

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	11/12/2017 14:33
Date Of Accident	10/12/2017 08:10
Exact Location Of Accident	ALONG JURONG EAST ST 13 NEAR BLK 352
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG3874P
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD FARIZ BIN ZAKARIA
NRIC No	S8935854Z
Email Address	BEAR_TZM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84688393
Alternative Phone No	OTHERS-87514161
Vehicle Particulars	
Manufacturer	YAMAHA
Model	FZ1-S-998CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	AVMCSB0019341702
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAHMI BIN ZAKARIA
NRIC No	S8816168H
Date Of Birth	14/05/1988
Occupation	INDOOR
Date Of Driving Pass	20/03/2013
Driving Experience	4 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87514161
Fax Number	
Contact Number	OTHERS-84688393
EEmail Address	BEAR_TZM@HOTMAIL.COM

Address	BLK 338 JURONG EAST AVENUE 1 #04-1638
Postcode	600338
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171210/2104 (TYPE OF COLLISION IS HEAD TO SIDE)

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	SGU7998G
Vehicle Make/Model/Colour	HONDA STREAM
Details Of Properties	
Name of Driver	TAY KWEE HUAY
NRIC/Passport Number	S1820911Z
Contact Number	96898996
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAHMI BIN ZAKARIA

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG3874P

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

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. 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: 11/12/17.

 11/12
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/12/2017
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the accident description area:

pls refer to police report
11/2017/210/2104

DECLARATION

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

Policyholder's Signature
Date & Time: 11/12/17

Driver's Signature
(If driver is not the policyholder)
Date & Time: 11/12

Reporting Centre Personnel's Signature
Name: 11/12/2017
NRIC/FIN No.: 11/12/2017

REPORTING CENTRE PERSONNEL'S SIGNATURE

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20171210/2104

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

1 of 3

Report No. T/20171210/2104

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/12/2017 23:15	Vide Report No.:	Station Diary No.: 121
--------------------------------------------	------------------	---------------------------

Informant's Particulars			
Name of Informant: MUHAMMAD FAHMI BIN ZAKARIA		Address: APT BLK 338 JURONG EAST AVENUE 1 #04-1638 SINGAPORE 600338	
ID Type / ID No.: NRIC NO / S8816168H		Contact No.: Home/Office: Mobile: 87514161	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 14/05/1988	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Crane operator (port)		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 10/12/2017 08:10	Type of Location: T-Junction
Location: Along Road 1 JURONG EAST STREET 31 near to Entrance Carpark of Blk 352				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG3874P	Motorcycle	YAMAHA	FZ1-S	Black	Seriously Damaged	0
SGU7998G	Car	HONDA	STREAM 1.8 A	Blue	Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20171210/2104

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

2 of 3

Report No: T/20171210/2104

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD FAHMI BIN ZAKARIA		ID No. S8816168H
Related Vehicle	FBG3874P (Motorcycle)		Contact No. 87514161
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	TAY KWEE HUAY		ID No. S1820911Z
Related Vehicle	SGU7998G (Car)		Contact No. 96898996
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 10.12.17, at about 0810am, I was riding my motorcycles FBG3874P along Jurong East St 31 near L/P 11 heading towards Pioneer and I use the route Jurong East St 31 towards Boon Lay Way. As I was riding along the said road, near to the entrance of Blk 352 Jurong East St 31 there was a blue colour 7 seater car was coming out from the said carpark and wanted to turn right. I have the right of way as I was riding at the main junction while the said car coming out from the filter lane(carpark). The said car initially stopped but suddenly when I was nearing the said entrance the car just drove off. I could not stop on time to avoid collision thus, I hit of the right side of the said car. I fell to the right side and sustain abrasion on the right side of my body and some abrasion on the back of my body.

I have yet to seek any medical treatment and I will be going later. I am currently limping and could not walk properly.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20171210/2104

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20171210/2104

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 /

Staff Sgt MUHAMMAD ALFI SHAHZMEER BIN
ANNUAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/12/2017 23:15

Officer In Charge Of Case:

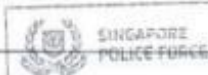
TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp
NP168



SN 34

SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

