

## 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	09/01/2018 14:34
Date Of Accident	05/01/2018 17:45
Exact Location Of Accident	ALONG BISHAN STREET 22
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6452H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN PAIJAN
NRIC No	S8905957G
Email Address	FAJZALPAIJAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90712622
Alternative Phone No	OTHERS-90712622

### Vehicle Particulars

Manufacturer	KAWASAKI
Model	Z1000SX-1.0
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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SI17V16405/VMS/R02
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FAIZAL BIN PAIJAN
NRIC No	S8905957G
Date Of Birth	04/02/1989
Occupation	INDOOR
Date Of Driving Pass	02/10/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90712622
Fax Number	
Contact Number	OTHERS-90712622
Email Address	FAJZALPAIJAN@GMAIL.COM

Address	BLK 209 BISHAN STREET 23 #02-369
Postcode	570209
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180108/2097 (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	SKG6693T
Vehicle Make/Model/Colour	PORSCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHUA EE JOO FLORENCE (CAI YIRU, FLORENCE)
NRIC/Passport Number	S7917070D
Contact Number	81888956
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

3

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD FAIZAL BIN PAIJAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK6452H
Were seat belts worn?	
Was this 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: 08/01/2018

1320 Hrs

Driver's Signature

(If driver is not the policyholder)

Date & Time:

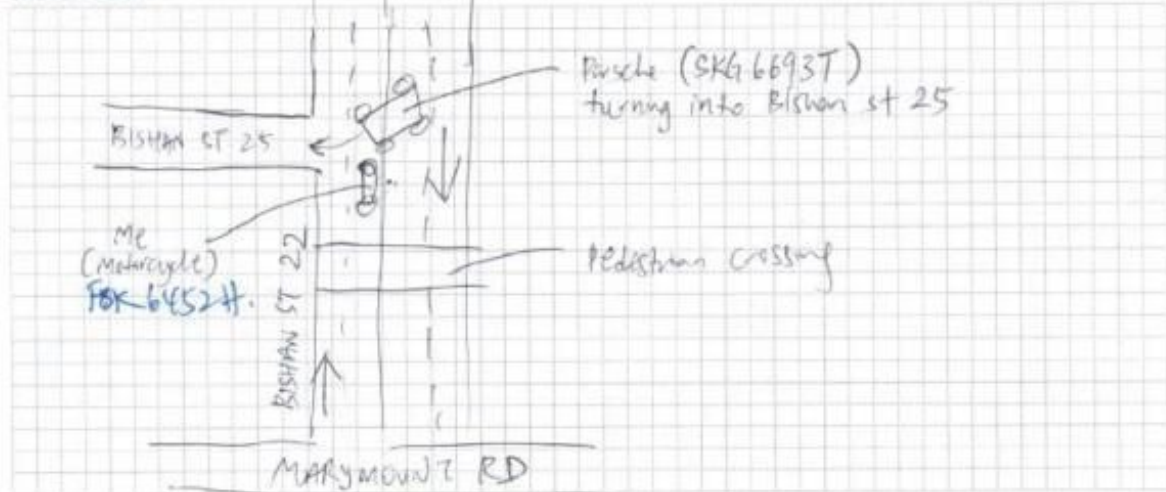
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the grid area:

PLS REFER TO POLICE REPORT  
7/20180108/2097

### DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

QJABNC SketchPlanForm\_V3/

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### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180108/2097

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20180108/2097

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2018 15:02	Vide Report No.: E/20180105/0140	Station Diary No.: 57
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Informant's Particulars			
Name of Informant: MUHAMMAD FAIZAL BIN PAIJAN		Address: APT BLK 209 BISHAN STREET 23 #02-369 SINGAPORE 570209	
ID Type / ID No.: NRIC NO / S8905957G		Contact No.: Home/Office: Mobile: 90712622	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 28	Date of Birth: 04/02/1989	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: SUPPLY CHAIN EXECUTIVE		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/01/2018 17:45	Type of Location: T-Junction
Location: Along Road 1 BISHAN STREET 22  Bishan Street 22 before Bishan Street 25 after the traffic light junction				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
FBK6452H	Motorcycle	KAWASAKI	Z1000SX	Black	Seriously Damaged	0
SKG6693T	Car	PORSCHE		Brown	Slightly Damaged	2

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK6452H	LIBERTY INSURANCE PTE LTD	SI17V16405/VMS/R 02	27/11/2017	26/11/2018

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180108/2097

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3  
Report No: T/20180108/2097

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAIZAL BIN PAIJAN	ID No.	S8905957G
Related Vehicle	FBK6452H (Motorcycle)	Contact No.	90712622
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	05/01/2018	Date Discharge	06/01/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Name			
CHUA EE JOO FLORENCE	ID No.	S7917070D	
Related Vehicle	NIL	Contact No.	81888956
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 05.01.2018 at about 1745hrs, I riding my motorcycle FBK6452H alone along Bishan Street 22 and I was on the right lane. As the traffic light was green, I continued to move. As I was approaching the junction of Bishan Street 25, a brown Porsche SKG6693T, which was travelling opposite my direction, made a quick right turn towards Bishan Street 25. I unable to stop in time and the car's right front bonnet collided against the right side of my motorcycle. I landed on my left side and I got up. The Porsche female Chinese driver turned into Bishan Street 25 and stopped her car. Some passer-by who saw the accident had assisted me to call for police and the ambulance. I managed to push my motorcycle to the road side of Bishan Street 25 with the help of the passer-by. The driver and I exchanged our particulars. Traffic police officers and the ambulance came. I was conveyed by ambulance to Tan Tock Seng Hospital and was given an outpatient treatment. I was granted seven days medical leaves from 05.01.2018 to 11.01.2018. I had sustained pain on my right leg area and on my lower back.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180108/2097

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

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Report No. T/20180108/2097

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 HAZLIN SURAYA BINTE RAMLEY

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
08/01/2018 15:02

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL  
Contact No.: 65476246

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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