

## 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	05/07/2018 17:33
Date Of Accident	21/06/2018 02:00
Exact Location Of Accident	ALONG YUAN CHING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3822U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD FARHAN BIN ABDUL RASHID
NRIC No	S9802945A
Email Address	FARHAN-29@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94502170
Alternative Phone No	OTHERS-94502170

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
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
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR00231

### Driver

Name of Driver	MUHAMMAD FARHAN BIN ABDUL RASHID
NRIC No	S9802945A
Date Of Birth	29/01/1998
Occupation	INDOOR
Date Of Driving Pass	23/10/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94502170
Fax Number	
Contact Number	OTHERS-94502170
Email Address	FARHAN-29@HOTMAIL.COM

Address	BLK 172 GANGSA ROAD #20-14
Postcode	670172
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	DRIZZLING
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	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180622/2128

#### 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	SHC8898M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	First Capital Insurance Ltd
NRIC/Passport Number	36 Robinson Rd #16-01
Contact Number	City House
Address	Singapore 068877
Postcode	Tel 65073848
Insurance Company Name	Fax 65073849
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD FARHAN BIN ABDUL RASHID
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF3822U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


## SKETCH PLAN

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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.

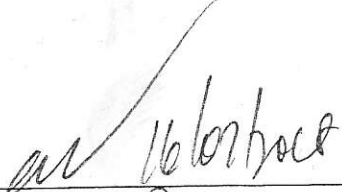
  
Policyholder's Signature

Date & Time: 05/07/18 17:21 hrs

Driver's Signature

(If driver is not the policyholder)

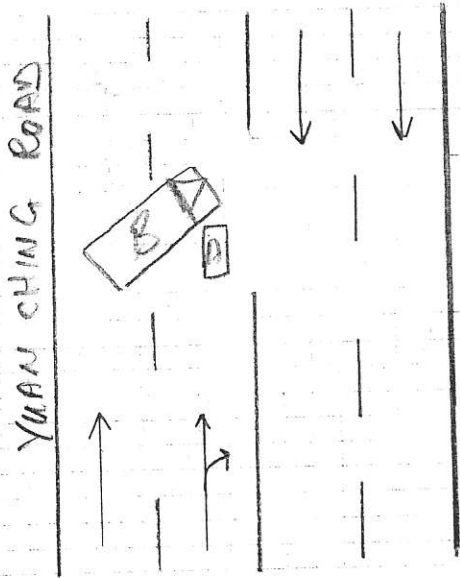
Date & Time:

  
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.: 

SKETCH PLAN



A) FBF 3822U  
B) SHC 8898M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*AS Refer to Police Report  
1/20180622/2/28 & 1/20180709/2/24*

DECLARATION

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

*Lin*  
Policyholder's Signature  
Date & Time: 05/07/18 1733hrs

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

*16/07/2018*  
Reporting Centre Personnel's Signature  
Name: *Paul Wong*  
NRIC/FIN No:



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

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 09/07/2018 22:55	Vide Report No.: T/20180622/2128	Station Diary No.: 188
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**Informant's Particulars**

Name of Informant: MUHAMMAD FARHAN BIN ABDUL RASHID			Address: APT BLK 172 GANGSA ROAD #20-14 SINGAPORE 670172		
ID Type / ID No.: NRIC NO / S9802945A			Contact No.: Home/Office: Mobile: 94502170		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 29/01/1998	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name: NGEE ANN POLY	
Occupation: STUDENT			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: 21/06/2018 02:00	Type of Location: Straight Road
Location: Along Road 1 YUAN CHING ROAD  ALONG YUAN CHING ROAD NEAR LAKESIDE TOWERS				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
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
FBF3822U	Motorcycle	YAMAHA	T135	White	Seriously Damaged	0
SHC8898M	Car				Seriously Damaged	0

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF3822U	GREAT AMERICAN INSURANCE COMPANY	MT2018TR00231	03/02/2018	14/03/2019



**SINGAPORE  
POLICE FORCE**



T/20180709/2204

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/20180709/2204

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD FARHAN BIN ABDUL RASHID	ID No.	S9802945A
Related Vehicle	FBF3822U (Motorcycle)	Contact No.	94502170
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	21/06/2018	Date Discharge	21/06/2018
No. of Days granted Medical Leave	16	Degree of Injury	NIL

**Brief Details.**

On 21/06/2018 at about 0200hrs, I was riding along Yuan Ching Road heading toward Yung Sheng Rd to meet my friend. I was riding at 50km/hr on the right side of the 2 lane road. In front of me on the left lane was a blue Comfort Delgro taxi. As I approached closer to the taxi, the taxi suddenly turn towards the right, wanting to turn to the lakeside towers condominium, and eventually his ride front bumper hit me. It was a huge impact as I flew off my bike about 5 meters towards the front. I was still conscious however suffered abrasions on my face, left and right side of my thigh and abrasions on my fingers of my left hand. I then remained flat on the ground. There was passerby who managed to assist me to contact my mother and friend. The next moment, I found out that there was an ambulance and traffic police at scene. I was then conveyed to Ng Teng Fong Hospital and the doctor gave me a total of 16 days of hospital leave.

I wish to state that there was a camera along the opposite road of yuan ching road on lamp post 66. Traffic police IO Raziz was at scene. I also wish to state that driver did not signal when he wanted to turn right.



**SINGAPORE  
POLICE FORCE**



T/20180709/2204

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/20180709/2204

**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 /

CHEN SHIXIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt RAZIZ BIN TAHAR

Contact No: 65476200

SN 117

Signature :

Authentication Stamp

NP168 Singapore Police Force

Signature Of Informant:

Date/Time:

09/07/2018 22:55

Classification Of Case: