

## 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	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
<b>Insured/Policyholder</b>	
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?	YES
If No, Please state action to be taken	
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
EEmail 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
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	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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





POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190610/7029

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

2 of 3

Report No. T/20190610/7029

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.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190610/7029

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

3 of 3

Report No. T/20190610/7029

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
YEO GEAK ENG CECILIA  
Contact No.: 65476404

Authentication Stamp  
NP168

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
10/06/2019 21:00

Classification Of Case:

DRIVING DOC

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. **S8970233Z**



Name  
**SAFANDY BIN JAMALLUDDIN**

Race  
**MALAY**

Date of birth  
**25-10-1989**

Country/Place of birth  
**MALAYSIA**

Sex  
**M**



REPUBLIC OF SINGAPORE DRIVING LICENSE

License Number **S8970233Z**

Name  
**SAFANDY BIN JAMALLUDDIN**

Birth Date **25 Oct 1989**

Issue Date **13 May 2009**

0017800070



For LKK/NAC Use Only

5208796



SIREC No. **S8970233Z**



Date of issue  
**23-08-2013**

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

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	DESCRIPTION	ISSUE DATE
Class 1B	MOTORCYCLES NOT EXCEEDING 200 CC	12 Nov 2009
Class 2A	MOTORCYCLES BETWEEN 200 CC AND 400 CC	09 Jul 2010
Class 2	MOTORCYCLES EXCEEDING 400 CC	09 Jul 2010
Class 3	MOTOR CARS AND MOTOR TRACTORS THE WEIGHT OF WHICH UNLOADED DOES NOT EXCEED 2500 KILOGRAMS	27 Oct 2013

S / No. 9000240858

NP 120A

License No. **S8970233Z**



For LKK/NAC Use Only

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 : MNNA119096577 Vehicle Registration No: FBP45715
Name (as shown in NRIC) : SAFANDY BIN JAMALUDDIN NRIC/FIN/Passport No : 58970233Z

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

Address : BLK 436 WOODLANDS ST 41 #11-380 Singapore ( 730436 )

Contact (Tel) : Mobile No. : 81965274

Email Address :

Date of Accident : 02/06/2019 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: