

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 Submission 30/10/2020 16:54 (SGT)
Date of Accident 26/10/2020 05:45 (SGT)
Exact Location of Accident Near 300 Tampines Ave 5, Singapore 529653
Additional Location Information TAMPINES AVE 4 (SLIP ROAD) TOWARDS TAMPINES AVE 5
Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number FBN8844G

INSURED/POLICYHOLDER

Is company? No
Name Of Registered Owner MUHAMMAD ZAHID BIN AB WAHID
NRIC No SXXXX812H
Email Address muhdzahid.zw@gmail.com
Mobile Phone No (Phone) +65-81981841
Alternative Phone No -

VEHICLE PARTICULARS

Manufacturer Honda
Model ADV750
Variant -
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 - Claiming third party
Vehicle Category Motorcycle
Transmission Manual
CC 745

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 SXXXX812H

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	(Phone) +65-81981841
Alt. Phone Number	-
Email Address	muhdzahid.zw@gmail.com
Address	BLK 4444 TAMPINES ST 42 #03-118
Address complement	-
Postcode	520444
Is the driver the policyholder?	Yes
If No, Relationship of the Driver with the Insured	-
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	No
Number of vehicles involved in the accident	3
Was anybody injured in the Accident?	Yes
Was any injured conveyed to hospital by ambulance?	Yes
Was any other material or property damaged?	Yes
Number of Passengers (Including Driver)	1
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Tampines N.p.c
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 Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Taxi
Name of Driver	-
Contact Number	-
Address	-

Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLM9170Y
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Private car
Name of Driver	-
Contact Number	-
Address	
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

INJURED PERSONS DETAILS

INJURED 1


Name of injured person	MUHAMMAD ZAHID BIN AB WAHID
Address	
Address Complement	-
Post Code	-
Approximate Age Years Old	28
Injuries Sustained	LOWER BACK PAIN
Injured person in which vehicle?	-
Were seat belts worn?	No
Was this injured conveyed to hospital by ambulance?	Yes

SKETCH PLANIMPORTANT NOTICE

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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:

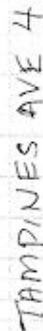
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 29/10/20
 1230hrs

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


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



C: SLM9170Y

Please refer to police report: T/20201027/2060

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

1230hrs

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



**SINGAPORE
POLICE FORCE**



T/20201027/2060

1 of 3

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

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

Signature Of Informant:

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

29-10-20;11:25 ;

BIKE Productions ;

1 / 1



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. : RC88E6302672
 Chassis No. : JH2RC95A7KK201106

Vehicle No. : FBN8844G
 Policy No. : 1800155743-01
 Endorsement No. :
 Issued Date : 08 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* :
 a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Sum Insured : Market Value
 Off Peak Car : No

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

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, drinking 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. 155), 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 NAZRIN 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/Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6336 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. 155), Part IV of the Road Transport Act, 1987 (Malaysia), Road Transport (Amendment) Act 2019 and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

0500650010
 GOWELL - BIKE PRODUCTION

6 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.

Tai Ann Lim

78 Shenton Way #09-18 AIG Building 9079120 | T: +65 6419 3000 | www.aig.sg

AIG Asia Pacific Insurance Pte, Ltd.













GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0030 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66500206 / 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 : MCD520095032 Vehicle Registration No: FBN 88444
Name (as shown in NRIC) : Muhammad Zahid Bin Ab Wahid NRIC/FIN/Passport No : 9XXX8124
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 26/10/20 Time of Accident : 0545
Place of Accident : Tampines Ave 4
Insurance Company : AIG Asia Pacific Insurance Pte Ltd

(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:

To change the type of claim to Third Party.

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: 03/10/21
NRIC/FIN No.:
Date:

SIAM: addendum_V3