### 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	04/07/2020 10:56
	Date Of Accident	02/07/2020 18:25
	Exact Location Of Accident	BALESTIER ROAD IN FRONT OF ZHONGSHAN MALL
	Country/State of Loss	SINGAPORE
	D	ETAILS OF OWN VEHICLE
	Vehicle Registration Number	FBA5000M
	Insured/Policyholder	
	Name Of Registered Owner	FADLY BIN ZAHAREN
	NRIC No	SXXXX582I
	Email Address	AFAD.ZAHAREN@GMAIL.COM
	Mobile Phone No	(LOCAL) +65-92415941
	Alternative Phone No	OTHERS-92415941
	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	REPORTING ONLY
	Vehicle Category	MOTORCYCLE
	Insurance Company	
	Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
	Type Of Coverage	COMPREHENSIVE
Vehicle Particulars  Manufacturer  Model  Exact Purpose for which vehicle was being us time of accident  Are you claiming under your own insurance profor repair to your vehicle?  If No, Please state action to be taken  Vehicle Category  Insurance Company  Name of Insurance Company  Type Of Coverage  Fleet Policy  Policy Number		NO
Manufacturer Model Exact Purpose for which vehicle was being use time of accident Are you claiming under your own insurance por for repair to your vehicle? If No, Please state action to be taken Vehicle Category Insurance Company Name of Insurance Company Type Of Coverage Fleet Policy		MSD/VMS/20-409166-CA
	Cover Note Number	
	Driver	
	Name of Driver	FADLY BIN ZAHAREN
	NRIC No	SXXXX582I

NRIC No SXXXX582I

Date Of Birth 16/11/1980

Occupation OUTDOOR

Date Of Driving Pass 22/01/2008

Driving Experience 12 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92415941

Fax Number

Contact Number OTHERS-92415941

EMail Address AFAD.ZAHAREN@GMAIL.COM

Address BLK 169 HOUGANG AVENUE 1

#01-1429

Postcode 530169

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 NO

ambulance?

YES

Was any other material or property damaged? YE

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 HEADQUARTERS

Police Station Address ROAD: 10 UBI AVENUE 3 SINGAPORE, POSTCODE: 408865,

**COUNTRY**: SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

### **Circumstances of Accident**

PLEASE REFER TO SKETCH PLAN

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 GBK3738D

Vehicle Make/Model/Colour TOYOTA HIACE

**Details Of Properties** 

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MUHAMMAD HELMI BIN MOHAMED

NRIC/Passport Number SXXXX009I Contact Number 85337180

Address Postcode

Insurance Company Name

## DETAILS OF INJURED PERSON 1 FADLY BIN ZAHAREN

Approximate Age

Name

Injuries Sustain SLIGHT Injured person in which vehicle? FBA5000M

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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.
- 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:
  - 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.

4-1.

Policyholder's Signature

Date & Time: 3 /7/20

6.12m

Driver's Signature (If driver is not the policyholder)

Date & Time:

eporting Centre Personnel's Signature

NRIC/FIN No.:

KETCH PLAN	ALONE BOUNTIAR ROJ	refaces or 24 bresston MALL
Zþ	1 1 1 man 8 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	A) FBA SOOOM B) GBK 37380
	NCES OF THE ACCIDENT	0200703/7016
	/	
DECLARATION		
	ng particulars are true in every respect.	m/84/07/2020
Policyholder's Signature Date & Time: 3/7/20	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





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

1 of 4 Report No. T/20200703/7016

### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/07/2020 17:39		Made:	Vide Report No.:	Station Diary No.;	
Informa	nt's Partic	ulars			
	Informant: BIN ZAHAR		Address: APT BLK 169 HOUGANG AV 530169	ENUE 1 #01-1429 SINGAPORE	
ID Type / ID No.: NRIC NO / \$80365821			Contact No.: Home/Office:	Mobile: 92415941	
Nationality: SINGAPORE CITIZEN		EN	Email: afad.zaharen@gmail.com		
Sex: Male	Age: 39	Date of Birth: 16/11/1980	Type of Informant: Vehicle Owner		
Race: Malay			Language: English	Institution / School Name:	
Occupat Despatch			Driving Licence Information: Class: 2B	Date of Expiry:	

Type of Accident:	Attended by Police	Drink Drive: No	Date/Time of Accident: 02/07/2020 18:25	Type of Location Straight Road
Location: AH HOOD RO	DAD	Road Surface:		Road Speed Limit:
		Dry		60 Km/h
Clear		Annual Contract of the Contrac		
Clear Traffic Flow: Two Way		Traffic Control: Traffic Light - Wo	rking	Traffic Volume: Heavy

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBA5000M	Motorcycle	YAMAHA	R15v3	Blue	Seriously Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBA5000M	MSIG INSURANCE (SINGAPORE) PTE. LTD.	MSD/VMS/20- 409166-CA	22/01/2020	21/01/2021	



T/20200703/7016

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

2 of 4 Report No. T/20200703/7016

### CONTINUATION OF REPORT

Details of Perso	n Involved					
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA			ring: NA
Vehicle Owner			1000 011 0	deatha	11 01033	arig. IVA
Name	FADLY BIN ZAHAREN  FBA5000M (Motorcycle)  HOUGANG CLINIC			ID No. Contact No.		S8036582I 92415941
Related Vehicle						
Hospital/Clinic				Class Drivin Licen Expin	g	Class: 2B Date of Expiry: NIL
Date Treatment	02/07/2020		Date Disc	harge	02/07	/2020
No. of Days gran	ted Medical Leave	05	Degree of			

### **Brief Details**

The accident happens exactly in front of Zhongshan Mall at a traffic junction where there's a traffic light for pedestrian to cross. As the traffic was quite heavy at that time, I was lane splitting in between cars as I was on my way to pick up an order @ 28 Ann Siang Rd. When the vehicles started moving at a slow consistent pace, I followed the 1st left lane again. As got near to the pedestrian crossing(tarffic light), I noticed that the lane was clear except for a grey coloured van. At the same time,my map at my hp sounded indicating me to turn right after 800m to my said location. I took a glance down & within split seconds when I lookup to see the road, the grey van which I saw just now is still in it's same position. But due to the traffic on the other lanes, i could only lane split in order not hit head on to it's rear. Upon doing so, my bike managed to pass the van but my big delivery bag got hooked on it's side causing a side swipe which eventually caused my bike to be unbalanced & mp; i got flunged off from by bike. When I turn to see the driver both he & amp; his helper (assistant) was in front of the van. His helper then proceeded to help me push my bike about 10 metres in front of the bus stop & amp; the driver moved his van behind my bike. During that time, i noticed that the van's left side rear door was open so I asked the helper if they doing loading/unloading. The helper replied yes so I asked him do u know that it's a double yellow line & the traffic were heavy. Furthermore the van was at a stopline at a pedestrian crossing where the lights were green in our favour but by doing that they were causing obstruction to other vehicles. Why didn't u just parked below @ the loading bay?But the helper just kept quite.So we changed particulars & took photos of the damages that was caused.I'd asked the driver to ensure which part of his van's damaged which I then took photos off.I also took photos of the damages of my bike & Damp; asked him to take too so that if claims were made, they wouldn't be any discrepancies. The driver seems ro be in a hurry so immediately after that, he & Damp; his driver proceeded to their van(which they claims that it's their company van) & Damp; drove off. As I want to know if I'd dropped anything during the accident, I went back to the exact location that's at the pedestrian crossing. That's where I noticed that there was an entrance about 10metres away from the traffic light leading to Zhongshan Mall Carpark. However the next day, the driver told me that his company might claimed against me & amp; advised me to do the same instead of personal claim which we've agreed on earlier. So I asked him if he know's about the implications by parking at a double yellow line, doing loading/ unloading without the hazard lights on?That was when he told me that they were not doing loading/unloading instead they were waiting for the bus to start moving off.And I also asked theb why is your rear door open with lots af buckets full of items?He told me that actually he'd open it up to get some wet tissues s my hand was bleeding. I then kept quite but there's 2 more things I noticed which did not mention in case he think of an answer. The question is, if really he were waiting for the bus to move off, why did both of them were already in front of the van during the accident. Secondly why didn't he closed the rear door even after moving in front of the bus stop & this, he gave me a definite answer which is 20,Ah Hood Rd?For me,a delivery guy will know it's exact





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 4 Report No. T/20200703/7016

### CONTINUATION OF REPORT

location to pickup or deliver an item which I believed that they were there to deliver something using their own convenience. Furthermore, if what he says is true, he should be able to explain to me at that point of time & Deliver of the day after. Which probably he'd think of on how to answer me. I've pictures of our damages, license plate & Deliver of the time the incident happened. That's all.



Sketch Plan

Authentication Stamp

NP168

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

Informant is not able to provide sketch plan



4 of 4 Report No. T/20200703/7016

CONTINUATION OF REPORT

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: 03/07/2020 17:39
Officer In Charge Of Case:	Classification Of Case:





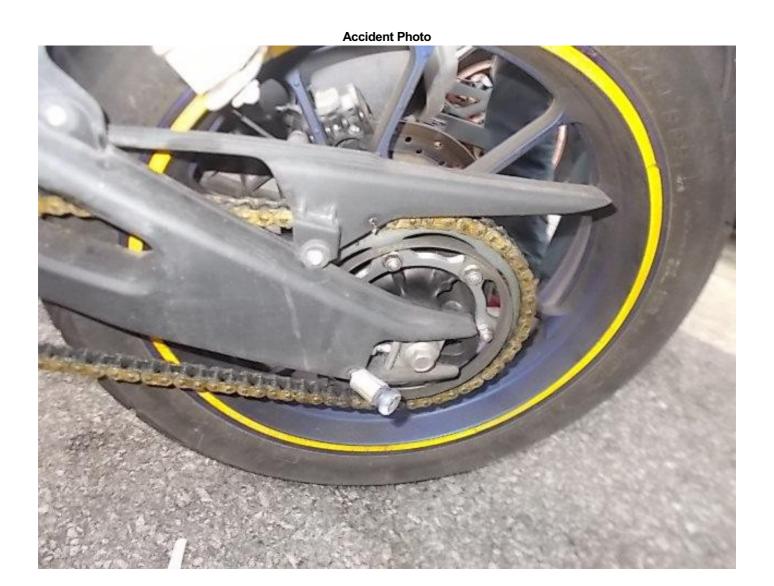












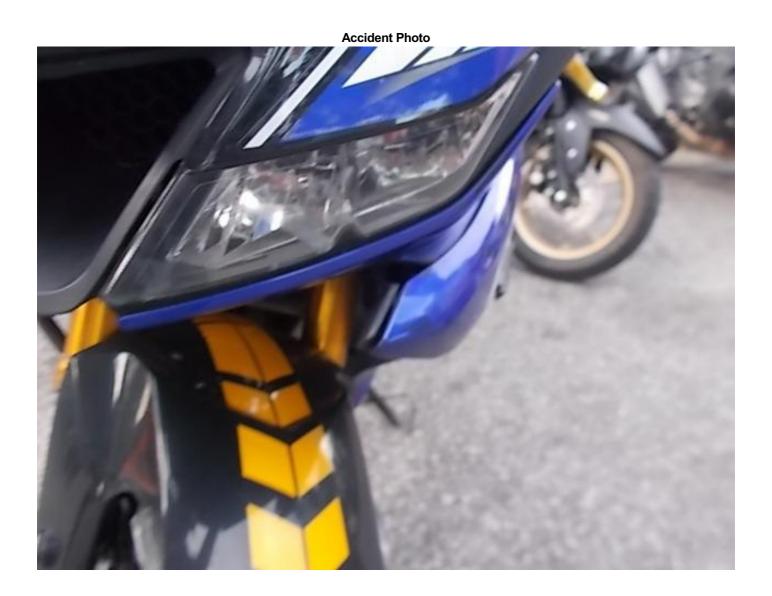




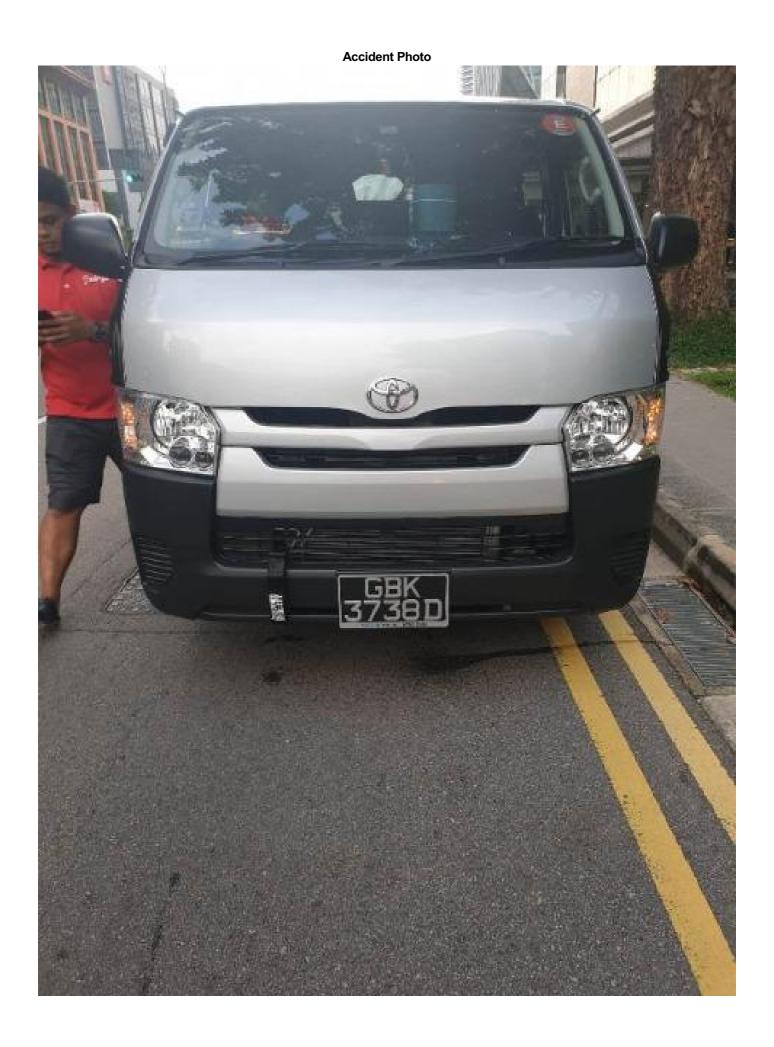






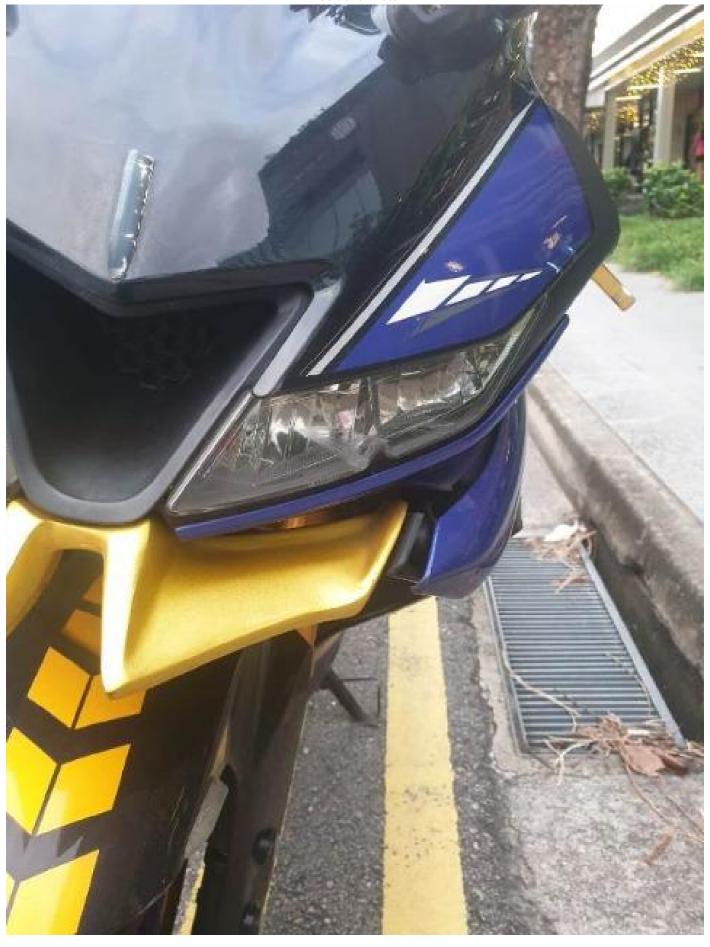






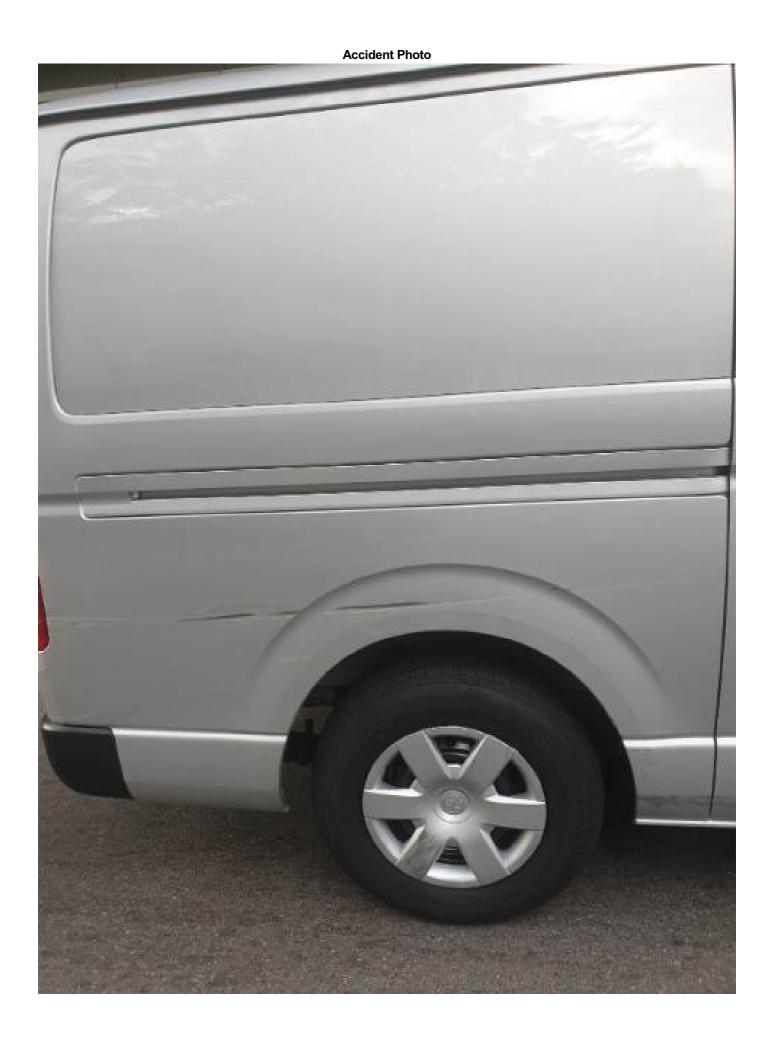


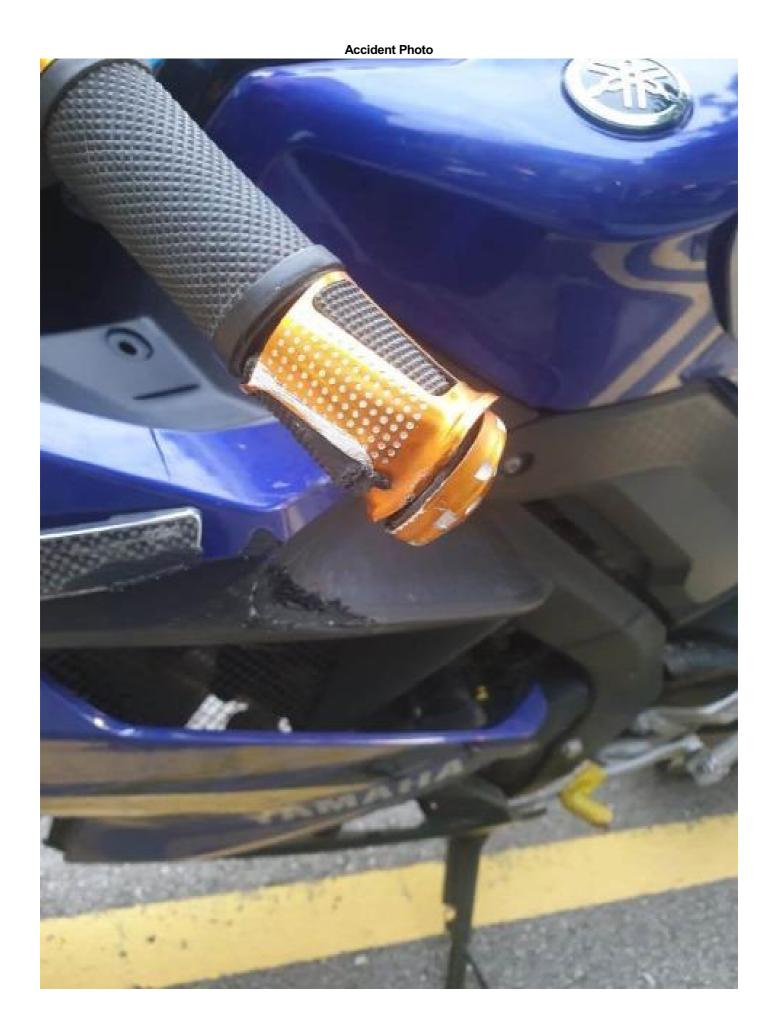




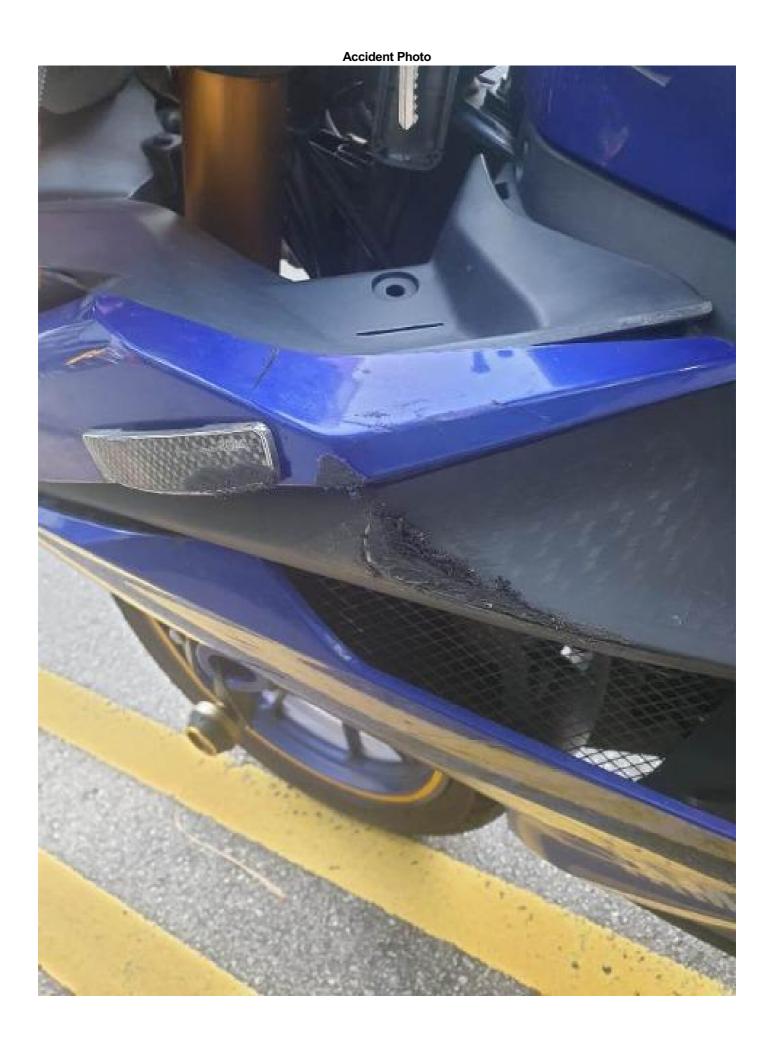














# NATIONAL HEALTHCARE GROUP POLYCLII Hougang Polyclinic

89 Hougang Avenue 4 Singapore 538829

MEDICAL CER	TIFICATE ORIGII	NAL	H	)U
Name: FADL	Y BIN ZAHAREN	NE	RIC:	S
7.7	Leave granted : OUTPATIENT SICK			
The above nam	e is unfit for duty for a period of 5 d	ay(s) from 02/07/2020 to	06/07/2	20
	s not valid for absence from court atte			
The above nam	ed attended Examination/Treatment	from 09:24 AM to		
			/	
Remarks :			//	/
_	se call 63553000		1/	
			11	
	Dr. LEONARD LENG QI AN (61084D)	) Hougang	-	1





