

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
Insured/Policyholder	
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	
Cover Note Number	A 0005669

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	
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

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	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 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

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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:

13/2/2018
1535 HRS

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

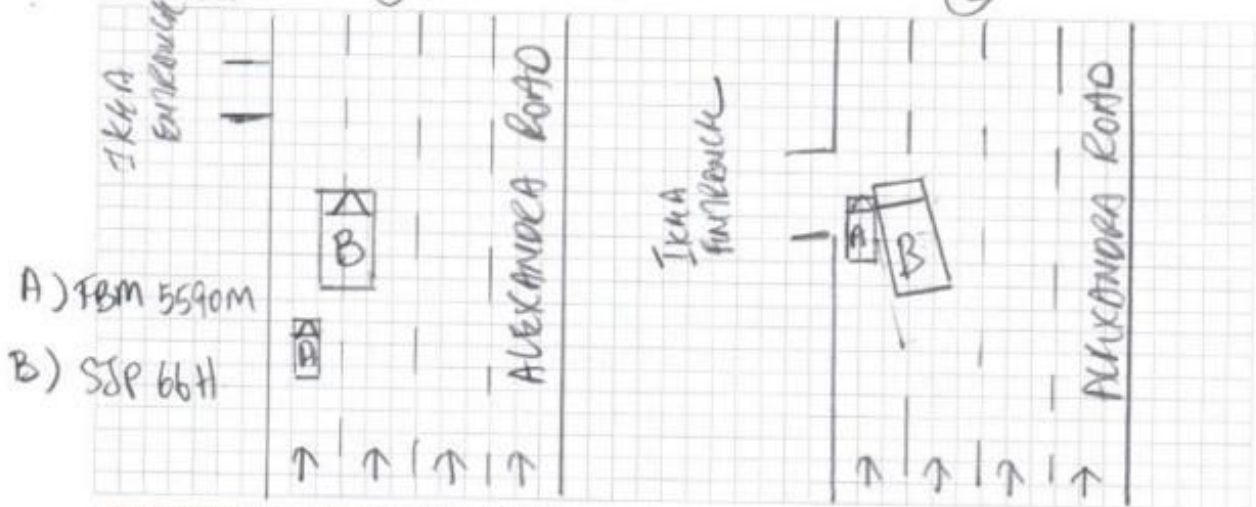
NRIC/FIN No.:

13/02/2018

ROSLI WATTOB

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report
7/20180206/2010

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 Watters

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

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
POLICE FORCE**



T/20180206/2010

Police Station Of Origin:
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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

Police Station Of Origin:
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11 Kampong Kapur Road SINGAPORE
208678
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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
NP158



[Signature]

SN 13

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



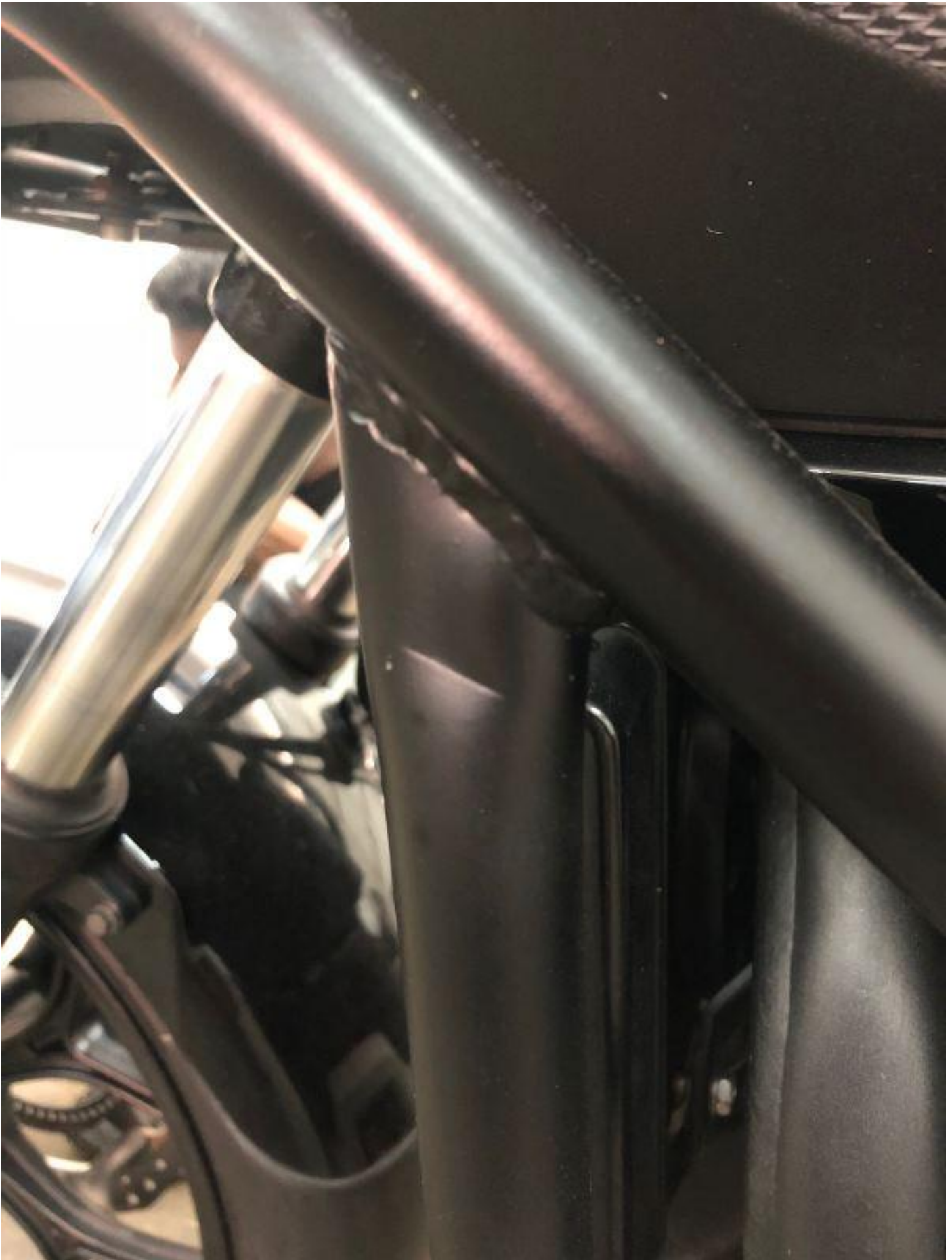
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Accident Photo



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
UEN: S665500200 / 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: MMA48022225 Vehicle Registration No: FBM5590M
Name (as shown in NRIC): MUHAMMAD FAIZAL BIN SAIFUL ANUAR NRIC/FIN/Passport No: S9123349E
(*Vehicle Driver / Vehicle Owner) (* Please delete as appropriate)
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 90088359
Email Address: _____
Date of Accident: 05/02/2018 Time of Accident: 17:00
Place of Accident: ALONG ACHAYAMORA ROAD (IN FRONT OF IKRA)
Insurance Company: ALLIANZ WORLD ASSURANCE

(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:

SHOULD BE COVER NOTE NOT POLICY NUMBER

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Paul Watson
NRIC/FIN No.: _____
Date: 02/03/2018