

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	04/12/2017 15:54
Date Of Accident	29/11/2017 22:50
Exact Location Of Accident	ALONG YISHUN RING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT7921U
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SOLLEHIN BIN ZULFIKRI
NRIC No	S9511319B
Email Address	YOLSESAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86549511
Alternative Phone No	OTHERS-86549511

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
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
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR00490

Driver

Name of Driver	MOHAMED SOLLEHIN BIN ZULFIKRI
NRIC No	S9511319B
Date Of Birth	24/03/1995
Occupation	INDOOR
Date Of Driving Pass	28/02/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86549511
Fax Number	
Contact Number	OTHERS-86549511
Email Address	YOLSESAT@HOTMAIL.COM

Address	BLK 18 JALAN SULTAN #05-156
Postcode	190018
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 - HEAD ON COLLISION
Weather Conditions	DRIZZLING
Road Surface	WET

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	CENTRAL POLICE DIVISIONAL HQ (A DIVISION)
Police Station Address	ROAD: 391 NEW BRIDGE ROAD #03-112 POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2240000 - FAX NO: 62200877
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT A/20171201/7009

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG5898
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Name of Driver	TAN BENG SING
NRIC/Passport Number	S2192703A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MOHAMED SOLLEHIN BIN ZULKIFRI

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FT7921U

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

1. Please report **correctly** the details of the accident to speed up the claims process.
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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. 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)**

(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.

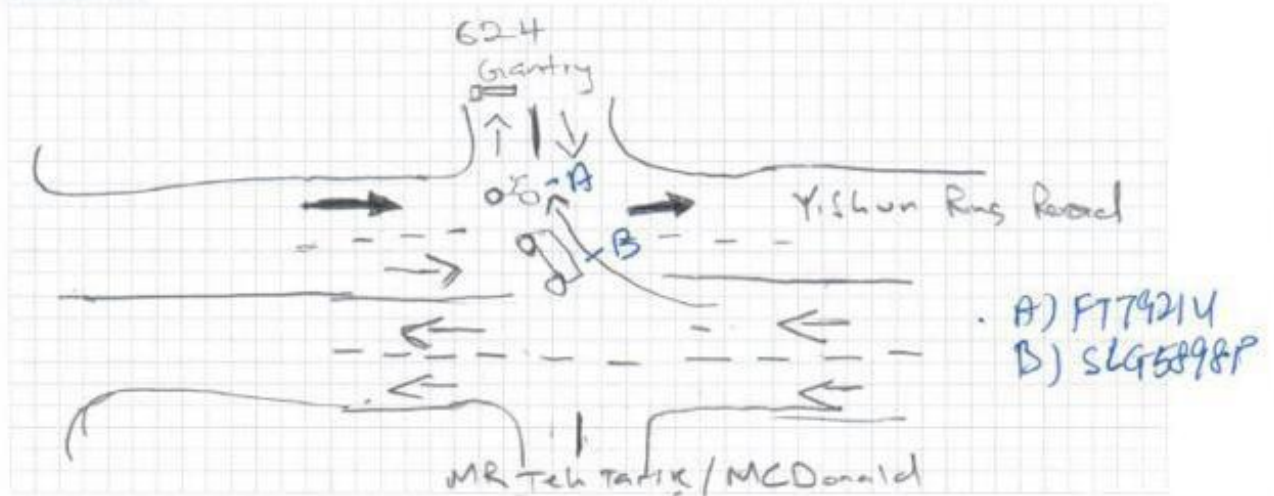
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

Reporting Centre Personnel's Signature
Name: P. J. Smith
NRIC/FIN No: 1234567890

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
A/2017/201/2009

DECLARATION

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

 4th Dec 2017
Policyholder's Signature
Date & Time:

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

 04/12/2017
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SP4MNC (Accident) Form 1 (Rev. 02)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20171201/7009

1 of 3

POLICE REPORT (NP299)

Report No. A/20171201/7009

Police Station Of Origin
Central Police Divisional HQ
A 391 New Bridge Road #03-112 Police
Cantonment Complex SINGAPORE 088762
Tel No:1800-2240000

Date/Time Report Made 01/12/2017 12:17	Vide Report No.	Station Diary No.
Name Of Informant MOHAMED SOLLEHIN BIN ZULFIKRI	Address APT BLK 18 JALAN SULTAN #05-156 SINGAPORE 190018	
ID Type / ID No. NRIC NO / S9511319B	Contact No. Home/Office:	Mobile: 86549511
Nationality SINGAPORE CITIZEN	Email Address yolsesat@hotmail.com	
Occupation BANQUET CAPTAIN	Sex Male	Age 22
Institution/School Name	Date of Birth 24/03/1995	Race Malay
Date/Time Of Incident 29/11/2017 22:50 - 29/11/2017 23:15	Location Of Incident YISHUN RING ROAD	

Brief details.

Wednesday, 29/11/2017:

After making a right turn from Lentor at khatib Mrt junction, I proceed straight toward yishun ring road to meet my friend near safra yishun. During the ride, i was picking up speed after the right turn. The accident happened before right turn toward 'Mr Teh Tarik' Foodcourt / left turn to a hdb carpark gantry on the left. When I was picking up speed from gear 2 to 3, out of a sudden estimated at 2250hrs, a mitsubishi car(grey in colour) believe to be under private car categorie make a sudden turn in to the carpark when I got the right of way to go straight. It hit hard on my front tyre dragging my bike and i flew

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: 01/12/2017 12:17
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20171201/7009

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20171201/7009

near the boarder from the entry spot on the second lane towards the exit of the carpark just before left turn to the side road on the second lane. I flung foward, landed on my right foot followed by my butt then my head with helmet still intact. After landed on the road, passerby came towards me to provide assistant. From my understanding, Mr Lim(Off duty PO) stayed infront of the hdb block at level 6 heard the loud 'bang' He came down and assist me to call the ambulance, opened up a umbrella for me as it was drizzling at that point of time and controlled the traffic with few passerby and riders include 1 'food panda' rider. Immediately the driver that hit me came out of the car to check on me. I will like to thank Mr Lim(off duty PO) for the assistant. The ambulance driver knew that caller but i lost his contact no. Many saw the accident but I'm not too sure if anyone seen full scenario. After landed, I immediately lay on the road due to the pain on my right leg. It was really pain and i can't move my right leg that was at a bend position. About 2315hrs, paramadics took over from the scene. Passerby & Mr Lim with my friends took some photos as evidence, at the same time controlled the traffic and check on me untill the TP officer came to the scene. I was conveyed to KTPH on the ambulance estimated around 2320hrs

Subjects Involved			
Suspect			
Person Name	Tan Beng Sing		
ID Type	NRIC NO	ID No	S2192703A
Gender	Male	Age	50-50
Race	Chinese	Language	English
Occupation	Taxi driver	Address Type	HDB / HUDC
Address	APT BLK BLK 289 Compassvale Cresent #08-319 SINGAPORE 541289		

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

01/12/2017 12:17

Classification Of Case:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



A/20171201/7009

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. A/20171201/7009

Victim			
Person Name	MOHAMED SOLLEHIN BIN ZULFIKRI		
ID Type	NRIC NO	ID No	S9511319B
Gender	Male	Age	22
Race	Malay	Language	English
Occupation	BANQUET CAPTAIN		Address Type
Address	APT BLK 18 JALAN SULTAN #05-156 SINGAPORE 190018		Mobile No: 86549511
Is Informant A Victim?	Yes		
Person Name	MOHAMED SOLLEHIN BIN ZULFIKRI (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: 01/12/2017 12:17
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Accident Photo



Accident Photo



Accident Photo



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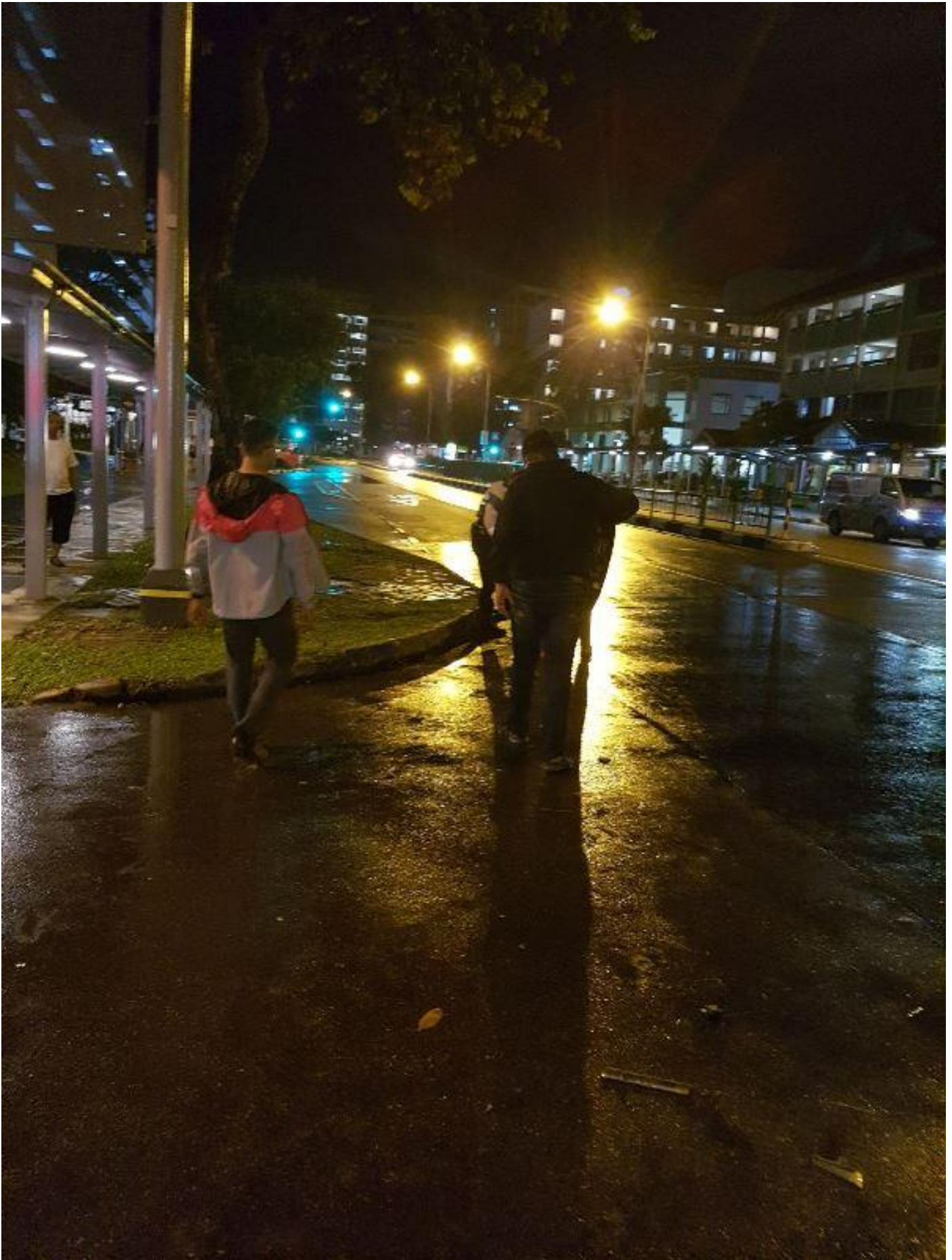
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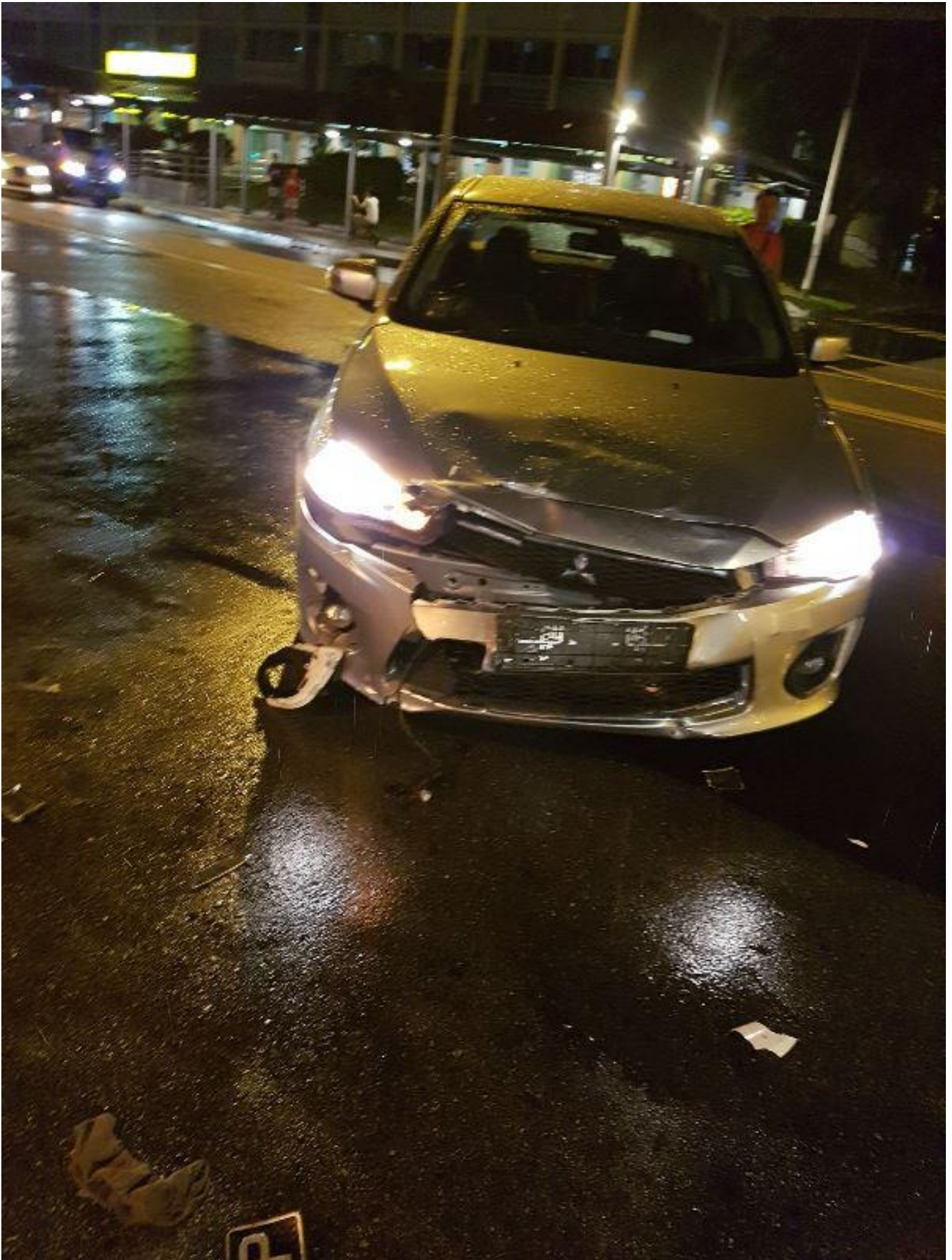
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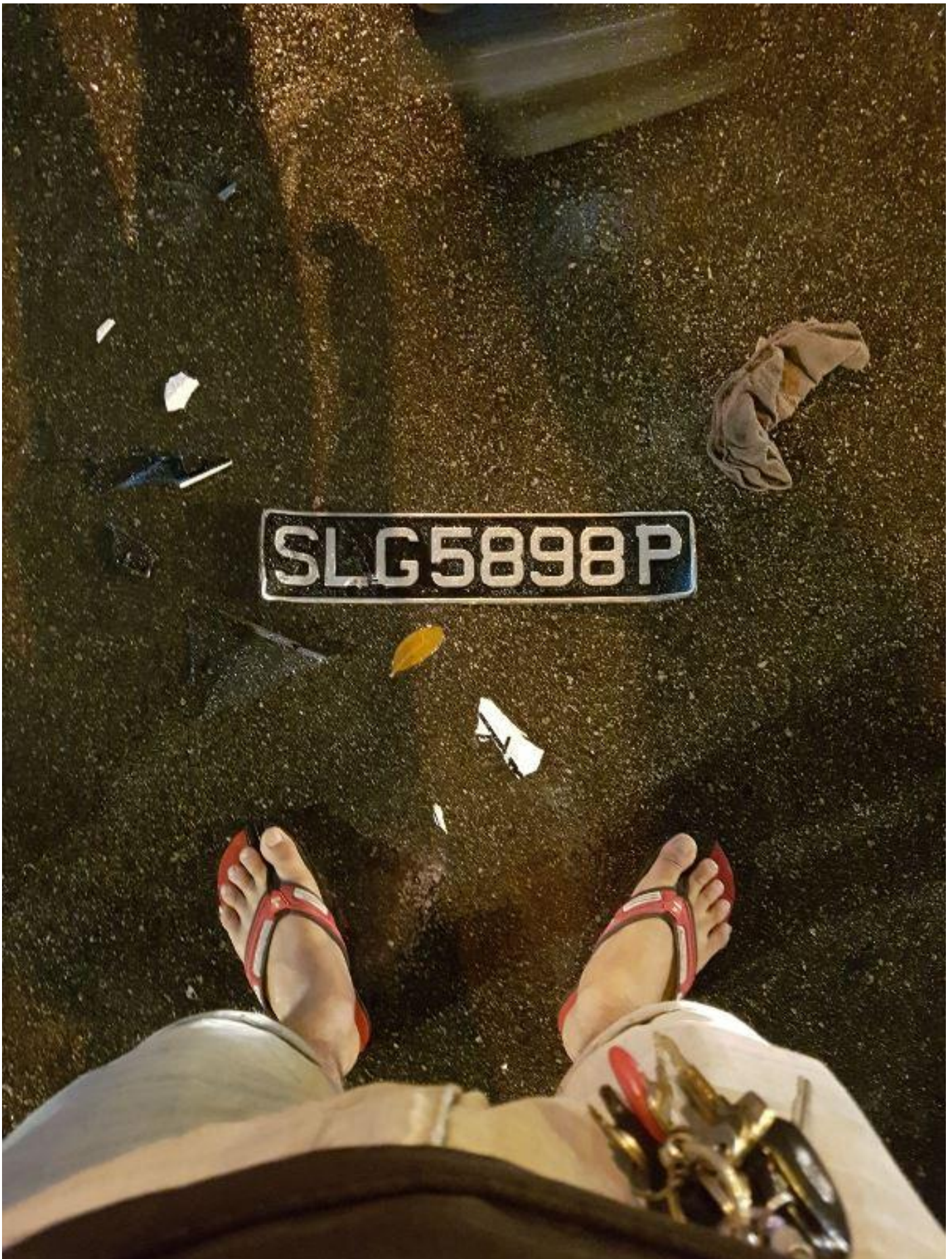
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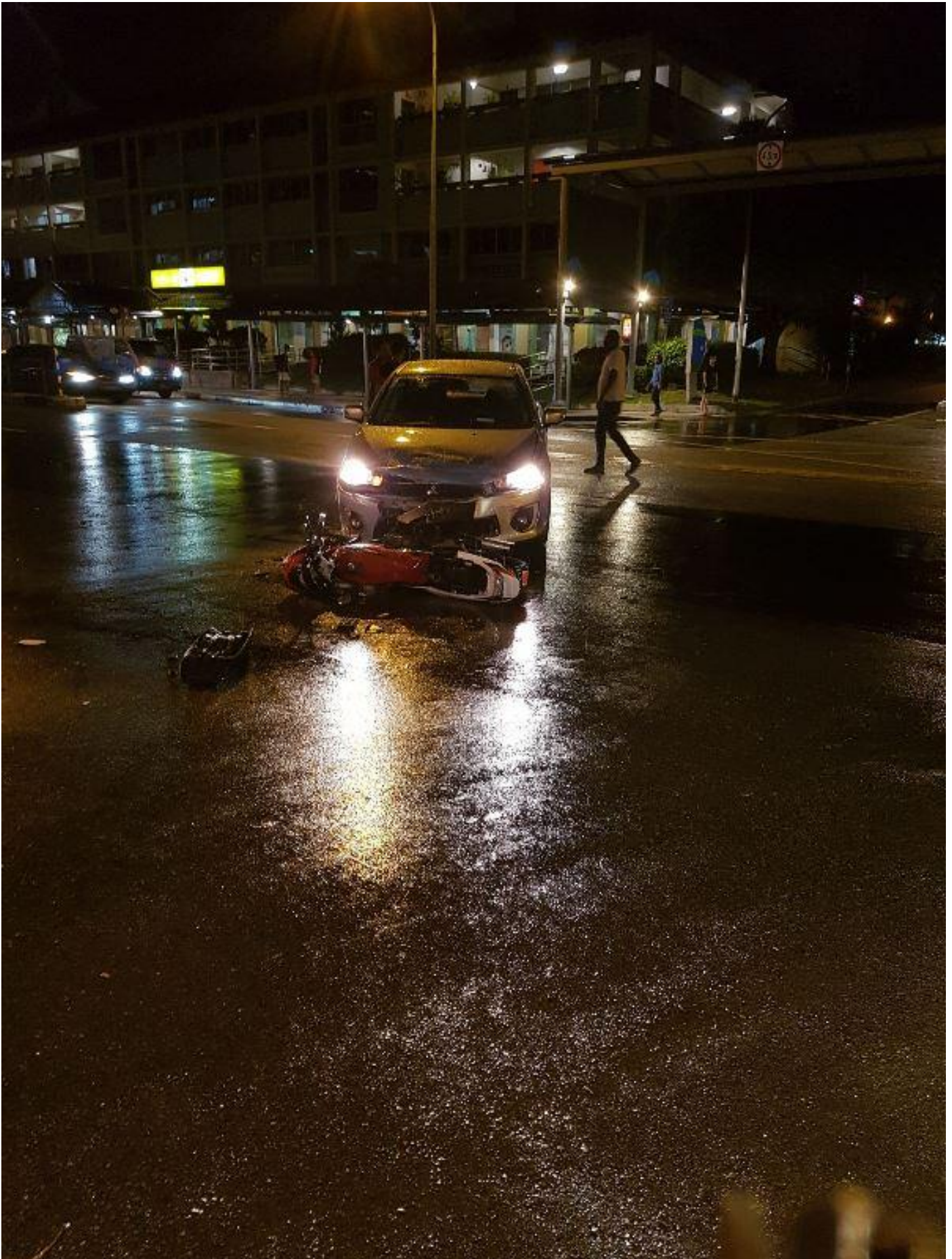
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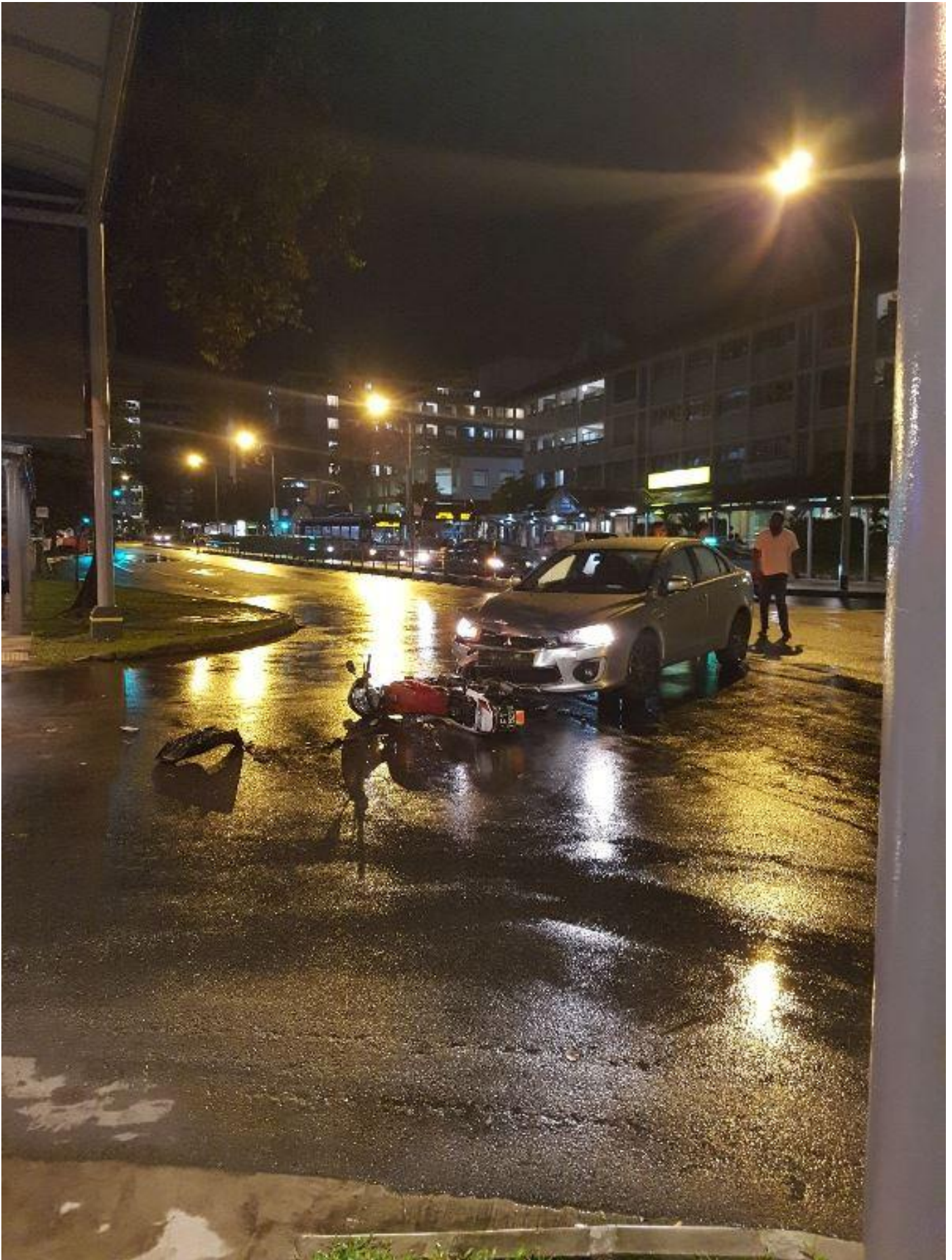
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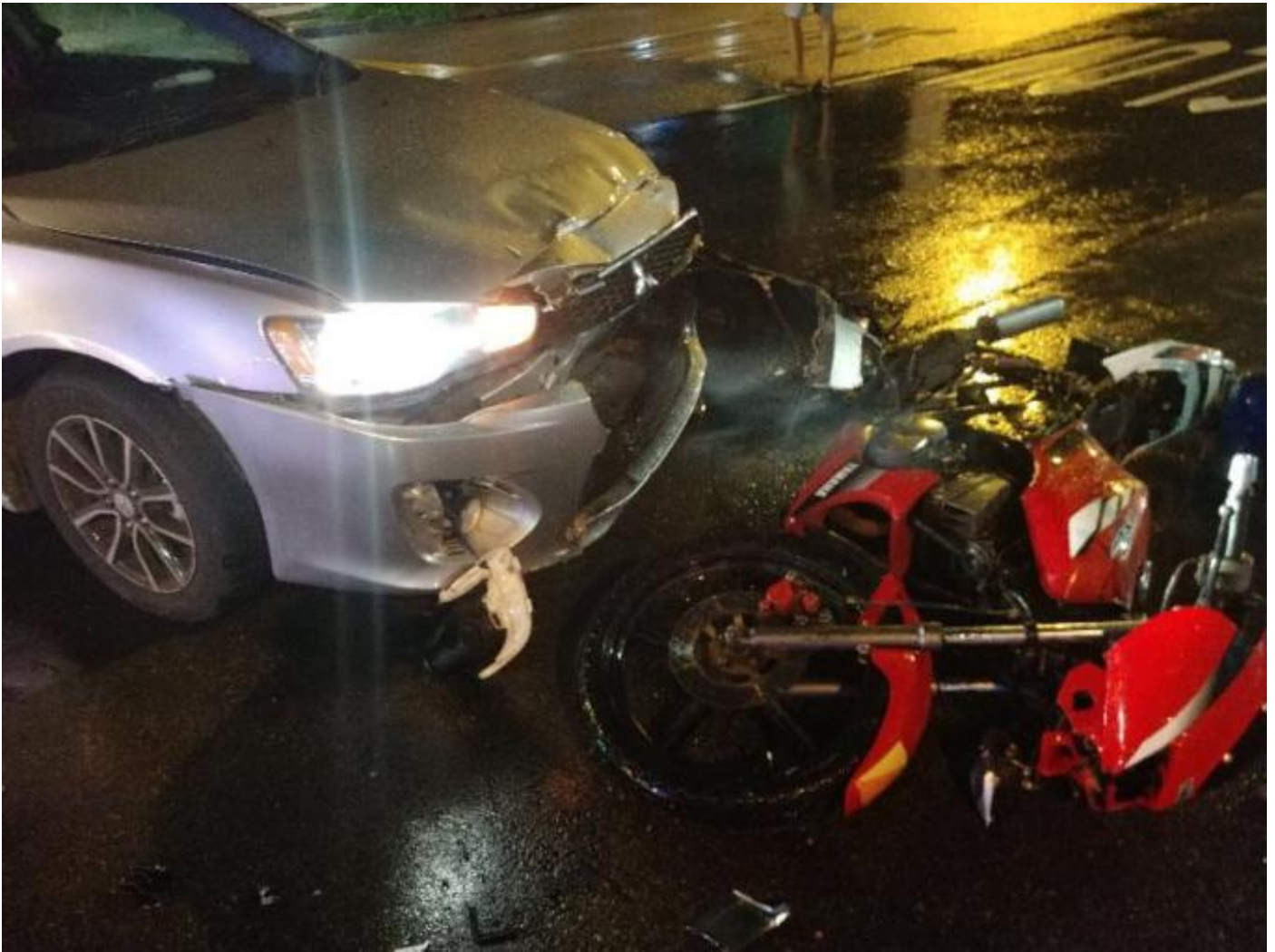
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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
ZEN: 5665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMAK17159718 Vehicle Registration No: FT 79214
Name (as shown in NRIC) : MOHAMMED SOLEHIM BIN ZULFIKRI NRIC/FIN/Passport No : 89511319B
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 86549511
Email Address : _____
Date of Accident : 21/4/2017 Time of Accident : 22:50
Place of Accident : AYER YISSEM RING ROAD
Insurance Company : GENA AMERICAN INSURANCE

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

INSURED NAME AS ABOVE

DATE OF DRIVING PASS 28/02/2017

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Roshni Winters
NRIC/FIN No.:
Date: 06/4/2017