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	14/02/2019 17:33
Date Of Accident	13/02/2019 13:00
Exact Location Of Accident	T-JUNCTION OF OLD TOH TUCK ROAD/TOH TUCK LINK
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBM8914T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD MIKHAIL BIN RAMDAN
NRIC No	S9813484J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98295067
Alternative Phone No	OTHERS-98295067
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R155-155CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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
Fleet Policy	NO
Policy Number	MOMVM000002779-00-000
Cover Note Number	
Driver	
Name of Driver	MITHAMMAD MIKHATI BIN RAMDAN

Name of Driver MUHAMMAD MIKHAIL BIN RAMDAN

NRIC No S9813484J
Date Of Birth 30/04/1998
Occupation OUTDOOR
Date Of Driving Pass 10/04/2018

Driving Experience 0 YEAR AND 10 MONTH

Gender MALE

Mobile Number (LOCAL) +65-98295067

Fax Number

Contact Number OTHERS-98295067

EMail Address NOEMAIL

Address BLK 350 BUKIT BATOK STREET 34

#07-114

Postcode 650350

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 COLLISION - HEAD ON COLLISION

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

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

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name QUEENSTOWN N.P.C

Police Station Address ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY:

SINGAPORE

2

NO

NO

1

Police Station Contact **TEL NO**: 1800-4719999 - **FAX NO**:

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190213/2149

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 SHD1119U

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category TAXI

Name of Driver EDMUND

NRIC/Passport Number

Contact Number 98485340

Address Postcode

Insurance Company Name

Page 2 of 23

DETAILS OF INJURED PERSON 1

Name MUHAMMAD MIKHAIL BIN RAMDAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBM8914T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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

Page 4 of 23

Accident Sketch Plan

	Toll Tuck Lixek	
	Mack Lines /	
	De Maries 1	
	100/	
A) FBM8914-	1 JOHN TON PULL ROAD	
B) 8HD 1119 U	1 / my was kind	
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declare the foregoing parti	iculars are true in every respect.	1
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14/2/19	24 14.000	VV
14 2 19 holder's Signature	Driver's Signature Reporting Centre Personne)'s Signature	

POLICE REPORT





1 of 3

Report No. T/20190213/2149

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

REPORT OF A TRAFFIC ACCIDENT

REPORT OF A TRAFFIC ACCIDENT		Distriction of the second of t		
Date/Time Report Made:	Vide Report No.:	Station Diary No.: 48		
13/02/2019 17:19				

13/02/2019 17:19				40	
Informar	t's Particu	ilars	THE PERSON NAMED IN COLUMN		
Name of Informant: MUHAMMAD MIKHAIL BIN RAMDAN			Address: APT BLK 350 BUKIT BATOK STREET 34 #07-114 SINGAPORE 650350		
ID Type / ID No.: NRIC NO / S9813484J			Contact No.: Home/Office:	Mobile: 98295067	
Nationali	ty: ORE CITIZ	EN	Email:		
Sex: Male	Age:	Date of Birth: 30/04/1998	Type of Informant: Cyclist		
Race: Malay			Language: English	Institution / School Name:	
Occupation: FOOD DELIVERY RIDER			Driving Licence Information: Class: 2B	Date of Expiry: 10/04/2018	

Type of Accident:	Injury Attended by Police	Drink	Date/Time of Accident: 13/02/2019 13:00	Type of Location T-Junction	
OLD TOH TU TOH TUCK L T-junction at		oh Tuck Link		Road Speed Limit:	
Weather: Roam Sunny Dry				60 Km/h	
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: No Traffic	
Two Way			1	Anyone conveyed by	

The second secon	ehicle Involve	Make	Model	Color	Condition	No of Passenge
Vehicle No. FBM8914T	Type Motorcycle	YAMAHA	R15	Blue	Seriously Damaged	1000
SHD1119U	Car	HYUNDAI	130	Silver	Slightly	0

Details of Person Involved	
Any Pedestrian Involved: No	Total Constitution NA
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T/20190213/2149

2 of 3

Report No. T/20190213/2149

Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999

CONTINUATION OF REPORT

Rider				1072		C-PASTINUE NOD
Name	MUHAMMAD MIKHAIL BIN RAMDAN			ID No		S9813484J
Related Vehicle	FBM8914T (Motorcycle)		Conta	ct No.	98295067	
Hospital/Clinic	NIL		Class Drivin Licent Expiry	g ce &	Class: 2B Date of Expiry: 10/04/2018	
Date Treatment	NIL Date Dis			charge	NIL	
No. of Days gran	ted Medical Leave	Degree o	of Injury	Sligh	t	

Brief Details.

On 13/02/2019 at about 1300hrs I was riding on my bike (FBM8914T Blue Yamaha) at Old Toh Tuck Rd towards Clementi Rd. When a Taxi (SHD1119U Silver Hyundai Premier silver cab) suddenly came out of Toh Tuck Link at the T Junction at Old Toh Tuck Rd and Toh Tuck Link. I horned at the taxi but then his whole car has already came out of the junction. I want to add that I observed the taxi driver didn't check his right side view before he turned out. I couldn't swerve to the other lane as there was oncoming traffic. My bike hit the taxi and I flew from my bike. I sustain abrasions on my right thigh. The damage to my bike is at the front of my bike, my signal light, digital dashboard, bike alignment and handle bar. The damage to the taxi is only his front plate number and his car paint scratched.

There were traffic police and ambulance at my scene. However, I chose not to be conveyed as I did not felt any pain at then. When I went to the workshop together with the tow truck at about 1400hrs, I start to feel the pain on my right leg and my back. I also felt like vomiting. I went to a clinic (Drs.Chua &Partners(AV)Pte Ltd.) at 1615hrs and they referred me to go to any hospital for checkup. I came to lodge a report first before going to the hospital as my workshop advised me to do so.

There was a witness to my accident and his hand phone number is 81613781.

POLICE REPORT





Police Station Of Origin: Queenstown N.P.C 3 Queensway #01-03 SINGAPORE 149073 Tel No: 1800-4719999 3 of 3 Report No. T/20190213/2149

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: D / Staff Sgt TAN WEI JIAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 13/02/2019 17:19
Officer In Charge Of Case: TP / GIT / SI THABAGESH JEYATHESH Contact No.: 65476232	Classification Of Case:
Authentication Stamp	5/1-49



MEDICAL CERTIFICATE (Ref:51367335)

ORIGINAL

NAME: MUHAMMAD MIKHAIL BIN RAMDAN

NRIC: S9813484J

Type of Medical Leave granted: HOSPITALISATION LEAVE

The above named is unfit for duty from 13/2/2019 to 15/2/2019 inclusive

The certificate is not valid for absence from court attendance.

The aboved name was in Emergency Department from 13/02/2019 17:58 to 14/02/2019 01:32. The aboved name was admitted from 14/02/2019 01:32 to 14/02/2019 11:16.

14/02/2019 Date Dr. Shuning Natalie TANG (63787D) Issued by

Location: NTFGH EMERGENCY, EDTU







YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES) EFFECTIVE DATE

Class 28 Motorcycles =< 200 cc

10 Apr 2018



























