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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 witholding 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.

- 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

	ACCIDENT STATEMENT
Date Of Report	16/10/2018 17:53
Date Of Accident	15/10/2018 20:05
Exact Location Of Accident	ALONG JALAN TENAGA/JALAN DAMAI
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC4697Z
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZIKRI BIN ZAINI
NRIC No	S9705179H
Email Address	ZIKRI_ZAINIZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98389045
Alternative Phone No	OTHERS-98389045
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400SF-399CC REVO
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2018TR0325
Driver	
Name of Driver	MUHAMMAD ZIKRI BIN ZAINI
NRIC No	S9705179H
Date Of Birth	18/02/1997
Occupation	INDOOR

Cover Note Number	MT2018TR0325
Driver	
Name of Driver	MUHAMMAD ZIKRI BIN ZAINI
NRIC No	S9705179H
Date Of Birth	18/02/1997
Occupation	INDOOR
Date Of Driving Pass	08/11/2017

0 YEAR AND 11 MONTH **Driving Experience**

MALE Gender

(LOCAL) +65-98389045 Mobile Number

Fax Number

OTHERS-98389045 Contact Number

ZIKRI ZAINIZ@GMAIL.COM EMail Address

Address BLK 124 BEDOK RESERVOIR ROAD

#02-1103

Postcode 470124

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

0

Insurance Company of Driver's Own Vehicle

ě.

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

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 NO

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 PLAN.

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 SKC5956M

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver KHAIRUL ANWAR BIN ABD KARIM

NRIC/Passport Number \$8315415B Contact Number 94882569

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ZIKRI BIN ZAINI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

SLIGHT INJURY

FBC4697Z

NO

SKETCH PLAN

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. 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
- 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:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre

FBC 46972 | Carpark Entrance skc ggslum DESCRIBE CIRCUMSTANCES OF THE ACCIDENT Zaini WES DECLARATION I/We declare the foregoing particulars are true in every respect. Reporting Centre Policyholder's Signature Driver's Signature Date & Time: (6/10)20\8 Name: (If driver is not the policyholder) NRIC/FIN No.: Date & Time:

Joseph TRNAGO DOMA!

SKETCH PLAN

NOTICE OF REPORTING

This is to confirm that <u>Muhammad Zikri Bin Zaini</u>, NRIC: <u>S9705179H</u>, has reported to the Police a non-injury traffic accident which occurred at <u>JLN DAMAI</u> on <u>15/10/2018</u> at <u>2004hrs</u> involving the following vehicles:

FBC4697Z (BLACK/RED HONDA CV400 REVO) SKC5956M (BLACK CAR)

 If accident was reported to the Police within 24 hrs of its occurrence, then he has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

> Bedok North NPC No. 30 Bedok North Road Singapore 469676 Tel: 1800-2449999

Rank / Name of Issuing officer: SSGT T120165 SHAWN YUEN

Date: 16/10/2018

Time: 0244hrs

S/D Ref:

2

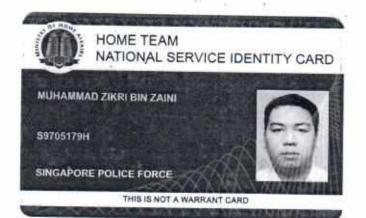
Police Post/ Unit: BEDOK NORTH NPC

Original – To be issued to informant Duplicate- to be submitted to Traffic Police

ACCIDENT STATEMENT

٨	CCIDENT DATE: 15 / 10 / 2018 100/M	M/YYYY), TIME: (20 : 04)(H:MM)
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LC	OCATION: Jalam Tenaga I va		
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£1	1. DETAILS OF VEHICLE FBC 46°	17 2	<i>2</i> 2
	a) VEHICLE NUMBER:	American	10
	DINSURANCE COMPANY: OF EAT	Hamel Teen	- 0
	C)POLICY NUMBER:	WEIGHD BARTY FIRE	&THEST)
	a)POLICY NUMBER:	HIRD PART MAIRO CANTO	
	DIMAKE & MODEL: HONDA CE	SHOOL MANDER OF CALLEY OF	HERS)
	TO THE PROPERTY OF THE PROPERT	/ LORKI / MOI OBO I LORGINA	27.0
	g) VEHICLE CATEGORY: (PRIVATE / CO	MERCIAL ROBOTORISTORIST	- 114
	h) PURPOSE OF USING AT ACCIDENT TO	ME. TO SOTION	
	I) ARE YOU CLAIMING UNDER YOUR O	WA INSURANCE (COTY)	100
1	IF NO, PLEASE STATE (THIRD PARTY C	LAIM / KEPORTING OTTET	
			MALFI
	2. INSURED / POLICY HOLDER Zikin	1911 5007107 983	89045
	DINRIC/FIN/PASSPORT: 597051 CIADDRESS: Dedok Reserv	inia Boal black	24_
	CIADDRESS: De de Leson	TON NOS OFFI	7/5-14 <u></u>
	#02-1103	OLICY HOLDER	
Ober W	· CONTINUE TO 3.d IF DRIVER ALSO P	OLICI HOLDEN	
於His of peisso	ings DRIVER Khairul Anwar Bin	Abd Karim (MALE)/ FEI	MALE)
Canducting de	MINIALAE PILONIA	115B CONTACT: 94	88 2569
(1)			
(1)	c)ADDRESS:		
	*dJDATE OF BIRTH: (16 / 05 / 19)	3 UDD/MM/YYYYI	
	*d)DATE OF BIRTH: (18 / 02/11)	CBI	
	PLOCCUPATION: (INDOOR / OUTDO	3010412013	V
	MAS DRIVER AN EMPLOYEE OF TH	E INSURED'S COMPANY? (Y	ES / NO)
*1	IF NO, RELATIONSHIP OF THE DR	VER WITH INSURED:	
	5. DIWEATHER CONDITION: ICLEAR R	AINING / OTHERS	
	b)ROAD SURFACE: ORY/WET/OTH	ERS	
	6. WAS ANYBODY INJURED (YES) NO	756	
		o: LL un	91
	7. a) REPORTED TO POLICE (YES/ NO) IF YES, PLEASE STATE WHICH POLICE	E STATION: 138dor HO	
	8. THIRD PARTY VEHICLE	1574 1354	
dom of process	OWER OF VEHICLE NUMBER: SKC 59	56M MODEL:	
1.4 3	b) DRIVER'S NAME: Khairul	Anwar Bin Abd Kann	227569
A STATE OF STATE OF	8. THIRD PARTY VEHICLE OUT OF VEHICLE NUMBER: SKC 59 OUT OF VEHICLE NUMBER: Khairul / OUT NRIC/FIN/PASSPORT: 5831	541513 CONTACT: 19	002-
· i i	7 INKU PAKITY CITOLE		X.
	IL LIEU HOLE HULLISED.	MODEL:	
S. b. S. L. C.	DRIVER'S NAME:		
Lite to donly	e) DRIVER'S NAME:	CONTACT::	
u §	© 1070		

EMBIL = Zileni. Zainiz @gmail.com VIOEO =





Unsulthorized passession, use, retention, alteration, destruction or transfer of this card is startly profetited. The card must be retarned to the natirest SPF/SCOF national found.

Date of Birth Race Date of Enti18/02/1997 MALAY 15/05/2017

Address

PT BLK 124 BEDOK RESERVOIR ROAD
#02-1103 SINGAPORE 470124

\$9705179H

S / No.9000311059



NF 428A



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M00370081T 3 TEMASEK AVENUE, #18-01 CENTENNIAL TOWER

5INGAPORE 038190 TEL: +65 6804 6000 FAX: +85 6235 2618

MOTOR COVER NOTE: MT2018TR00325

The insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the tarms 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 case and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

Vehicle Registration No.	: FBC4697Z	
Make And Description Of Vehicle Vehicle Registration No.	: HONDA/ CB400 M	
Year Of Manufacture	: 2008	
Engine No.	: NC42E1002301	
Chassis No.	: NG421002297	
Engine Capacity	: 399	
Hire Purchase	: WING FUAT PTE LTD	
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)	
Period Of Insurance		
Excess (SS)	10. 2102/2019	
Optional Benefits	: Section I S\$300.00	
Authorised Workshop	N.A	

IWE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THERD-PARTY RISK AND COMPENSAT (MALAYSIA)

For and on behalf of Great American Insurance Company

五

Freat American Insurance Son. P.

Date of Issue

: 22/02/2018 11:05 hrs

Intermediary

: TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15

20 10

Customer's Signature Date