

## 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	19/09/2018 15:45
Date Of Accident	20/08/2018 17:55
Exact Location Of Accident	ALONG BUKIT BATOK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV851Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMED FIRMAN BIN MOHAMED MOTALI
NRIC No	S8601277D
Email Address	FIRMANFIDAH3310@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82824627
Alternative Phone No	OTHERS-82824627

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ-399CC
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?	YES
If No, Please state action to be taken	
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	MT2017TR01948

### Driver

Name of Driver	MOHAMED FIRMAN BIN MOHAMED MOTALI
NRIC No	S8601277D
Date Of Birth	08/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2013
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82824627
Fax Number	
Contact Number	OTHERS-82824627
Email Address	FIRMANFIDAH3310@GMAIL.COM

Address	BLK 809B CHOA CHU KANG AVENUE 1 #08-648
Postcode	682809
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?	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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180828/2072

#### 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 Witness 1

Name	FAZLI
Phone Number	96647094
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF7697M
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number UNKNOWN  
Vehicle Make/Model/Colour LORRY (UNION GAS)  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
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 MOHAMED FIRMAN BIN MOHAMED MOTALI  
Approximate Age  
Injuries Sustain SERIOUS INJURY  
Injured person in which vehicle? FV851Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. 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
- (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: 19/9/18

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

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

# Accident Sketch Plan

**SKETCH PLAN**

Traffic Light

Bustop

A

B

X

BUKIT BAROK ROAD

A) FY851Z  
B) GBE7617M  
X) UNKNOWN WERRY

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO P-Like Report  
7/20180828/2072

## DECLARATION

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

Policyholder's Signature

Date & Time: 17/9/18 14:15 hrs

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/20180828/2072

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180828/2072

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2018 14:49	Vide Report No.:	Station Diary No.: 51
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Informant's Particulars			
Name of Informant: MOHAMED FIRMAN BIN MOHAMED MOTALI		Address: APT BLK 809B CHOA CHU KANG AVENUE 1 #08-648 SINGAPORE 682809	
ID Type / ID No.: NRIC NO / S8601277D		Contact No.: Home/Office: Mobile: 82824627	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 32	Date of Birth: 08/01/1986	Type of Informant: Rider
Race: Indian		Language:	Institution / School Name:
Occupation: PRIME MOVER DRIVER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/08/2018 17:55	Type of Location: Straight Road
Location: Along Road 1 BUKIT BATOK ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FV851Z	Motorcycle	HONDA	CB400SF2J	Blue		0
GBF7697M	Van	TOYOTA	HIACE DX 3.0 AUTO		Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV851Z	GREAT AMERICAN INSURANCE COMPANY	MT2017TR01948	18/12/2017	17/12/2018

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180828/2072

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180828/2072

## 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	MOHAMED FIRMAN BIN MOHAMED MOTALI	ID No.	S8601277D
Related Vehicle	FV851Z (Motorcycle)	Contact No.	82824627
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	20/08/2018	Date Discharge	22/08/2018
No. of Days granted Medical Leave	26	Degree of Injury	Serious

### Brief Details.

On 20/8/2018 at about 1758hrs, I was riding my motorbike, FV851Z, on Bukit Batok Road towards Choa Chu Kang. There was a Union Gas lorry, which I do not have the plate number, he was at the opposite road, making a U-turn, he saw me on second lane, however he still made the U-turn to the third lane and onto my lane. I swerve to my left in order to avoid collision, however, I hit onto the right rear of a van, GBF7697M, in front of me. I flung forward after hitting the van, I did not manage to see the damages on my bike. One of the passerby called for the ambulance and I was conveyed to NUH. A witness, Fazli HP 96647094, send me a picture and I saw that the van, GBF7697M, suffered broken glass on the rear windscreen and a dent on the right rear near to the signal light and van plate.

I managed to see the driver of the Union gas Lorry before the accident. He is Chinese, about 40-55years old and balding. these are the description I can provide but if I am needed to identify him when I see him, I am able to do so.

POLICE REPORT



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999



T/20180828/2072

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Report No. T/20180828/2072

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 /  
Sgt 2 EDWINA CHEW HUI LING

Signature Of Interpreter:

Not applicable

Singapore Police Force

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No.: 65476365

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/08/2018 14:49

Classification Of Case:



## MEDICAL LEAVE

National University Hospital (Singapore) Pte Ltd  
5 Lower Kent Ridge Road, Singapore 119074  
TEL: (65) 6779 5555  
Business Registration No. 198500843R



MEDICAL CERTIFICATE REPRINT NUH18217083

NAME: MOHAMED FIRMAN BIN MOHAMED MOTALI

NRIC: S8601277D

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 26 day(s) from 20-Aug-2018 to  
14-Sep-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 20-Aug-2018 16:38 to 22-Aug-2018 14:00

22-Aug-2018

Date

A member of the NUHS

TAY KAI YANG XAVIER (P05131)

Issued by

NW6A

Location

Signature

*aw 19/09/2018*

## MEDICAL LEAVE

National University Hospital (Singapore)  
5 Lower Kent Ridge Road, Singapore 119074  
TEL: (65) 6779 5555  
Business Registration No. 198500843R



MEDICAL CERTIFICATE	ORIGINAL	NUH18240165
NAME: MOHAMED FIRMAN BIN MOHAMED MOTALI		NRIC: S8601277D

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 10 day(s) from 15-Sep-2018 to 24-Sep-2018 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 17-Sep-2018 10:31 to 17-Sep-2018 11:00

Assoc Prof Lim Thiam Chye  
MBBS(Mal), FRCS(Ed.), AM(Mal),  
FICS, FAMS (Plastic Surgery)  
Head & Senior Consultant  
Division of Plastic, Reconstructive & Aesthetic Surgery  
University Surgical Cluster  
National University Hospital

17-Sep-2018  
Date  
A member of the NUTS

LIM THIAM CHYE (04343E)  
Issued by

APS Centre  
Location

Signature

*aw 19/09/2018*

Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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