

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 | 29/10/2020 12:50 |
| Date Of Accident | 26/10/2020 05:45 |
| Exact Location Of Accident | TAMPINES AVE 4 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-----------------------------|
| Vehicle Registration Number | FBN8844G |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD ZAHID BIN AB WAHID |
| NRIC No | S9237812H |
| Email Address | MUHDZAHID.ZW@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81981841 |
| Alternative Phone No | Others-81981841 |

Vehicle Particulars

| | |
|--------------|--------|
| Manufacturer | HONDA |
| Model | ADV750 |

Exact Purpose for which vehicle was being used at time of accident

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 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 1800155743-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------------|
| Name of Driver | MUHAMMAD ZAHID BIN AB WAHID |
| NRIC No | S9237812H |
| Date Of Birth | 19/10/1992 |
| Occupation | INDOOR |
| Date Of Driving Pass | 13/07/2015 |
| Driving Experience | 5 YEARS AND 3 MONTHS |

| | |
|---|---------------------------------|
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81981841 |
| Fax Number | |
| Contact Number | OTHERS-81981841 |
| E-Mail Address | MUHDZAHID.ZW@GMAIL.COM |
| Address | BLK 4444 TAMPINES ST 42 #03-118 |
| Postcode | 520444 |
| 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 | CHAIN COLLISION |
| Weather Conditions | HEAVY RAIN |
| Road Surface | WET |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) involved in the accident | 3 |
| 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 | TAMPINES N.P.C |
| Police Station Address | ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLEASE REFER TO 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 | SHC5593L |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLM9170Y
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 MUHAMMAD ZAHID BIN AB WAHID
Approximate Age 28
Injuries Sustain LOWER BACK PAIN
Injured person in which vehicle?
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode


SKETCH PLANIMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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: 29/10/20
1230hrs

Driver's Signature

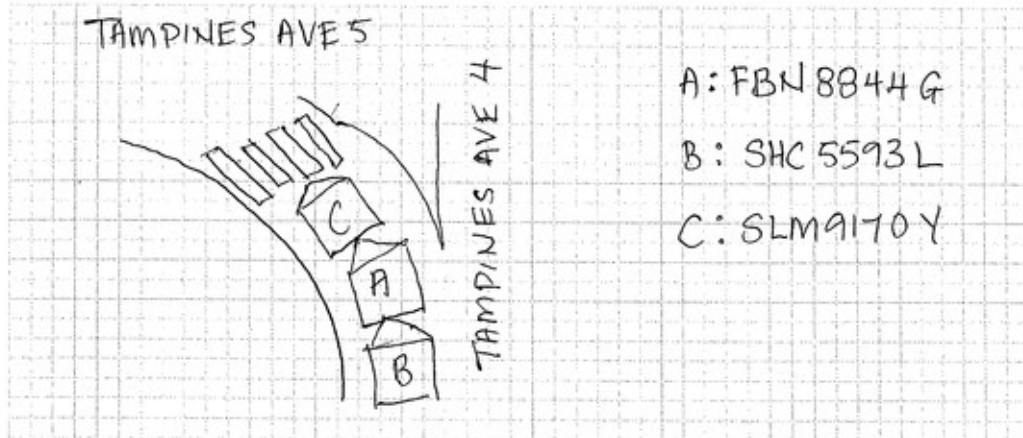
 (If driver is not the policyholder)
 Date & Time:


 Reporting Centre Personnel's Signature

 Name:
 NRIC/FIN No.:

WATTC Sketch Plan Form_V1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report : T/20201027/2060

DECLARATION

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

Policyholder's Signature

Date & Time: 29/10/20

WABAC 1230hrs

Driver's Signature

Date & Time:

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20201027/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20201027/2060

REPORT OF A TRAFFIC ACCIDENT

| | | | | | |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made: 27/10/2020 13:19 | | Vide Report No.: | | Station Diary No.: 31 | |
| Informant's Particulars | | | | | |
| Name of Informant: MUHAMMAD ZAHID BIN AB WAHID | | | Address: APT BLK 444 TAMPINES STREET 42 #03-118 SINGAPORE 520444 | | |
| ID Type / ID No.: NRIC NO / S9237812H | | | Contact No.: Home/Office: Mobile: 81981841 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 28 | Date of Birth: 19/10/1992 | Type of Informant: Rider | | |
| Race: Malay | | | Language: | | Institution / School Name: |
| Occupation: PROCCSS TECHNICIAN | | | Driving Licence Information: Class: 2,3 Date of Expiry: | | |

| | | | | |
|--|---------------------------------|------------------------------------|---|---------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 26/10/2020 05:45 | Type of Location: Bend |
| Location: TAMPINES AVENUE 4 | | | | |
| Weather: Raining | | Road Surface: Wet | Road Speed Limit: | |
| Traffic Flow: One Way | | Traffic Control: Not Controlled | Traffic Volume: Light | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | Anyone conveyed by ambulance: Yes | |

| | | | | | | |
|------------------------------------|------------|-------|--------|-------|---------------------|-----------------|
| Details of Vehicle Involved | | | | | | |
| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
| FBN8844G | Motorcycle | HONDA | ADV750 | White | Slightly Damaged | 0 |

| | | | | |
|-------------------------------------|---|---------------|------------|-------------|
| Details of Vehicle Insurance | | | | |
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| FBN8844G | AIG ASIA PACIFIC INSURANCE PTE. LTD. | 1800155743-01 | 27/12/2019 | 26/12/2020 |



**SINGAPORE
POLICE FORCE**



T/20201027/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20201027/2060

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-----------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD ZAHID BIN AB WAHID | ID No. | S9237812H |
| Related Vehicle | FBN8844G (Motorcycle) | Contact No. | 81981841 |
| Hospital/Clinic | CHANGI GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2,3 Date of Expiry: NIL |
| Date Treatment | 26/10/2020 | Date Discharge | 26/10/2020 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |

Brief Details.

On the 26/10/2020 at about 0545hrs I was riding my motorbike towards Tampines Ave 4 to Tampines Ave 5 at the bend of the filter line I saw the vehicle number SLM9170Y stopped and I was behind the vehicle I stopped my motorbike as well. Suddenly from behind vehicle plate number SHC5593L hit the rear of my motorbike which the impact pushed me towards the front vehicle and I was been 'stacked' with my motorbike in between both the vehicle.

The driver of the SLM9170Y called for the ambulance and I was conveyed to Changi general hospital. During that incident was unable to take down the particulars of both the drivers. I was then admitted on the 26/10/2020 and discharged on the same day I was given 3 days of medical leave.

I am lodging this report for insurance claim and own record purposes.



**SINGAPORE
POLICE FORCE**



T/20201027/2060

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20201027/2060

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: G / Sgt 1 HARIDAS S/O MANOGERAN <i>[Signature]</i> | Signature Of Informant: <i>[Signature]</i> |
| Signature Of Interpreter: Not applicable | Date/Time: 27/10/2020 13:19 |
| Officer In Charge Of Case: TP / GIT / SI MOHAMMAD ABDILLAH BIN PALIL Contact No.: 65476246 | Classification Of Case: |

Authentication Stamp
NP168 *[Signature]*



CERTIFICATE OF INSURANCE

MOTORCYCLE AUTOVANTAGE MOTORCYCLE

Name of Policyholder : MUHAMMAD ZAHID BIN AB WAHID
 Period of Insurance : 27 Dec 2019 To 26 Dec 2020
 Engine No. : RC88E6302872
 Chassis No. : JH2RC95A7KK201105

Vehicle No. : FBN8844G
 Policy No. : 1800155743-01
 Endorsement No. :
 Issued Date : 06 Dec 2019

ABOUT THE COVER

Make/Model : HONDA ADV 750
 Engine Capacity/Tonnage : 745.00 CC
 Driver Restriction : Named Driver Basis
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2018
 Insuring with COE/PARF : Yes

a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover

- 1) use for hire or reward;
- 2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed testing;
- 3) use for the carriage of goods (other than samples) in connection with any trade or business; and
- 4) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 6 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189), Section 95 of the Road Transport Act, 1987 (Malaysia) and Road Transport (Amendment) Act 2019, are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage - \$750 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : NA

Named Driver and Excess (where applicable)

KHAIRUL MAZRIN BIN ROSLY - \$750 (Own Damage), MUHAMMAD ZAHID BIN AB WAHID - \$750 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 8200. Alternatively, You may refer to AIG website www.aig.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

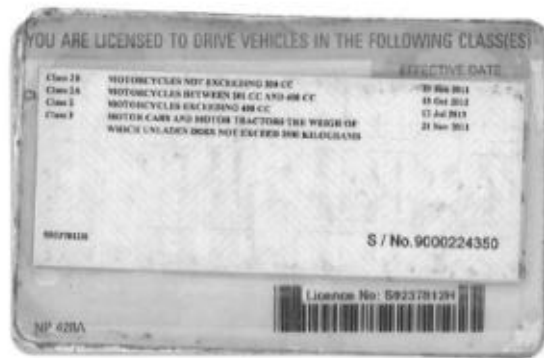
Hire Purchase Company/Employer's Loan: BIKE PRODUCTION PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500656010
 COWELL - BIKE PRODUCTION
 8 BURN ROAD #09-09 TRIVEX
 SINGAPORE 369877 ANSP-NONLIFE
 Underwritten by AIG Asia Pacific Insurance Pte, Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 This computer generated document does not require a signature.

Yai Aw Lin



Driving License





Identification Card



Identification Card

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9237812H



Name
MUHAMMAD ZAHID BIN AB
WAHID

Race
MALAY

Date of birth
19-10-1992

Sex
M

Country of birth
SINGAPORE

S9237812H

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

