

## 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 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	13/02/2018 16:09
Date Of Accident	05/02/2018 17:00
Exact Location Of Accident	ALONG ALEXANDRA ROAD (INFRONT OF IKEA)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM5590M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN SAIFUL ANUAR
NRIC No	S9123349E
Email Address	FAIZALANJANG@OUTLOOK.SG
Mobile Phone No	(LOCAL) +65-90088359
Alternative Phone No	OTHERS-90088359

### Vehicle Particulars

Manufacturer	HONDA
Model	NC750XA-745CC
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	ALLIED WORLD ASSURANCE COMPANY, LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	A 0005669
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD FAIZAL BIN SAIFUL ANUAR
NRIC No	S9123349E
Date Of Birth	06/07/1991
Occupation	OUTDOOR
Date Of Driving Pass	14/07/2016
Driving Experience	1 YEAR AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90088359
Fax Number	
Contact Number	OTHERS-90088359
Email Address	FAIZALANJANG@OUTLOOK.SG

Address	BLK 967A JURONG WEST STREET 93 #02-831
Postcode	641967
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 TO REAR
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)	2
Passenger 1	NAME: : SITI ZAINA BINTE KAMARI GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 11 KAMPONG KAPOR ROAD , <b>POSTCODE:</b> 208678 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2949999 - <b>FAX NO:</b> 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180205/2010

#### 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 Witness 1

Name	MUHAMMAD AL FADHLI BIN ABDUL GHAFOR
Phone Number	86111203
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJP66H
Vehicle Make/Model/Colour	PORCHE
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver  
NRIC/Passport Number  
Contact Number  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

3

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD FAIZAL BIN SAIFUL ANUAR  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBM5590M  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

#### DETAILS OF INJURED PERSON 2

Name SITI ZAINA BINTE KAMARI  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBM5590M  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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#### 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:

13/2/2018  
1535 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

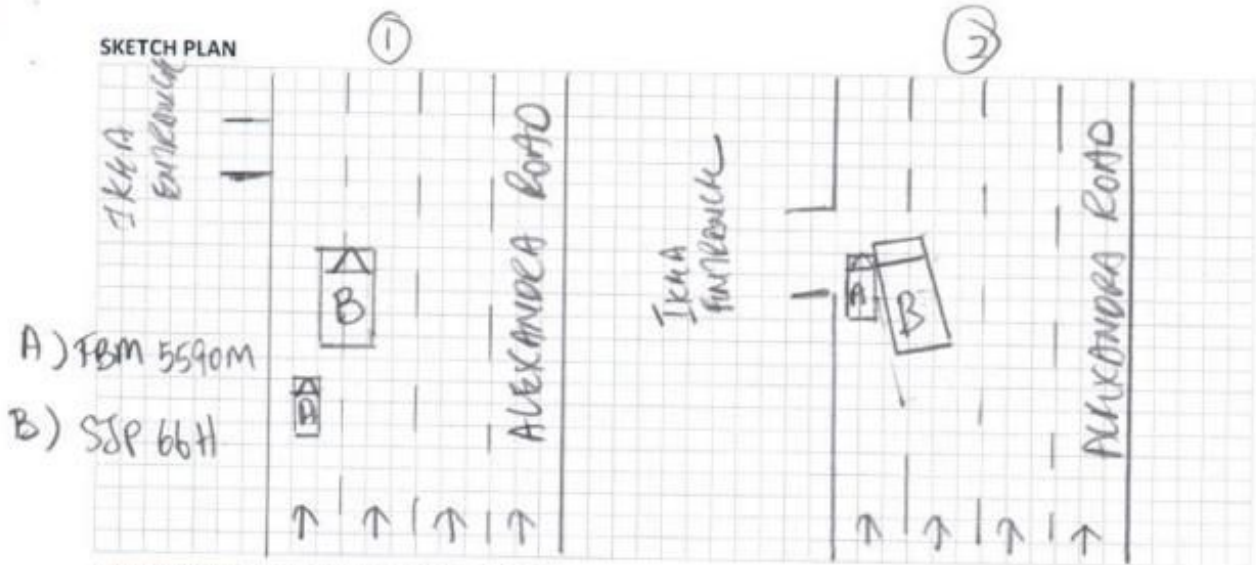
NRIC/FIN No.:

13/02/2018

ROSLI WATDAB

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS Refer to Police Report*

*7/2080206/2010*

## DECLARATION

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

Policyholder's Signature

Date & Time: 13/2/2018

1535HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

13/02/2018

Roddi WATSON



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180206/2010

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No. T/20180206/2010

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/02/2018 01:33	Vide Report No.: D/20180205/0088	Station Diary No.: 24
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### Informant's Particulars

Name of Informant: MUHAMMAD FAIZAL BIN SAIFUL ANUAR			Address: APT BLK 90 REDHILL CLOSE #11-408 SINGAPORE 150090		
ID Type / ID No.: NRIC NO / S9123349E			Contact No.: Home/Office: Mobile: 90088359		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 06/07/1991	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Cisco Officer			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: 05/02/2018 17:00	Type of Location: Straight Road
Location: Along Road 1 ALEXANDRA ROAD  Alexandra Rd in front of IKEA				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM5590M	Motorcycle	HONDA	NC750XA	Black	Slightly Damaged	1
SJP66H	Car				Slightly Damaged	2

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180206/2010

Police Station Of Origin:  
Rochor N.P.C  
11 Kampong Kapur Road SINGAPORE  
208678  
Tel No: 1800-2949999

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Report No, T/20180206/2010

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM5590M	ALLIED WORLD ASSURANCE COMPANY, LTD (SINGAPORE BRANCH)	AVMCSB00307118 00	17/01/2018	16/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FAIZAL BIN SAIFUL ANUAR	ID No.	S9123349E
Related Vehicle	FBM5590M (Motorcycle)	Contact No.	90088359
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	05/02/2018	Date Discharge	05/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Pillion			
Name	Siti Zaina Binte Kamari	ID No.	S9123641I
Related Vehicle	FBM5590M (Motorcycle)	Contact No.	8222076
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/02/2018	Date Discharge	05/02/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight

### Brief Details.

On the above mentioned date, time and location, I was riding along Alexandra Rd when my motorcycle hit the rear of a car, SJJ66H. As a result, my pillion and myself fell off the bike. The driver wanted to make a left turn without signaling. A witness then told me that before he brought me to the hospital, the driver only helped me to lift up my motorcycle and put it by the side of the road. I was riding in the 4th lane from the right when I hit the car. I asked the driver for his particulars to lodge a police report but he refused to give it to me. He told me that the accident was his fault as he was unsure whether to turn left or not. He was also travelling between lanes 3 and 4 from the right. As he was in between lanes 3 and 4, I assumed that he was going straight. I was going straight and about to enter the filter lane when the car swerved into my lane, and that was when I hit the car. After the driver of the car refused to give me his particulars, a witness who saw the accident then brought me to the hospital to treat my injuries. I did not move my motorcycle from the accident scene. I only called the police to inform about the accident when I was at the hospital. I did not call the police at the scene as I was in shock. The damages to my motorcycle are as follows: Exhaust pipe scratched and slight dent, rear brake bent inwards, crash bar scratched, brake lever

## POLICE REPORT



**SINGAPORE  
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T/20180206/2010

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Report No. T/20180206/2010

### CONTINUATION OF REPORT

damaged, right side mirror broken, and right signal light broken. My injuries are as follows: some abrasion and swelling on my right knee and foot. My pillion sustained the following injuries: abrasion and swelling on her right leg and knees. That is all.



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180206/2010

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208678  
Tel No: 1800-2949999

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Report No. T/20180206/2010

## 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: A / Staff Sgt NORHAYATI BINTE ABDUL SAMAD <i>Sedidiah Hemah</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 06/02/2018 01:33
Officer In Charge Of Case: TP / AEIT / SSI 2 SITIMARSITA BINTE BOHARI Contact No.: 65476219	Classification Of Case:

Authentication Stamp  
NP168



Singapore Police Force

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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