

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 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.
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	04/10/2018 12:11
Date Of Accident	27/09/2018 16:45
Exact Location Of Accident	YEW TEE SQUARE AT CHOA CHU KANG ST 62 LOADING BAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX6397T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYAFIQ BIN SAZALI
NRIC No	S9539489B
Email Address	AHJIDSOYAL@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87539902
Alternative Phone No	OTHERS-87539902

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	BIKE WAS PARKED
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	MOMVM000002364-00-000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAFIQ BIN SAZALI
NRIC No	S9539489B
Date Of Birth	05/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	12/12/2017
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	+65-87539902
Fax Number	
Contact Number	OTHERS-87539902
Email Address	AHJIDSOYAL@GMAIL.COM

Address	BLK 669 CHOA CHU KANG CRESCENT #01-363
Postcode	680669
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180928/2001

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	YP514D
Vehicle Make/Model/Colour	
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)	

Accident Sketch Plan

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: 04/10/2018

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

Unknown Bike
was parked

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS, Refur to Police Report
17080978/2001

DECLARATION

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

Policyholder's Signature _____

Date & Time: 04/10/2028

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/20180928/2001

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/20180928/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/09/2018 00:10		Vide Report No.:	Station Diary No.: 1
Informant's Particulars			
Name of Informant: MUHAMMAD SYAFIQ BIN SAZALI		Address: APT BLK 669 CHOA CHU KANG CRESCENT #01-363 SINGAPORE 680669	
ID Type / ID No.: NRIC NO / S9539489B		Contact No.: Home/Office: Mobile: 87539902	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 22	Date of Birth: 05/11/1995	Type of Informant: Vehicle Owner
Race: Boyanese		Language:	Institution / School Name:
Occupation: UNEMPLOYED		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/09/2018 16:45	Type of Location: Car Park
Location: Along Road 1 CHOA CHU KANG STREET 62 YEW TEE SQUARE, LOADING AND UNLOADING BAY.				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX6397T	Motorcycle				Slightly Damaged	0
YP514D	Van					0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180928/2001

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/20180928/2001

CONTINUATION OF REPORT

Vehicle Owner			
Name	MUHAMMAD SYAFIQ BIN SAZALI	ID No.	S9539489B
Related Vehicle	FX6397T (Motorcycle)	Contact No.	87539902
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	PEH NGEE KEONG	ID No.	S9204516C
Related Vehicle	YP514D (Van)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 27/09/2018 at around 1600hrs , I parked my vehicle(FX6397T) by the side of the loading/unloading bay of Yew Tee Square / Wet Market. After securing my bike, I left to the barber shop nearby. Before leaving, I made a check and take note to a AETOS vehicle , YP514D nearby . However, I was sure that it can maneuver out without any trouble, thus I left and headed to the shop.

At around 1645hrs, I came back and retrieve my vehicle. I made a check and discovered that my vehicle was damage. The number plate was dented , part of the clutch broke off, exhaust pipe was slightly broken , cover set was broken as well. I suspected that the AETOS vehicle might have hit on to my vehicle and it has already left. I contacted the AETOS helpline and was informed that someone will contact me back.

Subsequently , at around 1730hrs , an AETOS officer called Kharthik contacted me and informed that the AETOS vehicle was indeed the vehicle that collided in to my bike and the driver have also admit to the accident. But the driver informed that only the helmet drop.

At around 1746hrs, I received another call from Kharthik and was informed that driver admitted that the collision cause my vehicle to drop , resulting in the damages .

I then requested for the other parties particular in order to lodge a insurance claim.

I wish to informed that as I tried to ride my vehicle back home , I discovered to be unstable , I suspect that the rim bearing might be damaged as well.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180928/2001

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/20180928/2001

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180928/2001

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/20180928/2001

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 HONG KEN NAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/09/2018 00:10

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168

ID

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9539489B



Name
MUHAMMAD SYAFIQ BIN SAZALI
محمد شافيق بن سزاللي

Race
BOYANESE

Date of birth
05-11-1995

Country/Place of birth
SINGAPORE

Sex
M



REPUBLIC OF SINGAPORE DRIVING LICENCE



Identity Card No. S9539489B

Name
MUHAMMAD SYAFIQ BIN SAZALI

Birth Date: 05 Nov 1995

Issue Date: 12 Dec 2017

002753052G

5272031



RNC No. S9539489B



Date of issue
05-02-2014

Address
APT BLK 889 CHOA CHU KANG CRESCENT
#01-363
SINGAPORE 880689

SYAFIQ

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

EFFECTIVE DATE
12 Dec 2017

Class 2B Motorcycles <= 200 cc

NP 425A

Licence No: S9539489B





Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA48128754 Vehicle Registration No: Fx 6397T
Name (as shown in NRIC) : MUHAMMAD SYAFIQ BIN SAZALI NRIC/FIN/Passport No : 89539489B
(*Vehicle Driver/ Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 27/09/2018 Time of Accident : 16:45
Place of Accident : YUN TAE SQUARE AT CROSS STRAITS KOREA ST 62 LORONG BAY
Insurance Company : GRAN AMERICAN

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

POLICE REPORT REF: T/20180928/2001 ON SEARCH COPY

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: KAPIL KADAM
NRIC/FIN No.:
Date: 28/10/2018