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Date In: (08/10/19/019. 11/07)	Services. port 1 sarios 1.	Date &Time Completed	Done by
	SAS c-filing		
Ref No: X180197 1 19000 40717	E-mail (white thes, AIC 2hrs)	 	4
Veh No: FY, 63977	I-Motor Claim Form	-	7 7 7
DOA: 27/11/2018 02:35		th	
OD : TP / Reporting Only	I-Motor W/O (Withle: OD 2hr	1, 11, 40(1)	: :
	I-Photo Uploaded		. 24.
TP Insurer:	Assessment/Survey Report		
	Ass't Report by Fax / Hand		axt
Proformed Wksp / INC Assign Wksp / QW: (1011	
TP Particulars: Veh No: UNK	MOWN (AR INC)	/ Non-INC().	
Owner / Driver: (Cover Type: (
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1) Apply for Transport Allowance ()/C	Courtesy Car ()		
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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 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

I the Paper of the Print of the Paper of the	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 time of accident	at ON THE WAY HOME
Are you claiming under your own insurance police for repair to your vehicle?	y 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
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
	ALL IDECYAL SCHALL COM

AHJIDSOYAL@GMAIL.COM

Address

BLK 669 CHOA CHU KANG CRESCENT

#01-363

Postcode

680669

OWNER

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

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?

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

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: FRIEND

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

Police Station Address

ROAD: 10 UBI AVENUE 3 . POSTCODE: 408865 . COUNTRY:

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

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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:
 - 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: 7/01/2019

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

STARMS Martin Pan Form 30

Policyholder's Signature

Date & Time:

Driver's Signature

Date & Time:

(If driver is not the policyholder)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:





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		Vide Report No.:	Station Diary No.:	
Informa	nt's Partice	ulars		The second of the second of
	Informant: MAD SYAF	FIQ BIN SAZALI	Address: 669 CHOA CHU KANG 680669	CRESCENT #01-363 SINGAPORE
	/ ID No.: D / S953948	39B	Contact No.: Home/Office:	Mobile: 87539902
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age:	Date of Birth: 05/11/1995	Type of Informant: Rider	
Race: Boyanese		Language: Institution / School Nam		
Occupation: DELIVERY		Driving Licence Information: Class: Date of Expiry:		

General Infor	mation of the Accide	nt	A THE REAL PROPERTY AND ADDRESS OF THE PARTY A		
Type of Accident:	Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 27/11/2018 02:	Type of Location:	
Location: Along Road 1 CENTRAL EX	KPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow:		Traffic Control:		Traffic Volume:	
Type of Collis	sion:			Anyone conveyed by ambulance: Yes	

Details of V	ehicle Involve	d	at Kat Shakhi	P. Carrier	WALL TO SELECT	CONTRACTOR OF THE
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FX6397T	Motorcycle	YAMAHA	RXZ	Black	Totally Damaged	1

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





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 2 of 3 Report No. T/20181204/2085

CONTINUATION OF REPORT

Details of Perso	n Involved	1 L24 (E8L)				
Any Pedestrian Ir	volved: No					
No. of Pedestrian	s Injured: NIL		Use of Ped	estrian	Cross	ing: NA
Rider			DUEN THE	2001200		
Name	MUHAMMAD SYAF	IQ BIN SAZA	ALI	ID No		S9539489B
Related Vehicle	FX6397T (Motorcycle)			Conta	ct No.	87539902
Hospital/Clinic	KHOO TECK PUAT	HOSPITAL		Class Drivin Licent Expiry	g	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018		Date Disch			/2018
No. of Days gran	ted Medical Leave	05	Degree of	Injury	NIL	V(02/41)110.X41

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 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: TP /	Signature Of Informant:
MOHAMED ANWAR BIN MOHAMED IBRAHIM	
Signature Of Interpreter:	Date/Time:
Not applicable	
	04/12/2018 14:50
Officer In Charge Of Case: TP / HRT /	Classification Of Case:
Sr Staff Sgt TAN JEOK LENG	
Contact No.: 65476144	N
Authentication Stamp	
NP168	(,,,



EDTU Referral

MUHAMMAD SYAFIQ BIN SAZALI ID: X3844799H

CASE ID: 57185892231

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.cnm.sg

Appendices Laboratory POCT

ACCIDENT STATEMENT

AC	CIDENT DATE: (24) 11 2018 100/M	M/YYY), TIME:(02 . 35)(HH:MM)
	CATION: (TE (SLE)	The second secon
A Th	1. DETAILS OF VEHICLE	
	alvehicle NUMBER: 1/63977	** \$ 5 5 ±
		unfrican Insurante
	c)POLICY NUMBER:	
	d) POLICY TYPE: (COMPREHENSIVE / TH	HED PARDY / THIRD PARTY FIRE &THEFT)
	OMAKE & MODEL: 42 / Jamoha R	
	f)TYPE:(SALOON / COUPE / MPV /V AN	I / LORRY / MOTORCYCLE / OTHERS)
	g) VEHICLE CATEGORY: (PRIVATE / CO	MMERCIAL / MOTOROYCLE)
	h) PURPOSE OF USING AT ACCIDENT THE i) ARE YOU CLAIMING UNDER YOUR ON	
	IF NO, PLEASE STATE (THIRD PARTY CL	AIM / REPORTING ONLY)
	2. INSURED / POLICY HOLDER	2005-01 1993-03-10-00-0-0-5-0 1993-0
2.1		n BAZALI (MA)E/FEMALE)
(wore)		539419BCONTACT: 87559902
· '	CIADDRESS: 667 1 Chun Chon Ka	ing Grescan) 1401-313 566660
8 2	* CONTINUE TO 3.d IF DRIVER ALSO PO	ALICY HOLDER
# No of passon go	3. DRIVER	ALC I HOLDER
Claduding drive	DINAME: AP above	(MALE / FEMALE)
(2)	DITAIC/TIMIT ASSFORT	CONTACT:
(2)	c)ADDRESS:	25
	*d) DATE OF BIRTH: (05/ 11 / 1995	E VIDDALLA ROUSE
	e OCCUPATION: (INDOOR / OUTDOO	
	1) DATE OF DRIVING PASC	12/12/2017
4	WAS DRIVER AN EMPLOYEE OF THE	
	IF NO, RELATIONSHIP OF THE DRIV	
	 b)ROAD SURFACE: (DR) / WET / OTHER 	
. 6	. WAS ANYBODY INJURED (YES / NO)	
7	a)REPORTED TO POLICE (YES / NO)	6 No 01 No
	IF YES, PLEASE STATE WHICH POLICE S	STATION: Traffic Police HQ
14 ha a b m	a) VEHICLE NUMBER TX63977	12.14
* No of passenger	a) VEHICLE NUMBER: 1×03977	MODEL: RXZ
) b) DRIVER'S NAME: Mychammad S " c) NRIC/FIN/PASSPORT: \$953948	
(2) 9	. THIRD PARTY VEHICLE	COMMON.
* No of passanger		MODEL:
(Including drive	1 Of BRITER STIMILE	
Thereding appre	f) NRIC/FIN/PASSPORT:	CONTACT::
()	92	110 00000 00000 00000 00000
	** **	Pt

email = ahjiz soyal @ gmail.com

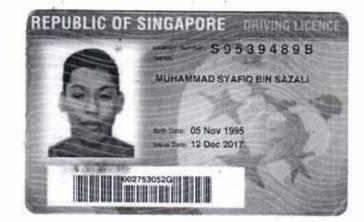
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9539489B





MUHAMMAD SYAFIQ BIN SAZALI

محمد شاقيق بن سازالي BOYANESE 05-11-1995 Country/Place of birth SINGAPORE



5272031



05-02-2014

APT BLK 669 CHOA CHU KANG CHESCERT SYAFIQ 801-363 SINGAPORE 680669

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

EFFECTIVE DATE

12 Dec 2017

Class 2B Motorcycles ≠< 200 cc

5272031





Dete of laste 05-02-2014

APT BLK 665 CHOA CHU KANG CRESCENT 601-363 SINGAPORE 860869

SYAFIO

IDENTITY CARD NO \$95394898



MUHAMMAD SYAFIQ BIN SAZALI

محدد شافيق بن سازالي Hace

2

BOYANESE Detect being D3+11-1995 County/Pees of bing SINGAPORE

555394858



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FG00298 GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01 CENTENNIAL, TOWER SINGAPORE 039190

TEL: +65 6804 6000 FAX: +65 6235 2616

MOTOR COVER NOTE: MT2018TR00193

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

The insurer	GREAT AMERICAN INSURANCE COMPANY			
The insured	: MUHAMMAD SYAFIQ BIN SAZALI			
Insured NRIC/Passport No/ Roc	\$9539489B			
Named Rider	: N.A			
Policy Coverage	: THIRD PARTY ONLY			
Make And Description Of Vehicle	: YAMAHA / RXZ			
Vehicle Registration No.	: FX6397T			
Year Of Manufacture:	2004			
Engine No.	: 5PV006339			
Chassis No.	: PMY5PV10000006339			
Engine Capacity	: 133			
Hire Purchese	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD			
Value (S\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)			
Period Of Insurance	: FROM: 29/01/2018 TO: 28/01/2019			
Excess (S\$)	Section I N.A.			
Optional Benefits	I N.A			
Authorised Workshop	DE XING MOTOR PTE LTD			

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

For and on behalf of Great American insurance Company

差

Great American Insurance Company Authorised Signatory

Date of Issue

: 29/01/2018 18:00 hrs

Intermediary

: TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15



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: 5665500200 / GST Reg. No.: M400017735

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

ADDENDUM (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS: Original Report No : Vehicle Registration No. NRIC/FIN/Passport No (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate Address Singapore(Contact (Tel) Emall Address Date of Accident Time of Accident: 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 Signature Policyholder / Driver's Signature Name: Date: NRIC/FINNo .: Date:

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