

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	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
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

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 (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) soliciting/offering accident claims assistance.	NO
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

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
- (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: 7/01/2019

Driver's Signature

(If driver is not the policyholder)

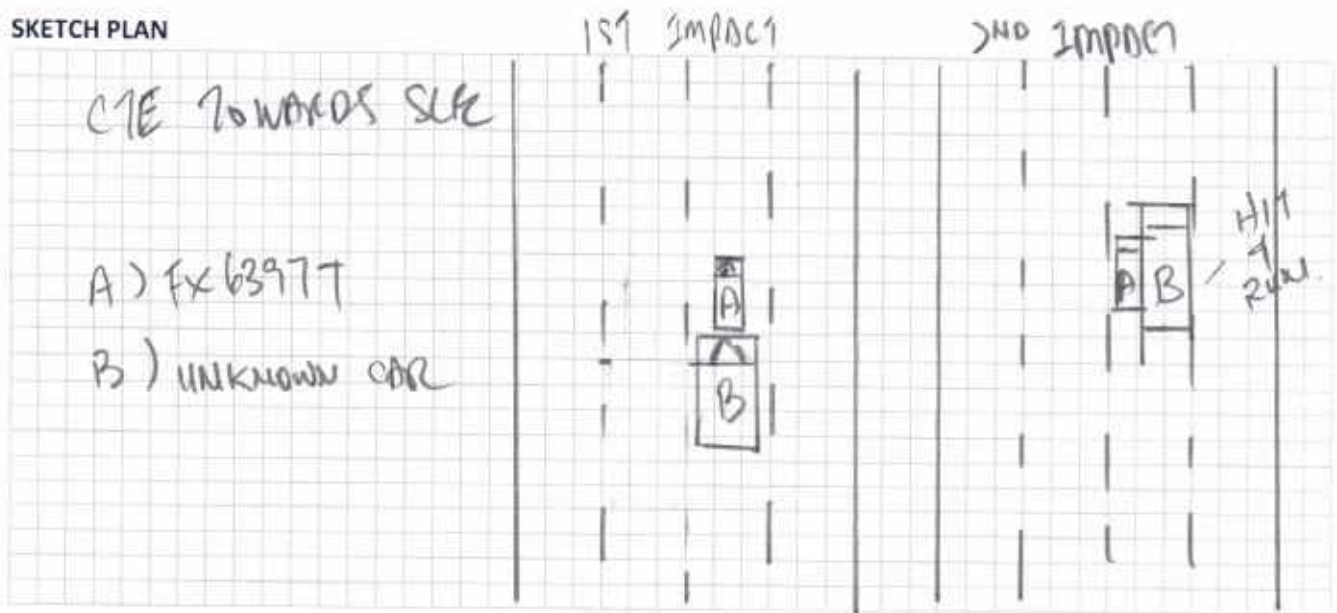
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
 7/20/8/204/2085

DECLARATION

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


 Policyholder's Signature

Date & Time: 7/1/2018

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

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



SINGAPORE POLICE FORCE



T/20181204/2085

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.:	
Informant's Particulars					
Name of Informant: MUHAMMAD SYAFIQ BIN SAZALI			Address: 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: 23	Date of Birth: 05/11/1995	Type of Informant: Rider		
Race: Boyanese			Language:		Institution / School Name:
Occupation: DELIVERY			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

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 EXPRESSWAY TOWARDS SLE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	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



**SINGAPORE
POLICE FORCE**



T/20181204/2085

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 Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAFIQ BIN SAZALI	ID No.	S9539489B
Related Vehicle	FX6397T (Motorcycle)	Contact No.	87539902
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/11/2018	Date Discharge	28/11/2018
No. of Days granted Medical Leave	05	Degree of Injury	NIL

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 SOMETHING 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.



**SINGAPORE
POLICE FORCE**



T/20181204/2085

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 /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / HRT /
Sr Staff Sgt TAN JEOK LENG
Contact No.: 65476144

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
04/12/2018 14:50

Classification Of Case:

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.



**Khoo Teck Puat
Hospital**
National Healthcare Group

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

ACCIDENT STATEMENT

ACCIDENT DATE: 27.11.2018 (DD/MM/YYYY), TIME: 02:35 (HH:MM)

LOCATION: CTE (SLE)

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FX6397T
b) INSURANCE COMPANY: Great American Insurance
c) POLICY NUMBER: _____
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: Yamaha RXZ
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: Going home
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: Muhammad Syafiq Bin Saizali (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S9539489B CONTACT: 87539902
c) ADDRESS: 669, Chua Chua Kang Crescent, H01-363, 565066a

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

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

*d) DATE OF BIRTH: 05/11/1995 (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS: 12/12/2017

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)

IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: Owner

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: Traffic Police HQ

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: FX6397T MODEL: RXZ
b) DRIVER'S NAME: Muhammad Syafiq Bin Saizali
c) NRIC/FIN/PASSPORT: S9539489B CONTACT: 87539902

9. THIRD PARTY VEHICLE

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

email = ahjic soyal @ gmail . com

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9539489B



Name

MUHAMMAD SYAFIQ BIN SAZALI

محمد شافيق بن سزالى

Race

BOYANESE

Date of birth

05-11-1995

Country/Place of birth

SINGAPORE

Sex

M



REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number S9539489B

MUHAMMAD SYAFIQ BIN SAZALI

Birth Date: 05 Nov 1995

Issue Date: 12 Dec 2017

002753052G

5272031



NRIC No. S9539489B



Date of issue

05-02-2014

Address

APT BLK 669 CHOA CHU KANG CRESCENT
#01-363
SINGAPORE 660669

SYAFIQ

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

EFFECTIVE DATE

12 Dec 2017

Class 2B Motorcycles <= 200 cc



Licence No: S9539489B

NP 426A

9272031

Barcode: 95394898

ARIC No: S95394898

Date of issue: 05-02-2014

Address: APT BLK 555 CHOA CHU KANG CRESCENT #01-383 SINGAPORE 680865

SYAFIQ

IDENTITY CARD NO: S95394898



Name

MUHAMMAD SYAFIQ BIN SAALI

محمد شافق بن سالي

Race

BOYANESSE

Date of birth

03-11-1995

Country/Place of birth

SINGAPORE

Sex

M

S95394898



GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T

3 TEMASEK AVENUE, #16-01 CENTENNIAL TOWER

SINGAPORE 039150

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 SAALI
Insured NRIC/Passport No/ Roc	: S95394898
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 Purchase	: SOUTHERN WIND MOTOR CREDIT & TRADING PTE LTD
Value (\$\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 29/01/2018 TO: 28/01/2019
Excess (\$\$)	: Section I N.A
Optional Benefits	: N.A
Authorised Workshop	: DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 169) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

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

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 : MINA419003092 Vehicle Registration No: FX 6397T
Name (as shown in NRIC) : MUHAMMAD SYAFIQ BIN SAZALI NRIC/FIN/Passport No : S9539489B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No.: 87539902

Email Address : _____

Date of Accident : 27/10/2018 Time of Accident : 02:35

Place of Accident : BLANK CTR TOWARDS SKE


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:

INBURD NAME : MUHAMMAD SYAFIQ BIN SAZALI

Policyholder / Driver's Signature
Date:


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