Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 27/09/2019 12:54

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 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.

ACCIDENT STATEMENT	
Date Of Report	24/07/2019 09:11
Date Of Accident	02/06/2019 15:00
Exact Location Of Accident	TEBRAU HWY JUNC WITH JLN LINGKARAN DALAM
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBP4571J
Insured/Policyholder	
Name Of Registered Owner	SAFANDY BIN JAMALLUDDIN
NRIC No	S8970233Z
Email Address	ANDYWHULALA@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81965274
Alternative Phone No	OFFICE-81965274
Vehicle Particulars	
Manufacturer	HONDA
Model	ADV750
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	-
Cover Note Number	MT2019TR00368
Driver	
Name of Driver	SAFANDY BIN JAMALLUDDIN
NRIC No	S8970233Z
Date Of Birth	25/10/1989
Occupation	INDOOR
Date Of Driving Pass	09/10/2015
Driving Experience	3 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81965274
Fax Number	
Contact Number	OFFICE-81965274
EMail Address	ANDYWHULALA@HOTMAIL.COM

Address	BLK 436 WOODLANDS ST 41 #11-380
Postcode	730436
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 - CROSS JUNCTION
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?	NO
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	TRAFFIC POLICE DIVISION HQ
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.

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	SKT5154X
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	SAFANDY BIN JAMALLUDDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBP4571J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

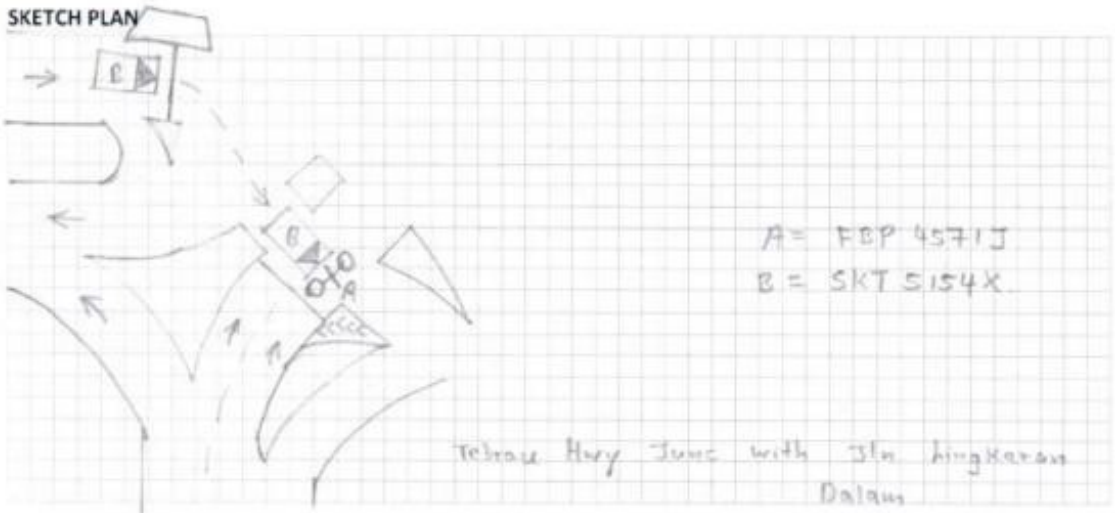
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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 REPORT

SINGAPORE POLICE FORCE

T/20190610/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190610/7029

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
10/06/2019 21:00		

Informant's Particulars

Name of Informant: SAFANDY BIN JAMALLUDDIN			Address: 436 WOODLANDS STREET 41 #11-380 SINGAPORE 730436	
ID Type / ID No.: NRIC NO / S8970233Z			Contact No.: Home/Office:	Mobile: 81965274
Nationality: SINGAPORE CITIZEN			Email: andywhulala@hotmail.com	
Sex: Male	Age: 29	Date of Birth: 25/10/1989	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Motorcycle Salesman			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/06/2019 15:00	Type of Location: X-Junction
Location: Johor Bahru				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4571J	Motorcycle	HONDA	ADV750	Grey	Seriously Damaged	0
SKT5154X	Car	HONDA	Odyssey	Grey	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4571J	American Insurance			

SINGAPORE POLICE FORCE

T/20190610/7029

Report No. T/20190610/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA		
Rider				
Name	SAFANDY BIN JAMALLUDDIN		ID No.	S8970233Z
Related Vehicle	FBP4571J (Motorcycle)		Contact No.	81965274
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/06/2019	Date Discharge	02/06/2019	
No. of Days granted Medical Leave	15	Degree of Injury	Serious	
Passenger				
Name	Unknown Passenger		ID No.	NIL
Related Vehicle	SKT5154X (Car)		Contact No.	NIL
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL	
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL	

Brief Details.

On the day of accident, i was on my way back home towards Singapore from JB. I approached a traffic light junction. It was red light, i stopped my motorcycle (FBP4571J). when it turned green i moved off and that is where the accident happened. A grey car (SKT5154X) on my left went towards my direction and hit my left side of my motorcycle. My motorcycle fell on the right side. there was a Singaporean eyewitness who the accident.

SINGAPORE POLICE FORCE

T/20190610/7029

Report No. T/20190610/7029

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Sketch Plan

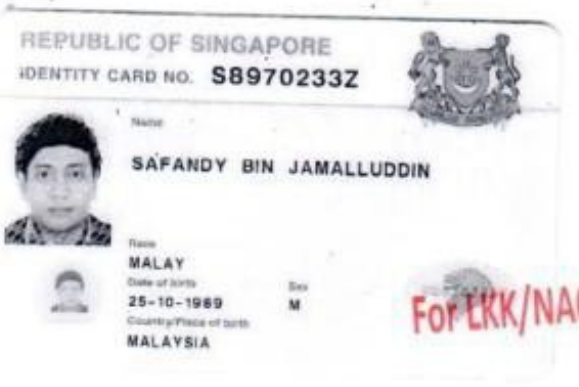
Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 10/06/2019 21:00
Officer In Charge Of Case: TP / TPHQ / YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp

NP168

DRIVING DOC


REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8970233Z

SAFANDY BIN JAMALLUDDIN

MALAY
25-10-1989
M
MALAYSIA

For LKK/NAC Use Only


REPUBLIC OF SINGAPORE DRIVING LICENCE

S8970233Z

SAFANDY BIN JAMALLUDDIN

25 Oct 1989
13 May 2009


5208796

S8970233Z

23-08-2013

APT BLK 436 WOODLANDS STREET 41
#11-380
SINGAPORE 730436

For LKK/NAC Use Only


YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLL... CLASSES

MOTORCYCLES NOT EXCEEDING 200 CC
MOTORCYCLES BETWEEN 200 CC AND 400 CC
MOTORCYCLES EXCEEDING 400 CC
MOTOR CARS AND MOTOR TRACTORS THE WEIGH OF WHICH UNLADEN DOES NOT EXCEED 3500 KILOGRAMS

S / No.9000240858

Licence No. S8970233Z

NP 120A

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

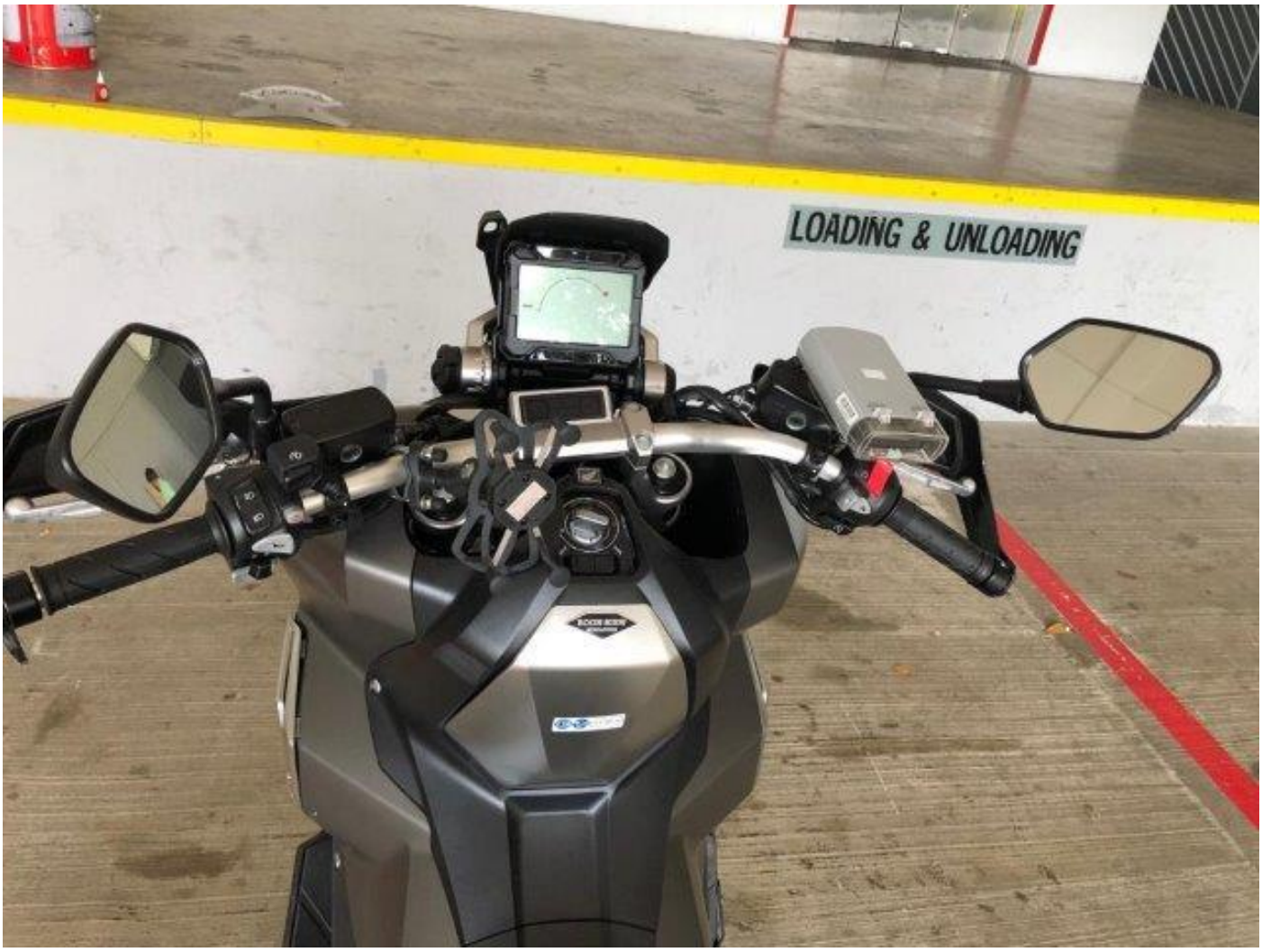
Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo



Accident Photo

Addendum Sheet

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: S66550020G / GST Reg. No.: M400017735

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 : MNAI190965 77 Vehicle Registration No: FBP4571J

Name(as shown in NRIC) : SAFANDY BIN JAMALUDIN NRIC/FIN/Passport No : S8970233Z

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

Address : BLK 456 WOODLANDS ST 41 #11-380 Singapore(730436)

Contact (Tel) : Mobile No. : 81965274

Email Address :

Date of Accident : 03/06/2019 Time of Accident : 15:00

Place of Accident : TEBRAU HIGHWAY JUNC WITH JLN LINGKARAN DLM

Insurance Company: GREAT 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:

REVERT FROM TP CLAIM TO OD CLAIMS

Policyholder / Driver's Signature
Date: 24/09/19

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

GIARMC addendumform_V3

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: S66550020G / GST Reg. No.: M400017735

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 : MNA1190965 77-01 Vehicle Registration No: FBP4571J

Name(as shown in NRIC) : SAFANDY BIN JAMALUDDIN NRIC/FIN/Passport No : S8970283Z

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

Address : BLK 436, #11-380 WOODLANDS ST 41 Singapore( )

Contact (Tel) : Mobile No. : 81965274

Email Address :

Date of Accident : 02/06/19 Time of Accident : 1500

Place of Accident : TEBRAU H/WAY JUNC WITH JLN LINGKARAN DALAM

Insurance Company : GREAT 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:

REVERT FROM OD CLAIMS TO TP CLAIMS

Policyholder / Driver's Signature
Date: 27/09/19

27/09/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:
Date:

GIARMC addendumform_V3