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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for erchiving 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

sforesaid.	
The Manager Laboratory of the Control of the Contro	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
Description of the second of the D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FX9788D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAUZI 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	
WAS CAMPED TO A CONTROL OF SALES	AND THE PROPERTY OF THE PROPER

Name of Driver MUHAMMAD FAUZI 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

BLK 202A PUNGGOL FIELD Address

#05-232

Postcode 821202

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OWNER

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?

Number of vehicles involved in the accident

Was any body injured in the Accident?

2 YES

NO

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

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

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

DETAILS OF INJURED PERSON 1

Name

MUHAMMAD FAUZI 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

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 liability.
- 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.
- 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
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature
Name: Pol I (Darias

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DECLARATION				
/We declare the forego	oing particulars a	are true in every respect.		
duba 16 las	3/18			and 16/03/2018
olicyholder's Signature	x In	Driver's Signature		Reporting Centra Parchanal Stanson
late & Time:		(If driver is not the policyhol Date & Time:	lder)	Reporting Centre Personnel's Signature
		MALE OF THERE		NRIC/FIN No.:





1 of 3

Report No. T/20180315/2042

Police Station Of Origin: Traffic Police Division HQ 10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

DEDODT	OF A	TDAFFIC	ACCIDENT

	ne Report N 018 11:39	Made:	Vide Report No.:	Station Diary No.:	
Informa	nt's Partici	ulars			
	Informant: IMAD FAUZ	ZIE BIN ALIAS	Address: 202A PUNGGOL FIELD SINGAPORE 821202	D #05-232 HDB-PUNNGOL WEST	
	ID Type / ID No.: NRIC NO / S8626571J		Contact No.: Home/Office: Mobile: 85220785		
National SINGAP	ity: ORE CITIZ	EN	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 Inform	mation of the Accident	THE RES	Charles of the second	
Type of Accident:	Non-Injury Conveyed By Ambular	Drink nce Drive: No	Date/Time of Accident: 14/03/2018 18:30	Type of Location:
Location; Along Road 1 BRADDELL F				
Weather:	F	Road Surface:	R	load Speed Limit:
Traffic Flow:	П	raffic Control:	Т	raffic Volume:
Type of Collis	ion:		а	nyone conveyed by mbulance: es

Details of V	ehicle Involve	d		THE LET		David Non-Sin
Vehicle No.	Туре	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	





2 of 3

Report No. T/20180315/2042

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

CONTINUATION OF REPORT

Details of Perso	n Involved	- TO STATE OF				
Any Pedestrian I	nvolved: No					
No. of Pedestrian	ns Injured: NIL		Use of Pec	lestriar	Cross	ing: NA
Driver		Shirt Street				
Name	MUHAMMAD FAUZI	MUHAMMAD FAUZIE BIN ALIAS			•):	S8626571J
Related Vehicle	FX9788D (Motorcycl	FX9788D (Motorcycle)			ct No.	85220785
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class Drivin Licent Expiry	g	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	NIL Da				
No. of Days gran	ted Medical Leave	02	Degree of		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 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:	Signature Of Informant:
SEBASTIAN NG JING PEI	1 was
Signature Of Interpreter:	Date/Time:
Not applicable	15/03/2018 11:39
Officer In Charge Of Case:	Classification Of C
TP/GIT/	Classification Of Case:
Staff Sgt MA JUNXIANG	
Contact No.: 65476251	
Authentication Stamp	- Alice o Secretaria

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(Including driver) n	MERCALINALA	W10.	A BATTLE PARENT		
		*	53		79

email = 03-desile a hotmail.com
fax =

REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$8626571J



MUHAMMAD FAUZIE BIN ALIAS

M

محمد فاوزي بن الياس MALAY

29-08-1986

Country/Place of birth SINGAPORE

Date of nich





5806129



₩ S8626571J

Date of issue

27-09-2017

APT BLK 202A PUNGGOL FIELD #05-232 SINGAPORE 821202

TU ARE LIVERSED TO BRIVE VEHICLES IN THE FOLLOWING CLASSIES MOTORCY CLES NOT EXCERDING 290 CF MOTORCY CLES NOT EXCEPT 201 CF 4 ND AN CY MOTOR CARE AND MUTOR TRACTION THE WESSIE OF MURCH ONLADES BOOK NOT EXCEST 2580 EFF. OCHAMIC M4265723 S / No.9000236349 Higher: 4



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third-Party Risks and Compensation) Rules. 1960
 Road Transport Act. 1967 (Malaysia) Motor Vehicles (Third-Party Risks) Rules. 1959 (Malaysia)

Policy Details

Certificate Number

MOMVM000001926-00-000

Motor Cycle (Third Party Fire & Theft)

Policyholder Name

Muhammad Fauzie Bin Alias

Chassis Number

: NC391051893

NCD Entitlement

15% No Claim Discount

Engine Number

: NC23E2061902

Hire Purchase

SOUTHERN WIND MOTOR CREDIT & TRADING PTE

Registration Number

: FX9788D

Period of Insurance

From 26/10/2017 (00:00) To 25/10/2018 (23:59) (Both Dates Inclusive)

Persons or Classes of Persons entitled to Drive

- The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- Use for racing, pace making, reliability trial or speed testing b)
- Use for carriage of goods (other than samples) in connection with any trade of business
- Use for any purpose in connection with Motor Trade
- * Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1)

SGD 300.00 - including Fire & Theft outside Singapore

Excess (Section 2)

N/A

Driver Details

Primary Rider

Muhammad Fauzie Bin Alias

Named Rider 1

N/A

Named Rider 2

N/A

Name of Intermediary

Tena Risk Solutions Pte Ltd

Date of Issue

20/11/2017

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company

Authorised Signatory

mlow