

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	24/10/2018 14:12
Date Of Accident	18/10/2018 02:00
Exact Location Of Accident	YISHUN AVENUE 7 / GAMBAS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK784P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZAKI ZAKWAN BIN ABDUL WAHAB
NRIC No	S9444338E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97738024
Alternative Phone No	OTHERS-97738024

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15
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	MOMVM000001130-01-000
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SUFI SUFYAN BIN ABDUL WAHAB
NRIC No	S9628350D
Date Of Birth	11/08/1996
Occupation	INDOOR
Date Of Driving Pass	06/03/2017
Driving Experience	1 YEAR AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97738024
Fax Number	
Contact Number	OTHERS-97738024
Email Address	NOEMAIL

Address	BLK 785A WOODLANDS RISE #13-112
Postcode	731785
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - BROTHER
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	RAINING
Road Surface	WET

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?	YES
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	WOODLANDS EAST N.P.C
Police Station Address	ROAD: 3 WOODLANDS DRIVE 63 , POSTCODE: 737890 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181019/2175

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	GZ6252E
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)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SUFI SUFYAN BIN ABDUL WAHAB
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBK784P
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:

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

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

SKETCH PLAN



A - FBK784P
B - GZ6252E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20181019/2175

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.:



SINGAPORE POLICE FORCE



T/20181019/2175

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

1 of 3

Report No. T/20181019/2175

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2018 18:47		Vide Report No.:		Station Diary No.: 118	
Informant's Particulars					
Name of Informant: MUHAMMAD SUFI SUFYAN BIN ABDUL WAHAB			Address: APT BLK 785A WOODLANDS RISE #13-112 SINGAPORE 731785		
ID Type / ID No.: NRIC NO / S9628350D			Contact No.: Home/Office: Mobile: 97738024		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 11/08/1996	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			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: 18/10/2018 02:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 YISHUN AVENUE 7 GAMBAS AVENUE				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		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
FBK784P	Motorcycle				Slightly Damaged	0
GZ6252E	Lorry					1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181019/2175

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181019/2175

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SUFI SUFYAN BIN ABDUL WAHAB	ID No.	S9628350D
Related Vehicle	FBK784P (Motorcycle)	Contact No.	97738024
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	18/10/2018	Date Discharge	19/10/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On 18/10/2018 at about 020hrs, I was travelling along Yishun Avenue 7 towards Gambas Avenue. At the point of time, it was raining and the road is wet. When I reached a Cross junction near to Gambas Avenue. There was a lorry turning right and coming towards the direction. I thought that he will stop his lorry because I have the right of way however he did not stop for me and collided on to me. When the lorry hit me, I flew about 5 meter away from my Motorcycle.

After I was hit, the driver parked his lorry at the side of the road and came down to checked on me. I was semi conscious and catching for breathe therefore I know what is happening around me however everything was blurry. I am aware that I was conveyed to khoo teck Puat Hospital. I wish to informed that when I was travelling at 60km/hr. however upon reaching the junction I did slow down and I am travelling on the middle lane.



**SINGAPORE
POLICE FORCE**



T/20181019/2175

Police Station Of Origin:
Woodlands East N.P.C.
3 Woodlands Drive 63 SINGAPORE 737890
Tel No: 1800-7679999

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Report No. T/20181019/2175

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 1 GLENN KUAN YONG SHENG

Signature Of Interpreter:

Not applicable

Signature Of Informant:

Date/Time:

19/10/2018 18:47

Officer In Charge Of Case:

TP7 GJT

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

SN 130

Signature:

Authentication Stamp

NP168

Singapore Police Force

Classification Of Case:

Reported on 24/10/2018
@ 1055 AM

ACCIDENT STATEMENT

ACCIDENT DATE: (18/10/2018) (DD/MM/YYYY), TIME: (02:00) (HH:MM) ^{Am}

LOCATION: Yishun Avenue 7 / Gambas Avenue

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FBK 784P
b) INSURANCE COMPANY: _____
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: _____
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: _____
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- A) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: _____
c) ADDRESS: _____

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: _____ (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: _____ CONTACT: 9773 8024
c) ADDRESS: _____

* d) DATE OF BIRTH: (____/____/____) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) YEARS OF DRIVING EXPERIENCE: _____

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO) ☒
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner Brother

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS) ☒

b) ROAD SURFACE: (DRY / WET / OTHERS) ☒

6. WAS ANYBODY INJURED (YES / NO) ☒

7. a) REPORTED TO POLICE (YES / NO) ☒

IF YES, PLEASE STATE WHICH POLICE STATION: _____

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: GZ6252E MODEL: _____
b) DRIVER'S NAME: _____
c) NRIC/FIN/PASSPORT: _____ CONTACT: _____

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: _____ MODEL: _____
e) DRIVER'S NAME: _____
f) NRIC/FIN/PASSPORT: _____ CONTACT: _____

* ask Driver for Detail of TP but no any detail told by Driver.

asiamotorsports@hotmail.com

Email = asiamotorsports@hotmail.com

fax = 67465110

VIDEO =

Waiting for ~~vehicle~~ at compound? ☒
Motorcycle to take photos. ✓

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9628350D



Name

MUHAMMAD SUFI SUFYAN BIN
ABDUL WAHAB

محمد سوفي سوفي بن عبدول واهاب

Race
MALAY

Date of birth: 11-08-1996 Sex: M

Country of birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S9628350D

Name: MUHAMMAD SUFI SUFYAN BIN
ABDUL WAHAB

Birth Date: 11 Aug 1996
Issue Date: 06 Mar 2017

002663168F

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

Class 2B Motorcycles =< 200 cc

EFFECTIVE DATE
06 Mar 2017

NP 428A



4790244



NRIC No S9628350D



Date of issue
04-11-2011

APT BLK 785A WOODLANDS RISE #13-112
SINGAPORE 731785

NRIC No: S9628350D

Date: 13/10/2017

59444338E ✓

CERTIFICATE OF INSURANCE

- Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third Party Risks and Compensation) Rules, 1960
- Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number	: MOMVM000001130-01-000	Cover	: Motor Cycle (Third Party Fire & Theft)
Policyholder Name	: Muhammad Zaki Zakwan Bin Abdul Wahab (Not Riding)	Chassis Number	: ME1KG0699F2001267
NCD Entitlement	: 10% No Claim Discount	Engine Number	: 2PB2002051
Hire Purchase	: DE XING MOTOR PTE. LTD.	Registration Number	: FBK784P
Period of Insurance	: From 27/04/2018 (00:00) To 26/04/2019 (23:59) (Both Dates Inclusive)		

Persons or Classes of Persons entitled to Drive

- a) The Primary Rider
- b) Any Named Rider as stated in the policy

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor or so has been Vehicle permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle

Limitations as to Use

Use only for social, domestic and pleasure purposes and for Policyholder's business

This Policy does not cover:

- a) Use for Hire and Reward
- b) Use for racing, pace making, reliability trial or speed testing
- c) Use for carriage of goods (other than samples) in connection with any trade of business
- d) Use for any purpose in connection with Motor Trade

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third Party Risks and Compensation) Act, (Chapter 189) and Section 95 of the Road Transport Act, 1987(Malaysia), are not to be included under these headings

Excess (Section 1) : SGD 300.00 - including Fire & Theft outside Singapore

Excess (Section 2) : N/A

Driver Details

Primary Rider : Muhammad Sufi Sufyan Bin Abdul Wahab

Named Rider 1 : N/A

Named Rider 2 : N/A

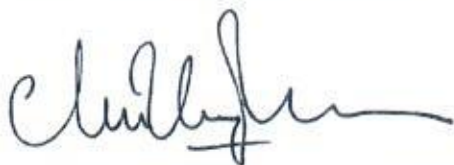
Name of Intermediary : Tena Risk Solutions Pte Ltd

Date of Issue : 25/06/2018

I/We hereby certify that the policy to which this Certificate relates is issued in accordance with the provision of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Signed for and on behalf of

Great American Insurance Company



Authorised Signatory
gaw