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 <u>truthful and accurate</u> 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.
- 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/01/2019 09:53
Date Of Accident	27/11/2018 02:35
Exact Location Of Accident	ALONG CTE TOWARDS SLE
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	ON THE WAY HOME
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE
Insurance Company	
Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MT2018TR00193
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD SYAFIQ BIN SAZALI

Name of Driver MUHAMMAD SYAFIQ BIN SAZALI

NRIC No S9539489B

Date Of Birth 05/11/1995

Occupation INDOOR

Date Of Driving Pass 12/12/2017

Driving Experience 0 YEAR AND 11 MONTH

Gender MALE

Mobile Number (LOCAL) +65-87539902

Fax Number

Contact Number OTHERS-87539902

EMail Address AHJIDSOYAL@GMAIL.COM

BLK 669 CHOA CHU KANG CRESCENT Address

#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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

YES

NO

2

YES Was any other material or property damaged?

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

Number of Passengers (Including Driver)

Passenger 1

NAME: : FRIEND

GENDER: : MALE

Details of Police Action

Was the accident reported to the police?

If Yes.Please state which Police Station

Police Station Name TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

YES

ROAD: 10 UBI AVENUE 3, POSTCODE: 408865, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181204/2085

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 UNKNOWN

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Page 2 of 30

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SYAFIQ BIN SAZALI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FX6397T

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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- 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.
- 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.
- 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.
- 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:

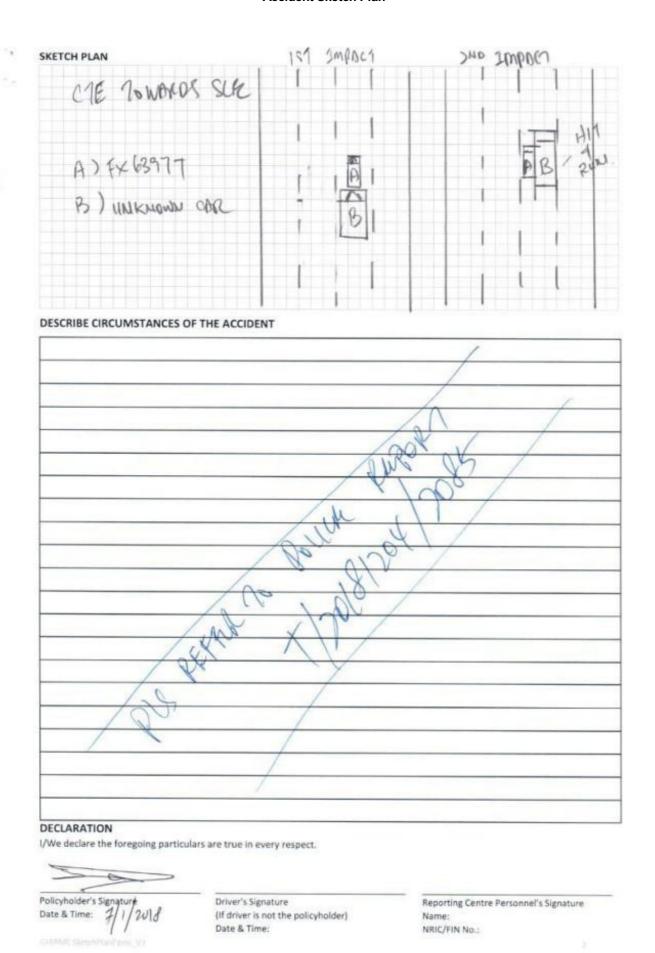
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
 - 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 | 201/2019

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SUREMENT VI

Accident Sketch Plan



POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

1 of 3 Report No. T/20181204/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/12/2018 14:50		Made:	Vide Report No.:	Station Diary No.		
Informa	nt's Partic	ulars				
	Informant: IMAD SYAF	FIQ BIN SAZALI	Address: 669 CHOA CHU KANG CRES 680669	SCENT #01-363 SINGAPORE		
ID Type / ID No.: NRIC NO / S9539489B			Contact No.: Home/Office:	Mobile: 87539902		
Nationality: SINGAPORE CITIZEN		EN	Email:			
Sex: Age: Date of Birth: Male 23 05/11/1995		Date of Birth: 05/11/1995	Type of Informant:			
Race: Boyanese			Language:	Institution / School Name:		
Occupation: DELIVERY			Driving Licence Information: Class:	Date of Expiry:		

Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/11/2018 02:35	Type of Location	
Location: Along Road 1 CENTRAL EX TOWARDS S					
Weather: Road		Road Surface: Dry	R	Road Speed Limit:	
	Traffic Flow: Traffi			Traffic Volume:	
Traffic Flow:		Traffic Control:	T	raffic Volume:	

Details of V	ehicle Involve	d	DAY DAY	or the rest of the second		V
Vehicle No.	Туре	Make	Model	Color	Condition	No of Deserve
FX6397T Motorcycle	VANABLIA			Condition	No of Passenger	
	Motorcycle	YAMAHA	RXZ	Black	Totally Damaged	1

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Eveler Dete
FX6397T GF	GREAT AMERICAN INSURANCE			Expiry Date
	COMPANY	MT2018TR00193	29/01/2018	28/01/2019

POLICE REPORT





2 of 3

Report No. T/20181204/2085

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

CONTINUATION OF REPORT

Details of Perso	n Involved	S-LOVE BEA				
Any Pedestrian Ir	rvolved: No					
No. of Pedestrian	s Injured: NIL		Use of Pec	iestrian	Cross	ing: NA
Rider	MUZINAMIAN	IS LACERONE	BE PROTEIN		DOM:	MARKET MOVING COLIN
Name	MUHAMMAD SYAFIQ BIN SAZALI			ID No		S9539489B
Related Vehicle	FX6397T (Motorcycle)			Conta	ct No.	87539902
Hospital/Clinic	KHOO TECK PUAT HOSPITAL			Class Drivin Licens Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018 Date D		Date Disc		-	/2018
No. of Days granted Medical Leave 05		Degree of		NIL	The state of the s	

Brief Details.

ON STATED DATE, TIME AND LOCATION.

I TRAVELLED ON THE SAID LOCATION TOWARD SLE. I WAS RIDING ON THE 2ND LANE OF FOUR LANES. ALL OF SUDDEN, THE FIRST COLLISION, I FEEL SOMETHIG COLLIDED ME FROM BEHIND NEAR TO MY EXHAUST. I NEARLY LOST CONTROLLED ON MY BIKE. THE SECOND COLLISION, THE VEHICLE WAS ALREADY LEANED ON ME, THE VEHICLE SPEED UP AS A RESULT, I SKIDDED AND FELL OFF FROM MY VEHICLE. I THEN QUICKLY MOVE TO THE ROAD SHOULDER TO CHECK. TWO POLICE CAR CAME APPROACHED US AND CALLED FOR AMBULANCE. I WAS CONVEYED TO THE SAID HOSPITAL AND 5 DAYS OF MEDICAL LEAVES. THE VEHICLE THAT COLLIDE ONTO ME WAS GREY IN COLOUR, RED NUMBER PLATE AND LOOKS LIKE HONDA FIT.

POLICE REPORT





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000

3 of 3 Report No. T/20181204/2085

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:	Signature Of Informant:
MOHAMED ANWAR BIN MOHAMED IBRAHIM	3
Signature Of Interpreter:	
Not applicable	Date/Time: 04/12/2018 14:50
Officer In Charge Of Case:	Classification Of Case:
TP / HRT / Sr Staff Sgt TAN JEOK LENG Contact No.: 65476144	order of Case.
Authentication Stamp	(1)
	1.00



EDTU Referral MUHAMMAD SYAFIQ BIN SAZALI

ID: X3844799H CASE ID: 5718589223J

90 Yishun Central Singapore 768828 Tel: 65558000 Fax: 66023700 Website: www.ktph.com.sg

Patient Details

Gender

: Male

DOB

: 05/11/1995 (23 years)

Race

: Malay

Citizenship

: Singaporean

Language

: English

Registered

: 27/11/2018 12:44

To

: Primary Health Care/Polyclinic

Appointment Date

Dear Doctor,

Disposition

Discharge

Referral

Patient referred to:

Primary Health Care/Polyclinic OPS 2-3/7

Diagnosis

Primary Diagnosis : RTA - Road traffic accident injury examination

Secondary Diagnosis : Allergy

Referral Note

Dear colleague,

Please review above patient for dressings change over his abrasions as necessary.

Sustained during RTA on 27/11/2018.

Thank you

Medical Certification

Certificate Type: MEDICAL CERTIFICATE

Certificate No.: KH20181481122

Type of Medical Leave granted : Hospitalization Leave

The above named attended examination / sought treatment from 27-Nov-2018 03:28 to 28-Nov-2018 02:00.

The above named is unfit for duty for a period of 5 day(s), from 27-Nov-2018 to 01-Dec-2018 inclusive.



EDTU Referral

MUHAMMAD SYAFIQ BIN SAZALI ID: X3844799H CASE ID: 5718589223J

90 Yishun Central Singapore 768828 Tel: 65558000 Fax: 66023700 Website: www.ktph.com.sg

Appendices Laboratory POCT





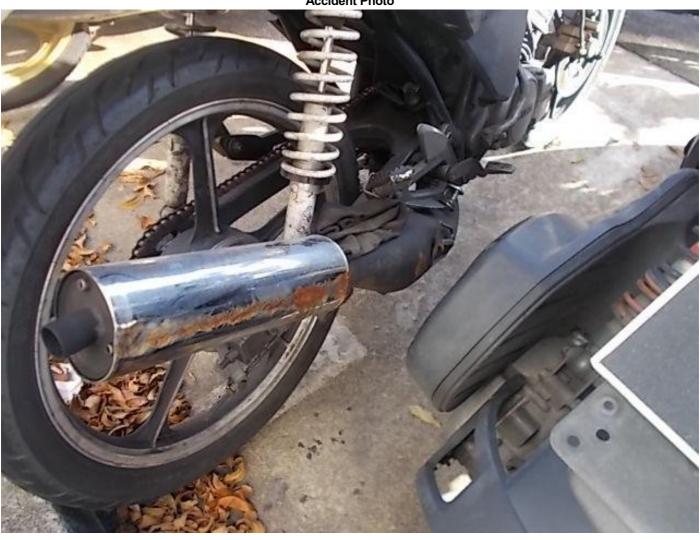










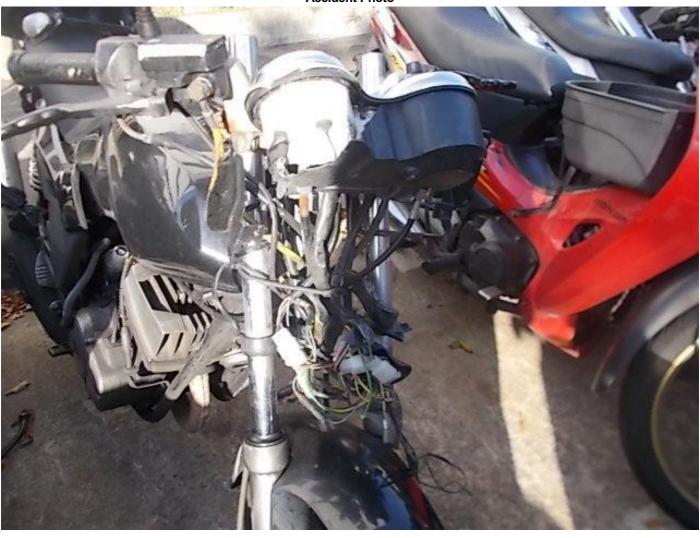








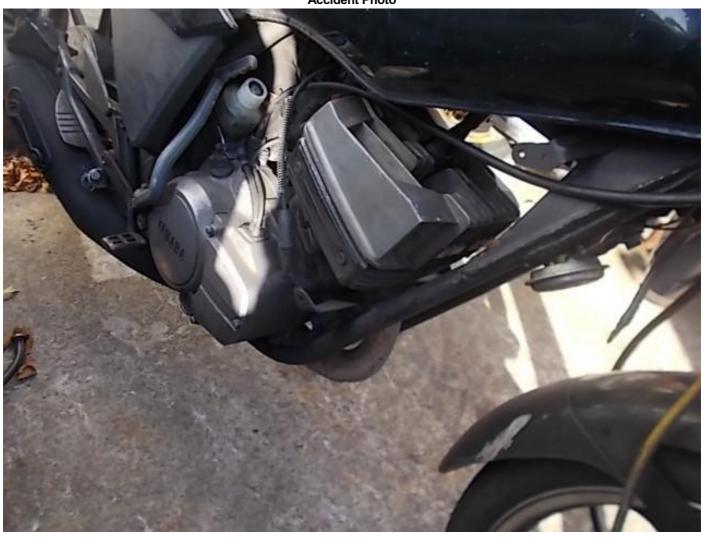


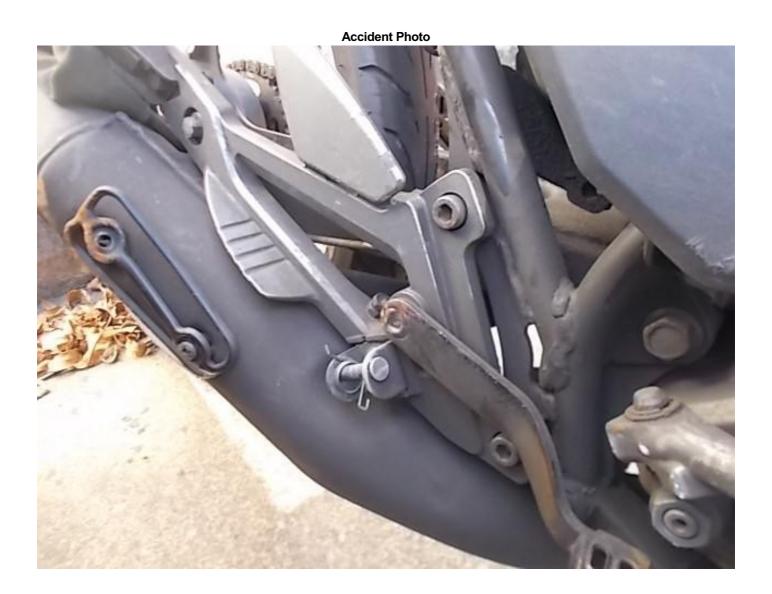




















Addendum Sheet



water and the

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: 566550020d / GST Reg. No.: M400017733

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

11 ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : MNA4190030 Vehicle Registration No: (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Singapore(Address Contact (Tel) Email Address Time of Accident: Date of Accident Place of Accident AMERICON Insurance Company: (B) ADDITIONALINFORMATION / AMENDMENTS: I have made a report on the above mentioned accident and would like to include additional information or make the following amendments: Reporting Centre Personnel's Signatu Policyholder / Driver's Signature Name: Date: NRIC/FIN No .:

Date: