

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	17/05/2018 16:40
Date Of Accident	16/05/2018 08:15
Exact Location Of Accident	PIE TOWARDS CHANGI (B/F UPP SERANGOON/CTE EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7902U
Insured/Policyholder	
Name Of Registered Owner	UWAISULLAH BIN MUIZUDEEN MOHAMMAD
NRIC No	S9842153Z
Email Address	UWAISULLAHMM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92485530
Alternative Phone No	OFFICE-92485530

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZN150-149CC
Exact Purpose for which vehicle was being used at time of accident	GOING 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
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR01842

Driver

Name of Driver	UWAISULLAH BIN MUIZUDEEN MOHAMMAD
NRIC No	S9842153Z
Date Of Birth	28/12/1998
Occupation	INDOOR
Date Of Driving Pass	11/07/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92485530
Fax Number	
Contact Number	OFFICE-92485530
Email Address	UWAISULLAHMM@GMAIL.COM

Address	BLK 55 TEBAN GARDENS ROAD #17-453
Postcode	600055
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: : MUHAMMAD IMRAN BIN MOKMIN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180516/2099

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	SJP9222P
Vehicle Make/Model/Colour	BMW BLUE
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARYL LOH JUN YAN
NRIC/Passport Number	S8936828F
Contact Number	96190319
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name UWAISULLAH BIN MUIZUDEEN MOHAMMAD

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBK7902U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD IMRAN BIN MOKMIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBK7902U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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: 17/05/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

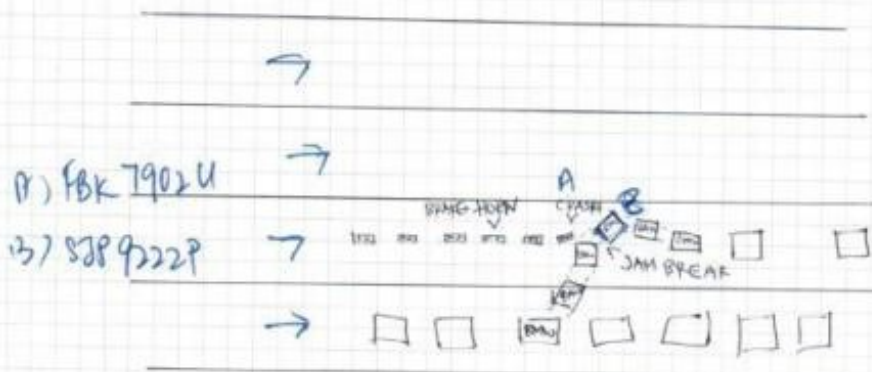
Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Pike towards Chongat next to Top Payon Swimming Complex



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note: PLS Refer to Police Report 7/20/2016/2099

DECLARATION

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

Policyholder's Signature

Date & Time: 17/05/2016

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180516/2099

1 of 4

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180516/2099

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2018 14:45	Vide Report No.:	Station Diary No.: 127
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Informant's Particulars

Name of Informant: UWAISULLAH BIN MUIZUDEEN MOHAMMAD	Address: APT BLK 55 TEBAN GARDENS ROAD #17-453 SINGAPORE 600055		
ID Type / ID No.:	Contact No.:	Mobile: 92485530	
NRIC NO / S9842153Z	Home/Office:		
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 19	Date of Birth: 28/12/1998	Type of Informant: Rider
Race: Indian	Language: English	Institution / School Name:	
Occupation: SPF NSF	Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/05/2018 08:15	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI, 16 1/2 KM MARK, NEXT TO TOA PAYOH SWIMMING COMPLEX				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
FBK7902U	Motorcycle	YAMAHA	FZN150	Red	Seriously Damaged	1
SJP9222P	Car	BMW		Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7902U	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01842	20/11/2017	19/11/2018

POLICE REPORT



**SINGAPORE
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T/20180516/2099

2 of 4

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Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180516/2099

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	MUHAMMAD IMRAN BIN MOKMIN	ID No.	S9911222J
Related Vehicle	FBK7902U (Motorcycle)	Contact No.	94828412
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Rider			
Name	UWAISULLAH BIN MUIZUDEEN MOHAMMAD	ID No.	S9842153Z
Related Vehicle	FBK7902U (Motorcycle)	Contact No.	92485530
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (TOA PAYOH)	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	16/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	DARYL LOH JUN YAN	ID No.	S8936828F
Related Vehicle	SJP9222P (Car)	Contact No.	96190319
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	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 16/05/2018 at about 0815hrs, I was riding my motorcycle (FBK7902U) with pillion rider along PIE (Changi). While I was riding on the second lane near to the stretch of where Toa Payoh Swimming Complex was, a car (SJP9222P) which was driving on the first lane suddenly made a lane change to its left (into my lane) without signaling. I immediately horned at the said car and the car did an emergency brake. As a result, my motorcycle was unable to stop in time and my motorcycle's front wheel collided onto the left rear bumper of the car. My pillion rider and I fell down and suffered some abrasion.

After the incident, my motorcycle's brake was stuck and the front fender was cracked. My right mirror was

POLICE REPORT



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T/20180516/2099

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Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180516/2099

CONTINUATION OF REPORT

fully damaged and the right balancer was broken. The car's rear left bumper was dented. Shortly, the traffic police came and attended to us. After exchanging personal particulars with the other driver, we left the place. Both of us went to seek medical attention and were both given 3 days of medical leave. I wish to state that when the incident happened, I was riding to work. I do not an in-built motorcycle camera.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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