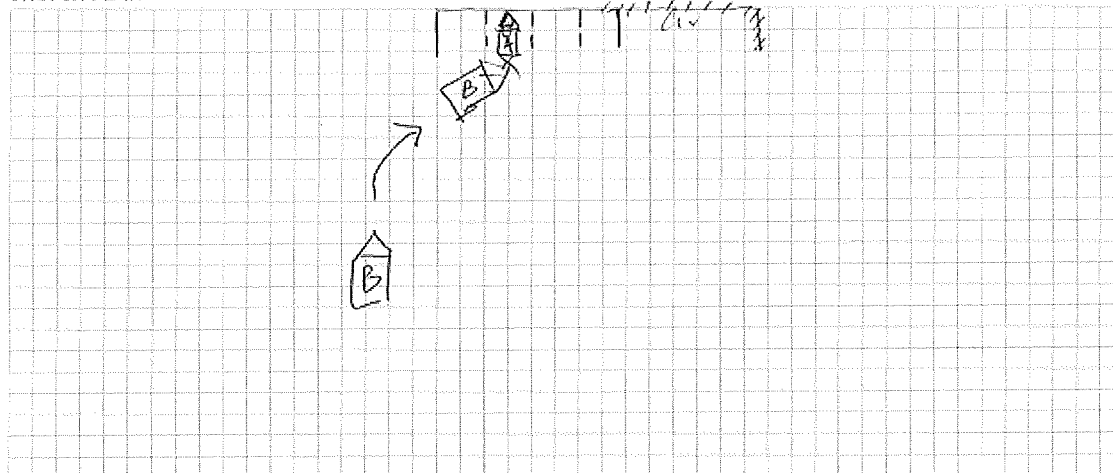
Driver's Signature

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name: Tan Chou Wai
57352

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Ref no T | 70220108/2072 \$ L | 20220108/0082.

DECLARATION

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

10/1/2012 @ Nam

Tan Choe Lee
5235R



**SINGAPORE
POLICE FORCE**



T/20220108/2072

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220108/2072

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2022 15:53	Vide Report No.: L/20220108/0082	Station Diary No.: 73
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Informant's Particulars

Name of Informant: AMEER HAMSA BIN ABDUL WAHAB			Address: APT BLK 312 YISHUN RING ROAD #02-1208 SINGAPORE 760312	
ID Type / ID No.: NRIC NO / S0045257B			Contact No.: Home/Office: Mobile: 91883914	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 67	Date of Birth: 19/01/1954	Type of Informant: Rider	
Race: Indian			Language: English	Institution / School Name:
Occupation: AETOS UNARMED OFFICER			Driving Licence Information: Class: 2B Date of Expiry:	

General information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/01/2022 12:40	Type of Location: Car Park
Location: YISHUN RING ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF1377B	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF1377B	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC/00577015/02	24/02/2019	23/02/2022



SINGAPORE
POLICE FORCE



T/20220108/2072

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220108/2072

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AMEER HAMSA BIN ABDUL WAHAB	ID No.	S0045257B
Related Vehicle	FBF1377B (Motorcycle)	Contact No.	91883914
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/01/2022 at about 0930hrs, I parked my motorcycle FBF1377B at the open carpark of Block 257 Yishun Ring Road lot number 27; thereafter I hang around the vicinity. On 08/01/2022 at about 1240hrs, my friend called me and informed that my motorcycle was being hit, so I proceeded back to my motorcycle to check.

When I came back, I saw my motorcycle which fell on the right on the ground. The motorcycles which parked at lot number 26 and 28 also fell on the ground. I did not take down the other motorcycle vehicle numbers involved.

I checked on my motorcycle and discovered that the right brake lever was dented. The left signal light was broken. The right gear switching lever and footrest stand were bent.

I was informed by some unknown person who informed me that the lorry which collided with my motorcycle is GBJ5414E which was just parked nearby.

Traffic Police was at scene reference L/20220108/0082 and advised me to lodge a Police report. No one was injured on this incident.



SINGAPORE
POLICE FORCE



T/20220108/2072

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20220108/2072

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
L /
Staff Sgt LAU JIXIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
08/01/2022 15:53

Officer In Charge Of Case:
TP / HRT /
SI KALESWARI PALANI
Contact No.: 65476902

Classification Of Case:

Authentication Stamp
NP 168

