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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Gender

Mobile Number Fax Number

Contact Number

EMail Address

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
 Any false 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.
 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.

signesary.	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
D	ETAILS 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
The second secon	1101 =

MALE

(LOCAL) +65-87514161

BEAR_TZM@HOTMAIL.COM

OTHERS-84688393

BLK 338 JURONG EAST AVENUE 1 Address

#04-1638

600338 Postcode

Was driver an employee of the Insured's Company NO

SIBLING If No, Relationship of the Driver with the Insured

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

NO

Other Information

Was any foreign vehicle involved in this accident?

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

Police Station Address

JURONG EAST NEIGHBOURHOOD POLICE CENTRE

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?

If Yes, against whom?

NO

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?

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 96898996

Contact Number

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

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

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Persongel's Signature

SKETCH PLAN Juerne Frag DESCRIBE CIRCUMSTANCES OF THE ACCIDENT DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Policyholder's Signature Driver's Signature Date & Time: 11/12/17. (If driver is not the policyholder)

Date & Time:





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	
Informa	nt's Partic	ulars			
	f Informant: IMAD FAHI	MI BIN ZAKARIA	Address: APT BLK 338 JURONG EAST SINGAPORE 600338	Γ AVENUE 1 #04-1638	
ID Type / ID No.: NRIC NO / S8816168H			Contact No.: Home/Office: Mobile: 87514161		
National SINGAP	lity: PORE CITIZ	EN.	Email:		
Sex: Age: Date of Birth: Male 29 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 Infor	mation of the Accid	ent	10.5		Mark.	Talle Salle
Type of Accident:	Injury Others		nk ve:	Date/Time of Accident: 10/12/2017 08:10		Type of Location: T-Junction
SC SCHOOL IN	ST STREET 31	52				
		Road Surf	ace:		Road	Speed Limit:
Traffic Flow: Traffic Co					Traffi No T	ic Volume: raffic
Type of Collision: Between Moving Vehicles - Head To Side						ne conveyed by ulance:

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

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





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		The state of the		- IO.		
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 Disc	harge	NIL	
No. of Days gran				ree of Injury Slight		
Driver		MATERIA.				
Name	TAY KWEE HUAY		ID No	5	S1820911Z	
Related Vehicle	SGU7998G (Car)			Contact No.		96898996
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date Disc			harge	NIL	
No. of Days gran	ed Medical Leave NIL Degree			f Injury	NIL	

Brief Details.

On the 10.12.17, at about 0810am, I was riding my motorcycles FBG3874P along Jurong East St 31near 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.





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 Record D / Staff Sgt MUHAMMAD ALF ANNUAR	70 M	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		Classification Of Case:		
Contact No.: 65476219		SN 34		
Authentication Stamp NP168	Police tunce	aig i		

A A	SSE
	TELLENT.
AGCIDENT STA	VIEWIEWI , U
10 1 2 20 Dung 111	WWW THE CH. () WHEMM)
ACCIDENT DATE: 10 11 2012 (DD/MM.	67 12 11100 NA 253
1000 TION ALTRIST HORALY FUST	57 13 MEAR BLA 352
COCATION. D SONO	
1. DETAILS OF VEHICLE CAL 28740	95 NZ
1. DETAILS OF VEHICLE PAG 3874 P	M 3 11
a) VEHICLE NUMBER: 1 1 1	
DINSURANCE COMPANY: 17 W 14	mc300/9341702
CIPOLICY NUMBER: #MYG AN	114-01/2001 1 1 1 1 1
DIPOLICY TYPE: [COMPREHENSIVE / THIR	O PARTY TAIKO LABIT TIME
e)MAKE & MODELL	LORBY LUCIORCYCLE / OTHERS
1) TYPE: (SALOON / GOUPE / MPV /VAN /	USDOLL / MOTORCYCLE)
DIVEHIOLE CATEGORY: (PRIVATE / COM-	DEL WAY WAY WORK
h) PURPOSE OF USING AT ACCIDENT TIM	El Pre grover or of
ITARE YOU CLAIMING UNDER TOUR ON	MINDONANCE LIESTING
IF NO, PLEASE STATE (THIRD PARTY CLA	IM / REPORTING ONLY)
ANAME: MOHAMMAD FARIZ 1	SA SALONOCO ALWALE LEW DISSES
b) NRIC/FIN/PASSPORT: 38	CONTACT: SAMEST
c) ADDRESS:	
· CONTINUE TO 3 d IF DRIVER AUSO POL	ICY HOLDER
(Including driver) DRIVER O'NAME: MUHAMMAYS FAHMI P	SIM ZAKARIG
a) NAME: VLUHTIMMAY) PHONU	MALE / FEMALE
(Including driver) BINRIC/FIN/PASSPORT: S& 61 68	T- CONTACT: \$1314161
(1) c ADDRESSI	1000000
d) DATE OF BIRTH: (/	_(DD/MM/YYYY) ; .
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The second state of the second	t discount
WAS OBTIVER AN EMPLOYEE OF THE	INSURED'S COMPANTI
TE NO RELATIONSHIP OF THE DRAV	EK WITH INSURED
5. GIWEATHER CONDITION! (CLEAR / RAII	NING / OTHERS
BIRDAD SURFACE: LDRY / WET / OTHER	
WAS ANYBODY INJURED (YES / NO)	
7. GIREPORTED TO POLICE (YES / NO)	TATION JURGALL FEOR
IF YES, PLEASE STATE WHICH POLICES 8. THIRD PARTY VEHICLE 140 of passenger of VEHICLE NUMBER: DI DRIVER'S NAME:	IAIION:
8. THIRD PARTY VEHICLE QUEL 7958	G MODEL!
the of passanger of VEHICLE NUMBER:	MODGE,
	CONTACT
CINCURATE AFTER CI NRIC/FIN/PASSPORTI	CONTACT:
() 9. THIRD PARTY VEHICLE	1 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1
d) VEHICLE NUMBER:	MODEL:
THE OF PRESINGER OF DRIVER'S NAME:	CONTACTU
(Including driver) 1) NAIO/FIN PASSPORTI	CONTACTI
·	25 DJ 26 A
* ,	19

email = Brac - ten @hotmail com

REPUBLIC OF SINGAPORE IDENTITY CARD NO. S8816168H



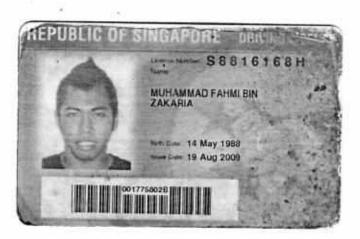
MUHAMMAD FAHMI BIN ZAKARIA



MALAY Date of birth 14-05-1988

Country/Place of birth SINGAPORE





5682994





27-12-2016

APT BLK 338 JURONG EAST AVENUE 1 #04-1638 SINGAPORE 600338 . .



Road Tax Renewal - FBG3874P Road Tax (29 Jun 2017 - 28 Jun 2018) 20170621110730250134

250.00

0.00

250.00

250.00

0.00

250.00

CERTIFICATE OF INSURANCE

2673

R SB

A5538D0 Cov. Type: F

THE MOTOR VEHICLES (THURD PARTY RUSS AND COMPENSATION) ACT (CAP 189) OF THE REPUBLIC OF SINGAPORE COV. TY
THE AGREEMENT SETWEEN THE MINISTER FOR FINANCE (SINGAPORE) AND THE MOTOR INSURERS' BUREAU OF SINGAPORE DATED 22 FEBRUARY 1975
THE AGREEMENT BETWEEN THE MINISTER OF TRANSPORT (HALAYSIA) AND THE MOTOR INSURERS' BUREAU OF WEST MALAYSIA DATED 15 JANUARY 1968 KUKLYBB ANY SUBSEQUENT REVISIONS TO THE ABOVE ACTS AND AGREEMENTS

CERTIFICATE No.

AVMC880019341702

Charo JYARNI SD000000529

1. Index Mark and Registration Number of Vehicle

FBG 3874 P

2. Name of Policyholder

MUHAMMAD FARIZ BIN ZAKARIA

Sub-Total

3. Effective Date of Commencement of Insurance for the purposes of the Ordinance

29 June 2017

4. Date of Explry of Insurance

28 June 2018

- 5. Persons or Classes of Persons entitled to drive* (For certificate references MX1 and MX4, see overleaf)
 - A. THE POLICYHOLDER,
 - B. MURAMMAD FARMI BIN ZAKARIA

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

And provided further that the Motor Vehicle is registered under the Road Traffic Act and its registration under the Road Traffic Act has not been cancelled at the time of the accident loss or damage.

Limitations as to Use* (For certificate reference MX1, see overleaf)

USE FOR SOCIAL, DOMESTIC AND PLEASURE FURPOSES AND BY THE POLICYHOLDER IN PERSON IN CONNECTION WITH HIS BUSINESS OR PROFESSION.

THE POLICY DOES NOT COVER !-

- 1. USE FOR HIRE OR REWARD.
- 2. USE FOR RACING, PACE-MAKING, RELIABILITY TRIAL OR SPEED-TESTING.
- 3. DSB FOR THE CARRIAGE OF GOODS (OTHER THAN SAMPLES) IN CONNECTION WITH ANY TRADE OR RUSINESS.
- 4. USE FOR ANY PURPOSE IN CONNECTION WITH THE NOTOR TRADE.

Estimated Value

: MARKET VALUE WITH COE/PARE

Hire Purchase Owner : SOUTHERN WIND MOTOR CREDIT & TRADING FIR DID

: Third Party Fire & Theft

Linkstions rendered inoperative by Section 79 of the Road Traffic Ordinance 1958 (Malaysia) or Section 7 of the Motor Vehicle (Third-Party Risks and Compensation) Ordinance 1960 (Republic of Singapore) are not to be included under the headings.

IVWE HEREBY CERTIFY that the policy to which this certificate relates is issued in accordance with the provisions of Part IV of the Road Transport Act 1987 (Malaysia) and The Motor Vahicles (Third-Party Risks and Compensation) Act (Chapter 189) (Republic of Singapore)



Examined by