



## 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	01/06/2018 17:17
Date Of Accident	27/05/2018 09:00
Exact Location Of Accident	EXIT 08 CTE TOWARDS OUTRAM ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBG6013M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Co Reg No	200900882K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94886591
Alternative Phone No	OFFICE-94886591
<b>Vehicle Particulars</b>	
Manufacturer	YAMAHA
Model	YBR125-123CC (M)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
Are you claiming under your own insurance policy for repair to your vehicle?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE
<b>Insurance Company</b>	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	MT20171640
<b>Driver</b>	
Name of Driver	MUHAMMAD SHAHZARWAN BIN YACOB
NRIC No	S9142839C
Date Of Birth	17/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	08/04/2010
Driving Experience	8 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94886591
Fax Number	
Contact Number	OTHERS-94886591
Email Address	NOEMAIL



Address	BLK 616 HOUGANG AVENUE 8 #02-370
Postcode	530616
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
Weather Conditions	CLEAR
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH AND ATTACHMENT

#### 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 INJURED PERSON 1

Name	MUHAMMAD SHAHZARWAN BIN YACOB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG6013M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## 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:

  
31 May 2016 2012  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
01/06/2016  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No: 

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to attached.

## DECLARATION




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


Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

### INCIDENT REPORT FOR DUTY POST

Location of Duty Post	Type of Business (Bank/KINs/Embassy/ Residence/Factory)	Date of Incident	Time of Incident	Weather Condition				
Singapore General Hospital	KINs	27 May 2018	0900hrs	wet road				
<b>Person(s) Involved</b>	<b>Particulars of Witness(es)</b>							
Cpl 99214, muhammad Shahzawar bin Yacob, S911428396	nil							
<b>Details of Incident</b> (Who, What, Where, When, Why, How and Other Essential Details)								
<p>At about 0900hrs, I Cpl 99214 muhammad Shahzawar bin Yacob was deployed at SGH for mobile App. I was assigned to bike no FBH 603M. I was riding along the exit of the expressway towards outstand when the accident happened. I was the only person involved in the accident no property or other road user were involved. I was riding accordingly and applied brake to slow down, the next moment I realised I was already sliding on the road due to wet condition. I have physical abrasion on the right wrist and right knee due to the accident.</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">Reported by: Cpl 99214, muhammad (Rank/Svc No/Name) Shahzawar bin Yacob</td> <td style="width: 20%;">Signature </td> <td style="width: 20%;">Date 27 May 2018</td> <td style="width: 20%;">Time 0900hrs.</td> </tr> </table>					Reported by: Cpl 99214, muhammad (Rank/Svc No/Name) Shahzawar bin Yacob	Signature 	Date 27 May 2018	Time 0900hrs.
Reported by: Cpl 99214, muhammad (Rank/Svc No/Name) Shahzawar bin Yacob	Signature 	Date 27 May 2018	Time 0900hrs.					

 01/06/2018  
 Roshan Wani



ID : 99214

Shift : 0745  
time

## Certis Fleet Management Section Traffic Accident Reporting Form

Version: 1.1

## Section 1: DRIVER DECLARATION

## a) Driver Particulars

Name: Muhammad Shabzarwan  
 NRIC/ FIN/ Passport: 89142839C  
 Date of Birth: 17 Nov 1991

Contact number: 9486591  
 Driving Pass Date: 08 Apr 2010

## b) Vehicle Details - Certis

Vehicle Number: FB4 6013 M  
 Vehicle brand: Honda  
 Vehicle Model: \_\_\_\_\_

Vehicle Category: Commercial / Motorcycle  
 Car

Number of passengers  
 (Include driver): 1

## c) Accident Details

Date: 27 May 2018  
 Time: 0900 hrs  
 Location: EX4 or EX towards Cawston rd  
 Type of Collision:  
 (Please Circle) Rear-End / Side-impact / Sideswipe  
 Head-on Single Car / Chain Collision  
 Hit-and-Run / Rollover / Self-Skidded

Are you on more than 3 days medical  
 leave (MC)? No / Yes

Any personnel taken to hospital? No / Yes

Damaged to Government Property or  
 Material? No / Yes

Foreign Vehicle(s) Involved? No / Yes

\*If any above questions consist of a "Yes", proceed to make police report

Weather Condition: Clear / Rainy / Groomy

Police report required? No / Yes

Road Surface: Wet / Dry

If Yes, police station name? \_\_\_\_\_

Any Fatality/Major Injury? No / Yes

Any Other Vehicle Involved? No / Yes

Did you violate any Traffic Rules? No / Yes

\*If above question consist of "Yes", proceed to part (d)

Traffic Police Activated? No / Yes

Any Prosecution Given by TP? No / Yes

## d) 3rd Party Vehicle Details

	Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4	Vehicle 5
Vehicle Number:					
Vehicle brand:					
Vehicle Model:					
Name:					
NRIC/ FIN/ Passport:					
Contact Number:					

## e) Witness Details (if any)

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

## f) Accident Statement

Please proceed to write Description of Accident. See Page 4.

## g) Acknowledgement

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

Driver Signature: [Signature]  
 Date: 31 May 2018  
 Time: 0921 hrs.

Supervisor Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Time: \_\_\_\_\_

Section 2: FOR FMU STAFF ONLY

a) Insurance Information

Claim purposes: Own Damage / 3rd Party / Reporting Only Is Driver employee of No Yes  
Insurance Company: See Attached Company?:  
Policy Number: Comprehensive / 3rd Party/ Fire & Theft Is driver the owner of the No Yes  
vehicle?

b) Certis Demerit Point Recommendation

At-Fault Accident? No / Yes BOLA Reference Number:   
Accident Type: Minor / Major Demerit points allocated:

Driver Acknowledgement: [Signature]

Head of FMS  
Acknowledgement:

Date and Time: 31 May 2018  
10 0922

Date and Time:





REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S9142839C**


Name  
**MUHAMMAD SHAHZARWAN BIN YACOB**

Birth Date **17 Nov 1991**  
Issue Date **14 Aug 2012**



 002096196J

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S9142839C**



Name  
**MUHAMMAD SHAHZARWAN BIN YACOB**

محمد شزاروان بن يعقوب

Race  
**MALAY**

Date of Birth **17-11-1991** Sex **M**

Country of birth  
**SINGAPORE**

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES!

	EFFECTIVE DATE
Class 10 Motorcycles < 200 CC	08 Apr 2019
Class 16 Motorcycles between 201 CC and 400 CC	14 Jan 2013
Class 2 Motorcycles > 400 CC	05 Jul 2014
Class 3 Motor cars < 2000 kg (10-seater), vehicles of the delivery and heavy transport vehicles < 2500 kg	12 Jul 2019

S9142839C S / No. 9000206888

NP 420A-  Licence No: S9142839C



38842

 IBC No. **S9142839C**

Date of issue  
**24-11-2006**

Address  
**APT BLK 616 HOUGANG AVENUE 8  
#02-370  
SINGAPORE 530616**

**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

**MOTOR COVER NOTE: MT20171640**

The Insured mentioned in this Cover Note, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: CERTIS CISCO AUXILIARY POLICE FORCE PTE LTD
Insured Nric/Passport No/ Roc	: 200900882K
Policy Coverage	: COMPREHENSIVE
Make And Description Of Vehicle	: Yamaha YBR125 Manual Motor Cycle
Vehicle Registration No.	: FBG6013M
Year Of Manufacture	: 2012
Engine No.	: E3J2E005430
Chassis No.	: LBPKE1786D0009064
Engine Capacity/ Tonnage/ Seater	: 124 cc
Hire Purchase	: Nil
Value (S\$)	: AS PER MARKET VALUE
Period Of Insurance	: FROM: 01/04/2017 TO: 31/03/2019
Excess (S\$)	: Section I :\$ 750 : Section II :Nil : Windscreen Excess :\$ 100
Great American Authorized Workshop	: Chin Meng Motors + Authorized Workshop

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company  
Authorized Signatory

Date of Issue : 29/03/2017

Intermediary : Jardine Lloyd Thompson Pte Ltd

MTR/COVERNOTE/V02/16