

## 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 ability.
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 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 Report	17/11/2017 17:30
Date Of Accident	13/11/2017 07:45
Exact Location Of Accident	AYE TOWARDS TUAS AFTER SPEED CAMERA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP4040C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SAIFUL ARIFIN BIN MOHAMMAD AIDIL
NRIC No	S9341197H
Email Address	ARIFINMDA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87500872
Alternative Phone No	OTHERS-87500872

### Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE-150CC TFX150
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000001209-00-000
Cover Note Number	

### Driver

Name of Driver	SAIFUL ARIFIN BIN MOHAMMAD AIDIL
NRIC No	S9341197H
Date Of Birth	29/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	02/05/2017
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87500872
Fax Number	
Contact Number	OTHERS-87500872
Email Address	ARIFINMDA@GMAIL.COM

Address	BLK 106 COMMONWEALTH CRESCENT #07-202
Postcode	140106
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 111 COMMONWEALTH CRESCENT (ANNEX) , <b>POSTCODE:</b> 140111 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4749999 - <b>FAX NO:</b> 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171113/2080

#### 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	UNKNOWN
Vehicle Make/Model/Colour	CAR
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name SAIFUL ARIFIN BIN MOHAMMAD AIDIL

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FP4040C

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
6. 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.
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.

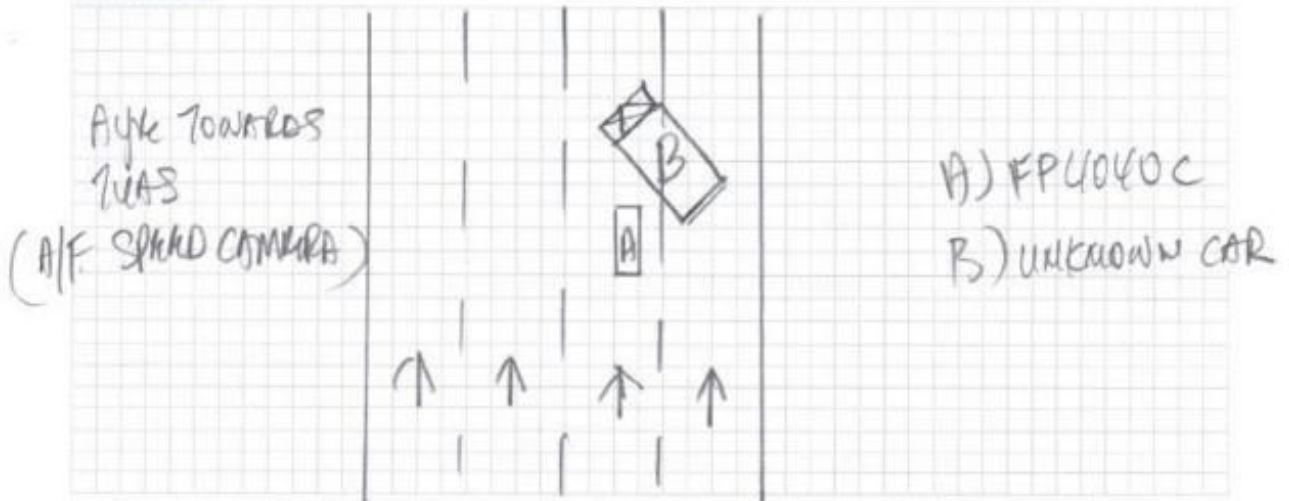
  
Policyholder's Signature  
Date & Time:

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

  
Reporting Centre Personnel's Signature  
Name: Reedli WOODS  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS Refer to Police Report*  
*7/20/7/11/3/2080*

## DECLARATION

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

*an*  
 Policyholder's Signature  
 Date & Time:

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

*an 17/11/2017*  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.: *Resdi WABAB*

QUADRAC Sketch Plan Form (Rev. 3/03)



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171113/2080

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

1 of 3

Report No. T/20171113/2080

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 13/11/2017 14:04	Vide Report No.:	Station Diary No.: 16
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**Informant's Particulars**

Name of Informant: SAIFUL ARIFIN BIN MOHAMMAD AIDIL			Address: APT BLK 106 COMMONWEALTH CRESCENT #07-202 SINGAPORE 140106		
ID Type / ID No.: NRIC NO / S9341197H			Contact No.: Home/Office: Mobile: 87500872		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 29/10/1993	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: WAREHOUSE ASSISTANCE			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/11/2017 07:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY				
Towards Tuas (after Speed Camera)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP4040C	Motorcycle	YAMAHA	XABRE TFX150	Green		0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP4040C	GREAT AMERICAN INSURANCE COMPANY	MT2017TR00583	17/05/2017	16/05/2018

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171113/2080

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

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Report No. T/20171113/2080

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAIFUL ARIFIN BIN MOHAMMAD AIDIL	ID No.	S9341197H
Related Vehicle	FP4040C (Motorcycle)	Contact No.	87500872
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	13/11/2017	Date Discharge	13/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	Serious

### Brief Details.

On 13/11/17 at about 0745hrs, I was riding along AYE towards Tuas, heading for work, at the 2nd lane when suddenly, a vehicle changed lane from 1st lane into my lane in front of me. I was unable to react, to swerve aside or to brake and I collided onto the left passenger side of the vehicle. I flown and lost consciousness.

The next moment, I woke up, I was in NUH. I was given outpatient treatment, 5 days MC. I suffered pain on my back. Swollen left leg. Abrasion on both my knuckles and lower chin.

I am unsure of the vehicle number, I do not know where my motorcycle is currently as well.

# Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20171113/2080

Police Station Of Origin:  
Commonwealth NPP  
111 Commonwealth Crescent (Annex) #01-  
288A SINGAPORE 140111  
Tel No: 1800-4749999

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Report No. T/20171113/2080

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: D / Sr Staff Sgt LIM IVAN	Signature Of Informant:  <i>ad</i>
Signature Of Interpreter: Not applicable	Date/Time: 13/11/2017 14:04
Officer In Charge Of Case: TP / GIT / Staff Sgt WONG SIEU LUI Contact No.: 65476423	Classification Of Case:
Authentication Stamp NP168	



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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