

## 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	01/03/2018 15:33
Date Of Accident	28/02/2018 07:25
Exact Location Of Accident	ALONG FAJAR ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM6563K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL AZIM BIN ABDOL MAJID
NRIC No	S9235719H
Email Address	AJIMSEPAK@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81212405
Alternative Phone No	OFFICE-81212405

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SNIPER T150-150CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00329

### Driver

Name of Driver	ABDUL AZIM BIN ABDOL MAJID
NRIC No	S9235719H
Date Of Birth	06/10/1992
Occupation	OUTDOOR
Date Of Driving Pass	20/04/2011
Driving Experience	6 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81212405
Fax Number	
Contact Number	OFFICE-81212405
Email Address	AJIMSEPAK@GMAIL.COM

Address	BLK 515 JELAPANG ROAD 14-213
Postcode	670515
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	AFTER RAIN
Road Surface	WET

#### 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?	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	BUKIT PANJANG
Police Station Address	<b>ROAD:</b> 1 SEGAR ROAD , <b>POSTCODE:</b> 677738 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180228/2177 (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	SKG9138K
Vehicle Make/Model/Colour	TOYOTA ALTIS
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WONG CHER KIOU
NRIC/Passport Number	S1561993G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

2

**DETAILS OF INJURED PERSON 1**

Name	ABDUL AZIM BIN ABDOL MAJID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM6563K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

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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: 01/03/18  
14:30

Driver's Signature

(If driver is not the policyholder)  
Date & Time:

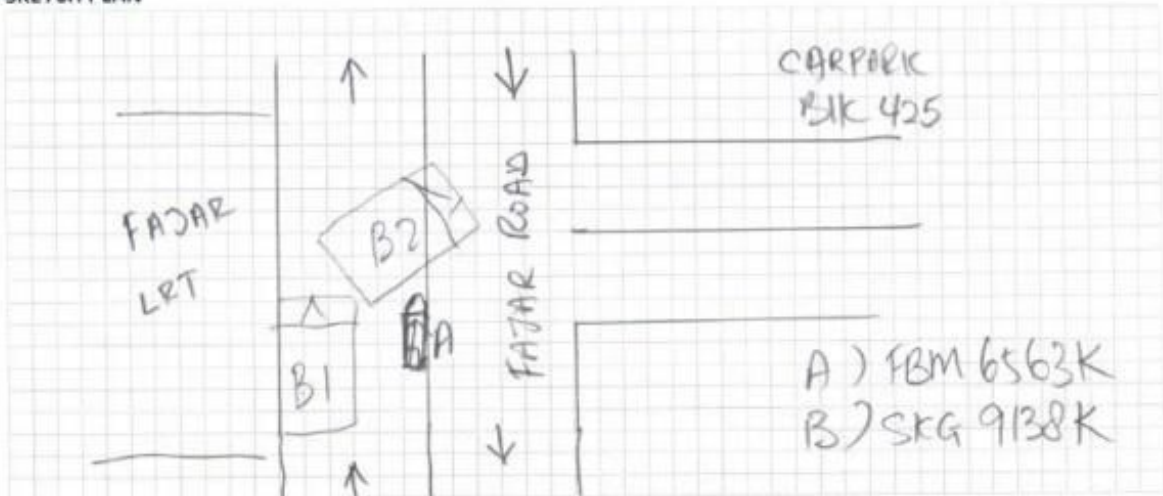
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS Refer To Police Report*  
*T/20180228/2177*

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
 Date & Time: 01/03/18  
 14:30

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

*[Signature]* 01/03/2018  
 Reporting Centre Personnel's Signature  
 Name: *Porti wong*  
 NRIC/FIN No.:

Sketch Plan Form (SP)



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180228/2177

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

1 of 3

Report No. T/20180228/2177

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/02/2018 23:51		Vide Report No.: J/20180228/0164		Station Diary No.: 164	
<b>Informant's Particulars</b>					
Name of Informant: ABDUL AZIM BIN ABDOL MAJID		Address: APT BLK 515 JELAPANG ROAD #14-213 SINGAPORE 670515			
ID Type / ID No.: NRIC NO / S9235719H		Contact No.: Home/Office:		Mobile: 81212405	
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 25	Date of Birth: 06/10/1992	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B		Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 28/02/2018 07:25	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 FAJAR ROAD BUKIT PANJANG RING ROAD				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBM6563K	Motorcycle					0
SKG9138K	Car					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/20180228/2177

2 of 3

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

Report No. T/20180228/2177

## CONTINUATION OF REPORT

Rider		ID No.	
Name	ABDUL AZIM BIN ABDOL MAJID	ID No.	S9235719H
Related Vehicle		Contact No.	
FBM6563K (Motorcycle)		81212405	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NG TENG FONG GENERAL HOSPITAL		Class: 2B Date of Expiry: NIL	
Date Treatment	28/02/2018	Date Discharge	28/02/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight
Driver		ID No.	
Name	WONG CHER KIW	ID No.	S1561993G
Related Vehicle		Contact No.	
SKG9138K (Car)		NIL	
Hospital/Clinic		Class of Driving Licence & Expiry Date	
NIL		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 28th Feb 18 at about 1925hrs, I was riding along Fajar Rd towards Bukit Panjang Ring Road, Bangkit Road and was approaching Fajar LRT. I spotted a stationery car at the left side of the road exactly by the side of Fajar LRT. The car did not have its hazard light on and was not moving at all. As I was approaching one car length away from the car, the car started to move and began to make a U-turn along the road. As I was too near to the car at that point of time, I could not avoid the car and collided head on too the car driver door. I was immediately thrown off my bike.

Both the driver and the passenger alight from their vehicle and asked if I need an ambulance. The two witness came to assist me and soon after ambulance arrived. I was then conveyed to Ng Teng Fong Hospital conscious however there is a cut on the bridge of my nose. Traffic police also came and advised me to lodge a police report vide J/20180228/0164 under IO Syed Zayid Tel: 65676394.

Sketch Plan #5



**SINGAPORE  
POLICE FORCE**



T/20180228/2177

Police Station Of Origin:  
Bukit Panjang N.P.C  
1 Segar Road #01-05 SINGAPORE 677738  
Tel No: 1800-8929999

3 of 3

Report No. T/20180228/2177

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:  
J /  
Sr Staff Sgt SOEBQI AIMA BIN SOEBIRIN

Signature Of Informant:

*Am*

Signature Of Interpreter:  
Not applicable

Date/Time:  
28/02/2018 23:51

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 RASHIDAH BINTE AZMAN  
Contact No.: 65476216

Classification Of Case:

Authentication Stamp  
NP168



MC

Ng Tong Fong General Hospital

A member of the NUHS

MEDICAL CERTIFICATE (Ref:38180125)

ORIGINAL

NAME: ABDUL AZIM BIN ABDOL MAJID

NRIC: S9235719H

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 28/2/2018 to 14/3/2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 28/02/2018 20:22 to 28/02/2018 21:49.

28/02/2018  
Date

Dr. Ahmad Syahir MOHD ROSLI (18696A)  
Issued by

Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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