

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 Actual 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	19/09/2022 14:00 (SGT)
Reported by	Both
Date of Accident	17/09/2022 00:40 (SGT)
Exact Location of Accident	339 Guillemard Rd, Singapore 399761
Additional Location Information	339 GUILLEMARD ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBR9211E
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INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	ASHRAF BIN ABDUL KARIM
NRIC No	S9129328E
Email Address	acap238@gmail.com
Mobile Phone No	(Phone) +65-81462446
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Yamaha
Model	XT1200Z
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	1199

INSURANCE COMPANY

Name of Insurance Company	Direct Asia Insurance (Singapore) Pte Ltd
Policy Number / Cover Note Number	MC/01060667

DRIVER

Name of Driver	ASHRAF BIN ABDUL KARIM
NRIC No	S9129328E
Date Of Birth	23/08/1991
Occupation	Indoor

Date Of Driving Pass	18/11/2019
Driving experience	2 YEARS AND 10 MONTHS
Gender	Male
Mobile Number	(Phone) +65-81462446
Alt. Phone Number	-
Email Address	acap238@gmail.com
Address	BLK 137 SIMEI STREET 1
Address complement	#04-112
Postcode	520137
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 - Head to Rear
Weather Conditions	Clear
Road Surface	Dry

OTHER INFORMATION

Was any foreign vehicle involved in the accident?	No
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	No
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Bedok Division Headquarters
Police Station Phone No	(Phone) +65-18002440000
Alt. Police Station Phone No	(Fax) +65-64443009
Police Station Address	30 Bedok North Road Singapore 469676
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

AS PER THE POLICE REPORT

ATTACHMENT(S)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC4865J
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-

Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	ERIC LIM TZE BOON
NRIC No	S1766556A
Contact Number	(Phone) +65-91379579
Address	BLK 509 SERANGOON NORTH AVE 4
Address complement	#02-372
Postcode	550509
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	1

INJURED PERSONS DETAILS

INJURED 1

Name of injured person	ASHRAF BIN ABDUL KARIM
Gender	Male
Phone No	(Phone) +65-81462446
Address	BLK 137 SIMEI STREET 1
Address Complement	#04-112
Post Code	520137
Approximate Age Years Old	31
Injuries Sustained	LEFT KNEE INJURY, TWISTED HIP AND STIFFNESS OF NECK
Injured person in which vehicle?	FBR9211E
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	No

SKETCH PLAN**IMPORTANT NOTICE**

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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

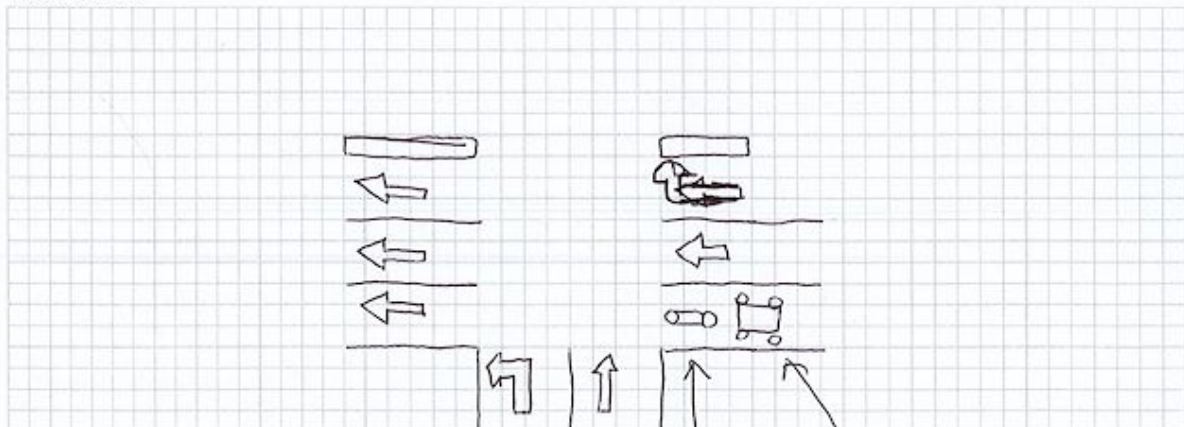
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.



[Signature] 19/9/22
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

FBR9211E SHC4865J

Road condition: Dry
Weather condition: Normal
+65 81462446
Email: acap238@gmail.com
339 Guillemard Road
17 September 2022 0043hrs
Please refer to police report.

Taxi plate SHC 4865J
Name Eric Lim Tze Boon
Chinese
17-06-1966
S1766556A
t/p number ~~86~~ 9137 9579

We declare the foregoing particulars are true in every respect.



Witnessed by Reporting Centre
Personnel

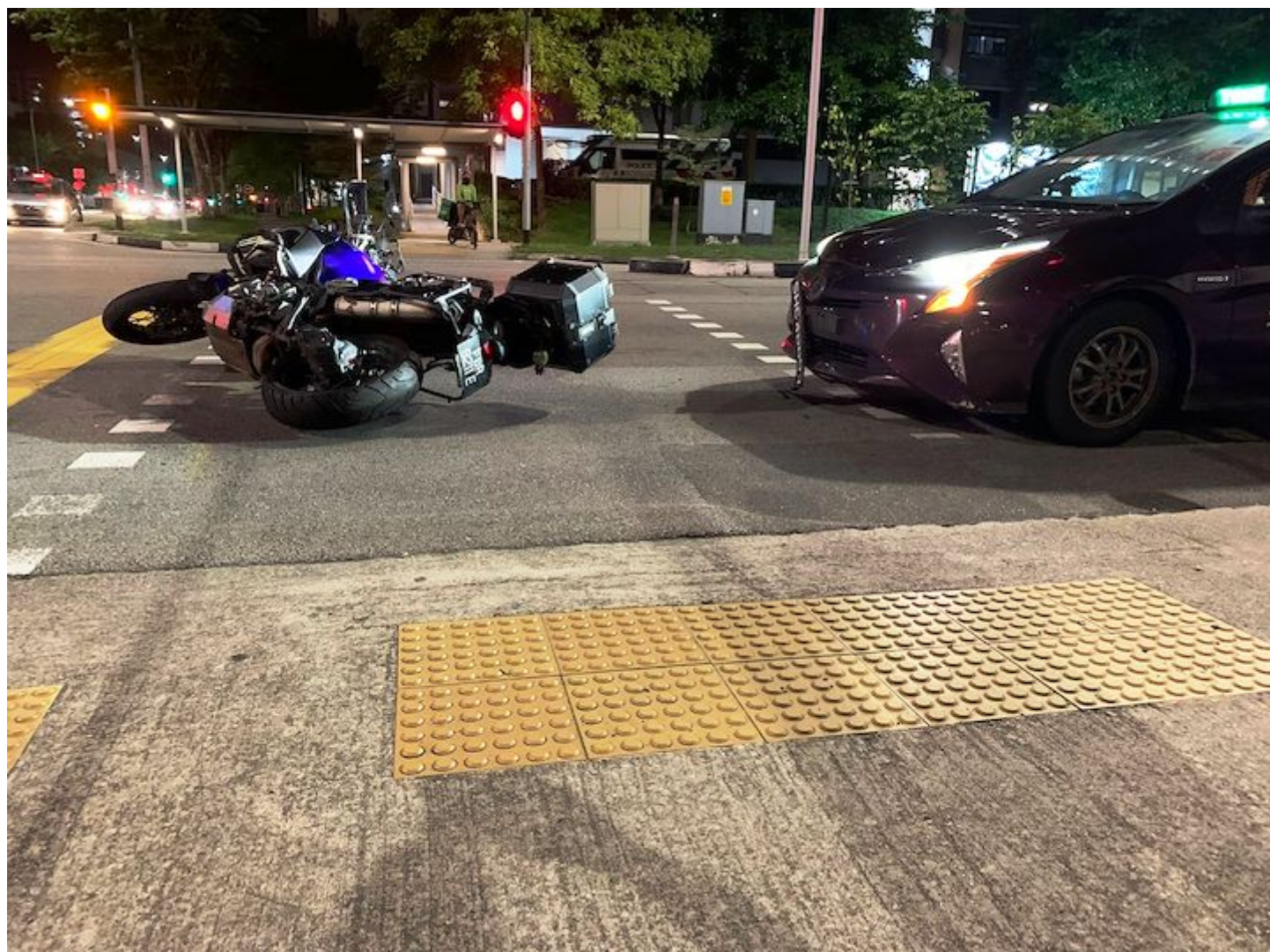


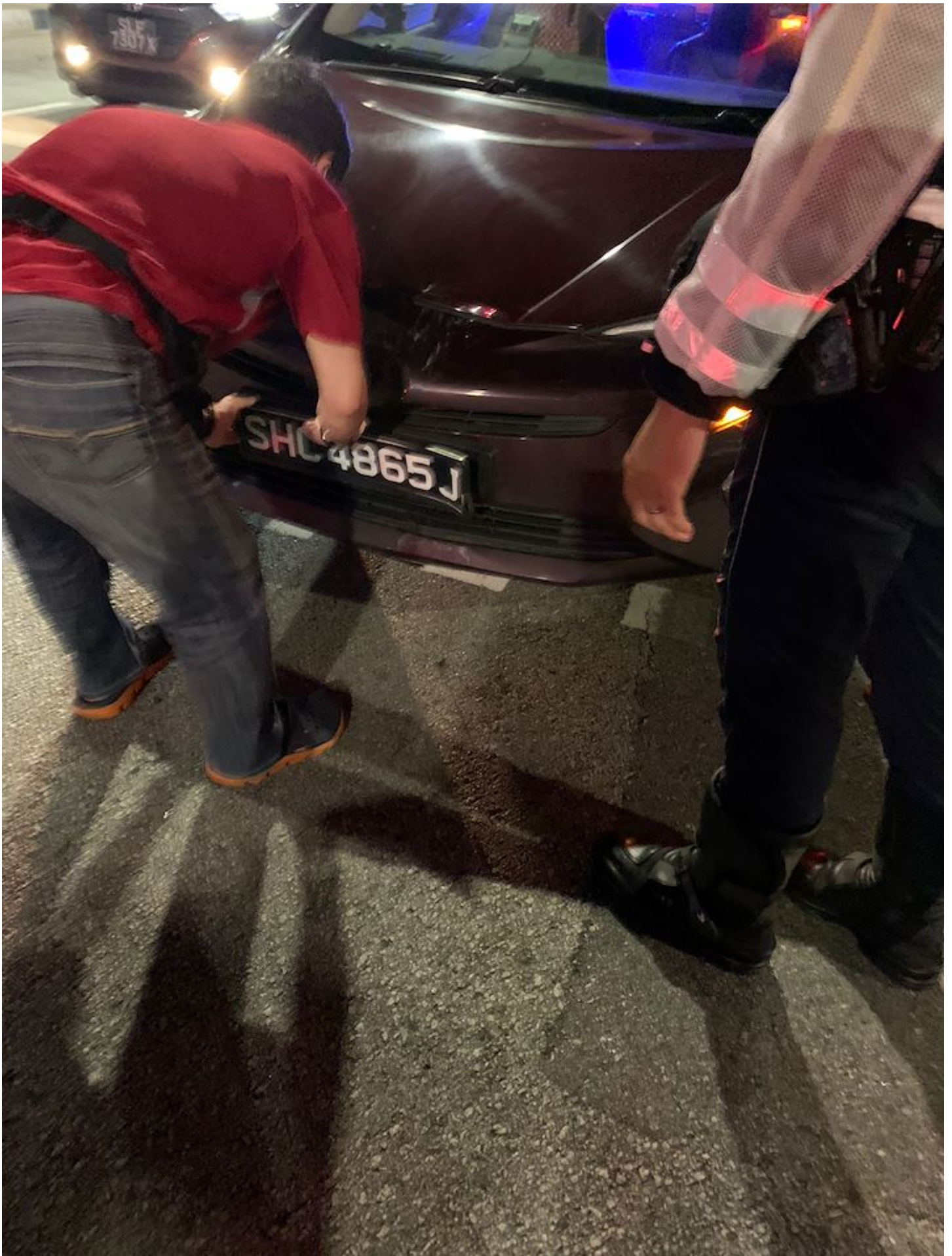














**SINGAPORE
POLICE FORCE**



G/20220918/7005

1 of 2

POLICE REPORT (NP299)

Report No. G/20220918/7005

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 18/09/2022 07:40	Vide Report No.	Station Diary No.
Name Of Informant ASHRAF BIN ABDUL KARIM	Address 137 SIMEI STREET 1 #04-112 SINGAPORE 520137	
ID Type / ID No. NRIC NO / S9129328E	Contact No. Home/Office: Mobile: 81462446	
Nationality SINGAPORE CITIZEN	Email Address acap238@gmail.com	
Occupation Other health professionals	Sex Male	Age 31
Institution/School Name	Date of Birth 23/08/1991	Race Malay
	Language English	
Date/Time Of Incident 17/09/2022 00:40 - 17/09/2022 01:25	Location Of Incident 137 SIMEI STREET 1 #04-112 SINGAPORE 520137	

Brief details.

The incident happened at 339 Guillemard Road, at about 1240hrs, I was on my motorcycle bearing the plate FBR9211E, where I had waited at the traffic light to turn green. As I was about to move off after the traffic light turned green, my motorcycle's engine stalled. I quickly restarted the motorcycle's engine and as I was about to move off, the taxi bearing the plate SHC4865J hit the rear of my motorcycle and got me thrown off my motorcycle. I landed on my motorcycle and sustained a left knee injury, twisted hip and stiffness of my neck. The taxi driver, Mr Eric Lim Tze Boon claimed that he was looking on his booking screen trying to accept an upcoming job and only saw the upper traffic light pole turning green and did not see me in front of him. He then called the police for assistance and shortly after, the ambulance and

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: 18/09/2022 07:40
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE
POLICE FORCE**



G/20220918/7005

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20220918/7005

traffic police came.

Subjects Involved			
Suspect			
Person Name	Eric Lim Tze Boon		
ID Type	NRIC NO	ID No	S1766556A
Gender	Male	Age	56
Race	Chinese	Language	English
Occupation	Taxi driver	Address	509 Avenue 4 #02-372 Serangoon North SINGAPORE 550509
Mobile No	91379579		
Victim			
Person Name	ASHRAF BIN ABDUL KARIM		
ID Type	NRIC NO	ID No	S9129328E
Gender	Male	Age	31
Race	Malay	Language	English
Occupation	Other health professionals	Address	137 SIMEI STREET 1 #04-112 SINGAPORE 520137
Mobile No	81462446	Is Informant A Victim?	Yes
Person Name	ASHRAF BIN ABDUL KARIM (Informant)		

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: 18/09/2022 07:40
Officer In-Charge Of Case:	Classification Of Case:



Contact us at
 Hotline: (65) 6665 5555
 E-mail: customerservice@directasia.com

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) (Singapore) (the "Act")
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960 (Singapore)
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)

This document forms part of your contract with us and should be read together with your Policy Schedule and your Policy Details. Do let us know if any of the details shown here need to be amended or updated.

Certificate No.	: MC/01060667
Type of Coverage	: Third-Party Only Cover
1) Vehicle Registration No.	: Fbr9211e
Chassis No.	:
2) Name of Policy Holder	: Abdul Karim, Ashraf
3) Effective Date of Commencement of Insurance for the Purpose of the Act	: 13/06/2022 00:00
4) Date of Expiry of Insurance	: 12/06/2023 23:59
5) Persons or Classes of Persons Entitled to Ride	
(a) A named rider who is riding on the Policyholder's permission.	
Provided that the person riding has a valid Motorcycle riding licence to ride in Singapore and is not under suspension or disqualification from riding.	
6) Limitations as to use*	
Use only for private purposes in accordance with the declared motorcycle usage stated on your Policy Schedule. The policy does not cover use for hire or reward, tuition, driving test, racing, pace-making, reliability trials, speed tests, the carriage of goods for payment or for any purpose in connection with the motor trade business.	
*Limitations rendered inoperative by Section 8 of the Act and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under this heading.	
Sum Insured	: Market Value
Policy Excess	: S\$ 0.00
Main rider	: Abdul Karim, Ashraf
Important Note: The policy only covers the main rider and the following named rider who holds a valid motorcycle licence for at least 2 years.	
No named rider declared	
Finance Company / Hire Purchase	:

I/We hereby certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and the Road Transport Act, 1987 (Malaysia).

Issued on: 10/06/2022

Direct Asia Insurance (Singapore) Pte. Ltd.



Underwriting Manager

MC-CI-001

Direct Asia Insurance (Singapore) Pte Ltd
 20 Anson Road #08-01 Twenty Anson Singapore 079912
www.DirectAsia.com

THE FAMILY PRACTICE-POTONG PASIR (TFPPP Pte Ltd)
BLK 148, POTONG PASIR AVENUE 1, #01-33
SINGAPORE 350148
Tel: 62816906

Medical Certificate

Date of Visit: 17-Sep-2022

MC No.: MC2209174708

This is to certify that

Name: ASHRAF BIN ABDUL KARIM

NRIC: S9129328E

is Unfit for Work

for 3 day(s) from 17-Sep-2022 to 19-Sep-2022

Remarks:



Doctor Name: Lim Koon Jin
MCR: M04193I

** This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*

Printed on 17 Sep 2022 11:36:39 by Lim Koon Jin

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