

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 | 08/04/2019 16:58 |
| Date Of Accident | 28/03/2019 00:05 |
| Exact Location Of Accident | ALONG CTE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | FZ4120C |
| Insured/Policyholder | |
| Name Of Registered Owner | MOHAMMAD RIZAL BIN SAPTO |
| NRIC No | S7728922D |
| Email Address | MARIZ7757@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-92230577 |
| Alternative Phone No | OFFICE-92230577 |

Vehicle Particulars

| | |
|--|-------------------|
| Manufacturer | YAMAHA |
| Model | SUPREME X-1-111CC |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | MC/00087894-06 |
| Cover Note Number | |

Driver

| | |
|----------------------|--------------------------|
| Name of Driver | MOHAMMAD RIZAL BIN SAPTO |
| NRIC No | S7728922D |
| Date Of Birth | 04/10/1977 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 31/01/1994 |
| Driving Experience | 25 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-92230577 |
| Fax Number | |
| Contact Number | OFFICE-92230577 |
| EMail Address | MARIZ7757@GMAIL.COM |

| | |
|---|--|
| Address | BLK 352 CHOA CHU KANG CENTRAL #02-339 |
| Postcode | 680352 |
| 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 | SIDE SWIPE |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-6659999 - FAX NO: 66655793 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO THE TRAFFIC ACCIDENT REPORT NO. T/20190328/20188 ATTACHED

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 | SHC397U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | TAXI |
| 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 | MOHAMMAD RIZAL BIN SAPTO |
| Approximate Age | 41 |
| Injuries Sustain | |
| Injured person in which vehicle? | FZ4120C |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | BLK 352 CHOA CHU KANG CENTRAL #02-339 |
| Postcode | 680352 |

Sketch Plan


SKETCH PLAN


IMPORTANT NOTICE


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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:


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


Reporting Centre Personnel's Signature
Name: Tan Chuan Bo
NRIC/FIN No.: G7715735R

100

Refer to Traffic Accident Report No. T/20190328/2108 attached.

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

Reporting Centre Personnel's Signature
Name: Tan Chuan Loh
NRIC/FIN No.: G7715235R



**SINGAPORE
POLICE FORCE**



T/20190328/2188

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

1 of 3

Report No. T/20190328/2188

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 28/03/2019 19:43 | Vide Report No.: | Station Diary No.: 167 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | |
|--|---|-------------------------------|-----------------------------|
| Name of Informant: MOHAMMAD RIZAL BIN SAPTO | Address: APT BLK 352 CHOA CHU KANG CENTRAL #02-339 SINGAPORE 680352 | | |
| ID Type / ID No.: NRIC NO / S7728922D | Contact No.: | Home/Office: Mobile: 92230577 | |
| Nationality: SINGAPORE CITIZEN | Email: Mariz7757@gmail.com | | |
| Sex: Male | Age: 41 | Date of Birth: 04/10/1977 | Type of Informant: Rider |
| Race: Boyanesse | Language: English | Institution / School Name: | |
| Occupation: TECHNICAL OFFICER | Driving Licence Information: Class: 2B,2A,2,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|---|---------------------------------|--------------------------|---|---|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 27/03/2019 23:50 | Type of Location: Bend |
| Location: Along Road 1 CENTRAL EXPRESSWAY CTE/AYE towards Tuas. At the entrance of 1B. | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: | Traffic Control: | Traffic Volume: Light | | |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|-----------------|-------|----------------------|-----------------|
| FZ4120C | Motorcycle | YAMAHA | SUPREME X -1 | Blue | Seriously Damaged | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
|-------------|--|----------------|------------|-------------|
| FZ4120C | DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD. | MC/00087894/06 | 05/07/2012 | 04/07/2019 |

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**SINGAPORE
POLICE FORCE**



T/20190328/2188

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

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Report No. T/20190328/2188

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|----------------------------|--|---|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MOHAMMAD RIZAL BIN SAPTO | ID No. | S7728922D |
| Related Vehicle | FZ4120C (Motorcycle) | Contact No. | 92230577 |
| Hospital/Clinic | SINGAPORE GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3 Date of Expiry: NIL |
| Date Treatment | 28/03/2019 | Date Discharge | 28/03/2019 |
| No. of Days granted Medical Leave | 04 | Degree of Injury | Serious |

Brief Details.

On 27/03/2019 at about 2350hrs, I was riding my motorcycle (Reg no: FZ4120C) along CTE/AYE towards Tuas. At exit 1B, there was a taxi coming from Chin Swee Road slip road and collided with me. I fell together with my motorcycle on the left and skidded.

The ambulance came and conveyed me to the hospital immediately as I was seriously injured. I did not manage to exchange particulars with anyone. I was admitted in Singapore General Hospital and was being discharged on the same day. I was given 04 days of hospitalization leave from 28/03/2019 to 31/03/2019. Doctor informed me that there will be an extension of my hospitalization leave as I need to do dressing for my wounds.

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**SINGAPORE
POLICE FORCE**



T/20190328/2188

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

3 of 3

Report No. T/20190328/2188

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:
J /
Sgt 3 MUHAMMAD ASHRAF BIN RAHUMAN
SHAH

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL
Contact No.: 65476131



Authentication Stamp

Signature :

Singapore Police Force

Signature Of Informant:

Tan

Date/Time:
28/03/2019 19:43

Classification Of Case:

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