

## 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	16/03/2018 11:27
Date Of Accident	14/03/2018 18:30
Exact Location Of Accident	ALONG BRADDELL ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX9788D
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#### Insured/Policyholder

Name Of Registered Owner	MUHAMMAD FAUZIE BIN ALIAS
NRIC No	S8626571J
Email Address	OG_DEGILZ@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-85220785
Alternative Phone No	OTHERS-85220785

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC
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	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MOMVM000001926-00-000
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD FAUZIE BIN ALIAS
NRIC No	S8626571J
Date Of Birth	29/08/1986
Occupation	INDOOR
Date Of Driving Pass	26/09/2016
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85220785
Fax Number	
Contact Number	OTHERS-85220785
Email Address	OG_DEGILZ@HOTMAIL.COM

Address	BLK 202A PUNGGOL FIELD #05-232
Postcode	821202
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	SIDE SWIPE
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?	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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180315/2042

#### 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	SFT8839T
Vehicle Make/Model/Colour	MERCEDES BENZ CLA180
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)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD FAUZIE BIN ALIAS
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX9788D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident 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: 16/03/18

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

  
Reporting Centre Personnel's Signature  
Name: Rosli W. Arif  
NRIC/FIN No. 808116400000

# Accident Sketch Plan

SKETCH PLAN

ALONG BRADDELL ROAD

3rd 2nd 1st

↑ ↑

A) FX 9788P  
B) SF 8839T

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/S REFER TO POLICE REPORT  
7/20180315/2042

## DECLARATION

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

Signature 16/03/18  
Policyholder's Signature  
Date & Time:

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

Signature 16/03/2018  
Reporting Centre Personnel's Signature  
Name: Robert White  
NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180315/2042

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180315/2042

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/03/2018 11:39	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MUHAMMAD FAUZIE BIN ALIAS			Address: 202A PUNGGOL FIELD #05-232 HDB-PUNNGOL WEST SINGAPORE 821202		
ID Type / ID No.: NRIC NO / S8626571J			Contact No.: Home/Office: Mobile: 85220785		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 29/08/1986	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Crane operator (port)			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/03/2018 18:30	Type of Location:
Location: Along Road 1 BRADDELL ROAD				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX9788D	Motorcycle	HONDA	CB400 SF4J M	Black		0
SFT8839T		MERCEDES BENZ	CLA180 (R18 BI)			0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FX9788D	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01543	26/10/2017	25/10/2018

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180315/2042

2 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

Report No. T/20180315/2042

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	MUHAMMAD FAUZIE BIN ALIAS	ID No.	S8626571J
Related Vehicle	FX9788D (Motorcycle)	Contact No.	85220785
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	NIL

### Brief Details.

On the 15/03/2018 at about 1830 hrs, I was traveling along Braddel Road when I met an accident with another vehicle bearing "SFT8839T". I was traveling on the third lane and filtered to the middle lane and as i was trying to change lane to the first lane from the center going to the right. I enter the right lane when another vehicle in front of me just change lane, i was already on the first lane but she just cut in front and I tried to applied brake but then her back right rear wheel rubbed onto my front wheel and that from there I topple to the right side of the road.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180315/2042

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

3 of 3

Report No. T/20180315/2042

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:  
TP /  
SEBASTIAN NG JING PEI

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MA JUNXIANG  
Contact No.: 65476251

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
15/03/2018 11:39

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048560  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S66550020G / GST Reg. No.: M400017733

**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 : MUA418036998 Vehicle Registration No : S8626571J  
Name (as shown in NRIC) : MUHAMMAD FAUZIK BIN ALIAS NRIC/FIN/Passport No : \_\_\_\_\_  
(\*Vehicle Driver / Vehicle Owner / Other) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 85220785  
Email Address : \_\_\_\_\_  
Date of Accident : 18/03/2018 Time of Accident : 18:30  
Place of Accident : ALONG BRADDAU ROAD  
Insurance Company : GREYH AMERICAN INSURANCE

#### (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:

INSURED NAME TO MUHAMMAD FAUZIK BIN ALIAS

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No.: 200003  
Date: 03/04/2018