

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

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

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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.

[Handwritten Signature] 19/9/22

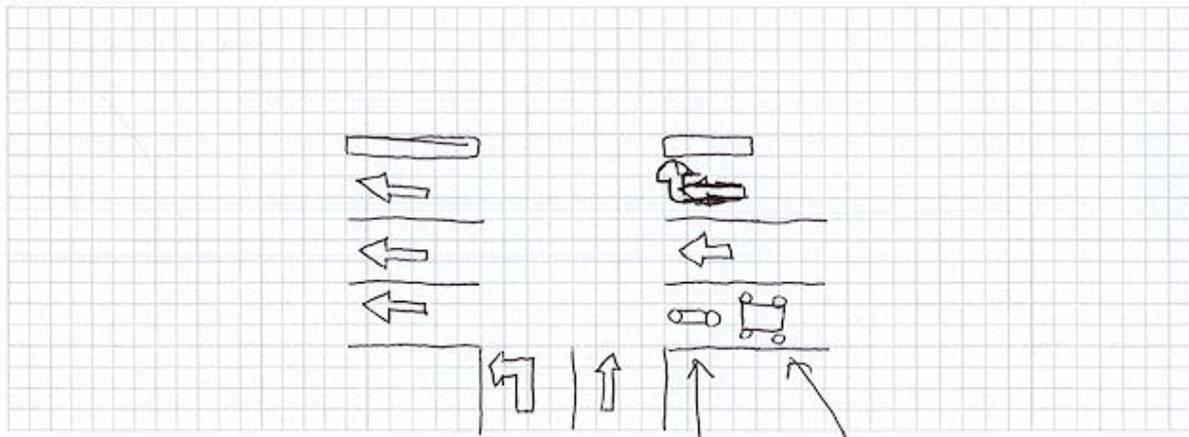
Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

Sketch Plan



FBR9211E SHC 4865J



**SINGAPORE
POLICE FORCE**



G/20220918/7005

2 of 2

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: