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SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Contact Number

EMail Address

- 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 witholding of material facts may allow insurance companies to
- 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.

atolesaid,	and to copies of the report being made available
We first the same the particle of the	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
Ellenter State and at the second	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	MUHAMMAD MIKHAIL BIN RAMDAN
NRIC No	\$9813484J
Date Of Birth	30/04/1998
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2018
Driving Experience	0 YEAR AND 10 MONTH
Sender	MALE
Mobile Number	(LOCAL) +65-98295067
ax Number	Jacobson (1970年)、Jacobson Temperatura (1970年)。
Contract No.	

OTHERS-98295067

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?

Number of vehicles (including own vehicle)

NO 2

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)

NO

soliciting/offering accident claims assistance. 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

QUEENSTOWN N.P.C

Police Station Address

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

SINGAPORE

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

TAXI

Vehicle Category Name of Driver

EDMUND

NRIC/Passport Number

Contact Number

98485340

Address

Postcode

Insurance Company Name

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

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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
- 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.
- 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:

14/02/2019

NRIC/FIN No.

SKETCH PLAN

	OU TUCK LINK		/ /
	[mines]	100/	
A) FBM89147		1	POLD TOA QUEE ROAD
B) 8HD 1119 U		(/ /)	/ Pay Total Boys

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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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.:





Police Station Of Origin: Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

1 of 3 Report No. T/20190213/2149

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/02/2019 17:19		fade:	Vide Report No.:	Station Diary No.: 48	
Informa	nt's Partici	ulars			
Name of Informant: Ad MUHAMMAD MIKHAIL BIN RAMDAN AF			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	
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Age: Date of Birth: Male 20 30/04/1998			Type of Informant: Cyclist		
Race: Malay			Language: English	Institution / School Name:	
Occupation: FOOD DELIVERY RIDER		RIDER	Driving Licence Information: Class: 2B Date of Expiry: 10/04/2		

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 13/02/2019 13:0	Type of Location T-Junction	
OLD TOH TU TOH TUCK L		Tuck Link		Road Speed Limit:	
Sunny		Dry		60 Km/h	
Traffic Flow: Traffic Control: Two Way Not Controlled				Traffic Volume: No Traffic	
Type of Collis	ion: ring Vehicles - Head On			Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBM8914T	Motorcycle	YAMAHA	R15	Blue	Seriously Damaged	A CORE OF
SHD1119U	Car	HYUNDAI	130	Silver	Slightly Damaged	0

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





/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		THE REAL PROPERTY.			ebi-L	
Name	MUHAMMAD MIKHAIL BIN RAMDAN			ID No	4.	S9813484J
Related Vehicle	FBM8914T (Motorcycle)			Conta	ct No.	98295067
Hospital/Clinic	NIL			Class Drivin Licent Expir	g	Class: 2B Date of Expiry: 10/04/2018
Date Treatment	NIL Date Dis			charge	NIL	
			Degree		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.





/20190213/2149

3 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

el No: 1800-4719999 CONTINUATION OF REPORT

Sketch Plan

NP168

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:

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

Signature

Location: NTFGH EMERGENCY, EDTU

ACCIDENT STATEMENT

, A	CCIDENT DATE:(13.	102 2019 10D/A	MM/YYY) TIME!	13.00)(HH:MM)
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Alo of passanger	DRIVER .	d IF DRIVER ALSO POL	JCY HOLDER	
Chaled	O)NAME:	AS BROOK		
Clicluding driver	b) NRIC/FIN/PASSI	POPT		MALE / FEMALE)
(T)	CADDRESS:	OKI:	CONTA	CT:
59	"d) DATE OF BIRTH	130,04,1998	VDD###	
	COCOLVION:	INDOOR / OUTDOOR	JIDD/WW/AAAA)	
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4.	WAS DRIVER AN	EMPLOYER OF THE T	NSIIDED'S COMP	
				ANY? (YES / NO)
5.	- MILLION CON	JIIUN: (CI FAR / DAIL!	NO / OTHER	:ccontrol
	THE JUNEAUE	DRY / WET / OTHERS		
6.	MAS ANTRODY IN	URED IVES INION		
/,	DIKEPORTED TO PC	DUCE (YES / NO)		100
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He of passenger	INIKO PAKIT VEHIC	LE A	MARK CO.	
I massenger	a) VEHICLE NUME	BER: 300 111911	MODEL:	
. Including driver)	b) DRIVER'S NAM	E: FDMUNO		
() 9.	CI MINIC/FIN/PASS	PORT!	CONTAC	T: 9448 200
	THIRD PARTY VEHIC	LE		" TO LY A DEO
No of passenger	d) VEHICLE NUMB	ER:	MODEL:_	
Including driver)	e) DRIVER'S NAME			(A) 10
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VIDEO

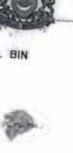
REPUBLIC OF SINGAPORE IDENTITY CARD NO. \$9813484J



Name

MUHAMMAD MIKHAIL BIN RAMDAN

MALAY
Date of birth
30-04-1998
Country of birth
SINGAPORE



4849018



MIC No. 59813484J

13-03-2013

ADT BLK 350 BUKIT BATOK STREET 34 #07-114 SINGAPORE 650350 YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIES)

EFFECTIVE DATE

Class 2B Motorcycles =< 200 cc

10 Apr 2018

NP 428A





GREAT AMERICAN INSURANCE COMPANY

UEN: T15FC0029B GST REG. NO.: M90370081T 3 TEMASEK AVENUE, #16-01-CENTENNIAL TOWER SINGAPORE 039190

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

CERTIFICATE OF INSURANCE

Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) - Motor Vehicles (Third0Party Risks and Compensation) Rules, 1960
 Road Transport Act, 1987 (Malaysia) Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia)

Policy Details

Certificate Number

MOMVM000002779-00-000

Cover

Motor Cycle (Third Party Only)

Policyholder Name

Muhammad Mikhail Bin Ramdan

Chassis Number

: MH3RG4710JK051012

NCD Entitlement

NHI

Engine Number

G3J6E0093937

Hire Purchase

1000

Registration Number

: FBM8914T

SOUTHERN WIND MOTOR CREDIT & TRADING PTE

Period of Insurance

: From 16/05/2018 (00:00) To 15/05/2019 (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
- 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)

N/A

Excess (Section 2)

: N/A

Driver Details

Primary Rider

: Muhammad Mikhail Bin Ramdan

Named Rider 1

N/A

Named Rider 2

140

Nameu Figer 2

: N/A

Name of Intermediary

Tena Risk Solutions Pte Ltd

Date of Issue

20/07/2018

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

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HIRE PURCHASE WITH SOUTHERN WIND MOTOR CREDIT & TRADING FTE LTD Block 1006, #01-10. Bukit Merah Lane 2 Singapore 159762. Tel: 6273-0369 Fab: 6274-6814