

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	09/11/2020 12:52
Date Of Accident	08/11/2020 23:15
Exact Location Of Accident	ALONG RIVER VALLEY ROAD TOWARDS GREAT WORLD CITY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW1459L
Insured/Policyholder	
Name Of Registered Owner	SALLEH BIN AMAD
NRIC No	SXXXX332G
Email Address	FVJNL06@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87558611
Alternative Phone No	OTHERS-87558611

Vehicle Particulars

Manufacturer	YAMAHA
Model	Y125Z-125CC (M)
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	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5119047152
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FAJAR BIN ZAINOL ABIDIN
NRIC No	SXXXX947H
Date Of Birth	26/04/1998
Occupation	OUTDOOR
Date Of Driving Pass	28/02/2019
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87558611
Fax Number	
Contact Number	OTHERS-87558611
Email Address	FVJNL06@GMAIL.COM

Address	BLK 56 LENGKOK BAHRU ROAD #03-457
Postcode	150056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - FRIEND UNCLE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	NO COLLISION
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20201018/7012

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	SDQ2219L
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 FAJAR BIN ZAINOL ABIDIN
------	----------------------------------

Approximate Age	
Injuries Sustain	SERIOUS INJURIES
Injured person in which vehicle?	FW1459L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

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


Reporting Centre Personnel's Signature
Name:

Accident Sketch Plan

SKETCH PLAN

UNKNOWN RIDER WAS
UNCONSCIOUS

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT D/20201018/7012

DECLARATION

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



gm 16/11/2020
Pasha WORTH

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20201018/7012

1 of 2

POLICE REPORT (NP299)

Report No. D/20201018/7012

Police Station Of Origin
Clementi Division HQ
20 Clementi Avenue 5 SINGAPORE 129858
Tel No:1800-7740000

Date/Time Report Made 18/10/2020 15:01	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD FAJAR BIN ZAINOL ABIDIN	Address 56 LENGKOK BAHRU #03-457 SINGAPORE 150056	
ID Type / ID No. NRIC NO / S9813947H	Contact No. Home/Office:	Mobile: 87558611
Nationality SINGAPORE CITIZEN	Email Address fvjzn106@gmail.com	
Occupation Tidal Gates Technician	Sex Male	Age 22
Institution/School Name	Date of Birth 26/04/1998	Race Malay
Date/Time Of Incident 08/10/2020 23:15 - 09/10/2020 02:00	Location Of Incident 56 LENGKOK BAHRU #03-457 SINGAPORE 150056	

Brief details.

I was on my Motorcycle FW1459L riding along River Valley Road, towards Great World City to pick up an order as i was working under Grab Food Delivery. All that i could remember was that i was riding slow because of the slight rain, and traffic was not too crowded at that moment when i was making my way to Great World City. I then got into an accident and lost consciousness, when i woke up i was already in the hospital. That made me really confused and when i realised my left leg was in so much pain, then i learnt that i got into a Road Traffic Accident. Hence as guided by Traffic Police Investigation Officer Wei Li, here i am lodging a report on the incident.

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: 18/10/2020 15:01
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

SDQ

POLICE REPORT



**SINGAPORE
POLICE FORCE**



D/20201018/7012

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20201018/7012

Subjects Involved			
Victim			
Person Name	MUHAMMAD FAJAR BIN ZAINOL ABIDIN		
ID Type	NRIC NO	ID No	S9813947H
Gender	Male	Age	22
Race	Malay	Language	English
Occupation	Tidal Gates Technician	Address	56 LENGKOK BAHRU #03-457 SINGAPORE 150056
Mobile No	87558611	Is Informant A Victim?	Yes
Person Name	MUHAMMAD FAJAR BIN ZAINOL ABIDIN (Informant)		

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: 18/10/2020 15:01
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

MC



HKL Lim Team Motorsport <hklimteam@gmail.com>

Documents for IDAC Report: vehicle FW1459L

1 message

bbbabydon <fvjznl06@gmail.com>
To: "hklimteam@gmail.com" <hklimteam@gmail.com>

Fri, Nov 6, 2020 at 4:46 PM

Singapore General Hospital
SingHealth

ORIGINAL MEDICAL CERTIFICATE OTO2020319224

Name: **MUHAMMAD FAJRI BIN ZAINOL ABIDIN** NRIC No: **S9613947H**

This is to certify that the above-named is unfit for duty for a period of **50** days from **09-Oct-2020** to **26-Jan-2021**

Type of medical leave granted:

☒ Hospitalisation Leave ☐ Outpatient Sick Leave

Approved on: **09-Oct-2020** ☐ Maternity Leave ☐ Debarment on

Discontinued on: **26-Oct-2020** ☐ Sickness Leave ☐ Debarment on

This certificate is not valid for absence from court attendance.

For light duty from **N/A** to **N/A**

Time On: **N/A** Time Off: **N/A**

Diagnosis: **[Redacted]** Surgical Operation (if applicable): **[Redacted]**

Comments: **[Redacted]**

Responsible Clinician: **Dr. [Redacted]** Ward No: **W73** Signature, Name (in BLOCK LETTERS) and Designation/ID No: **[Redacted]**

Discharged: **Surgery** Date: **16-Oct-2020** **Sylvia Ramani, PA2040**

Singapore General Hospital

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



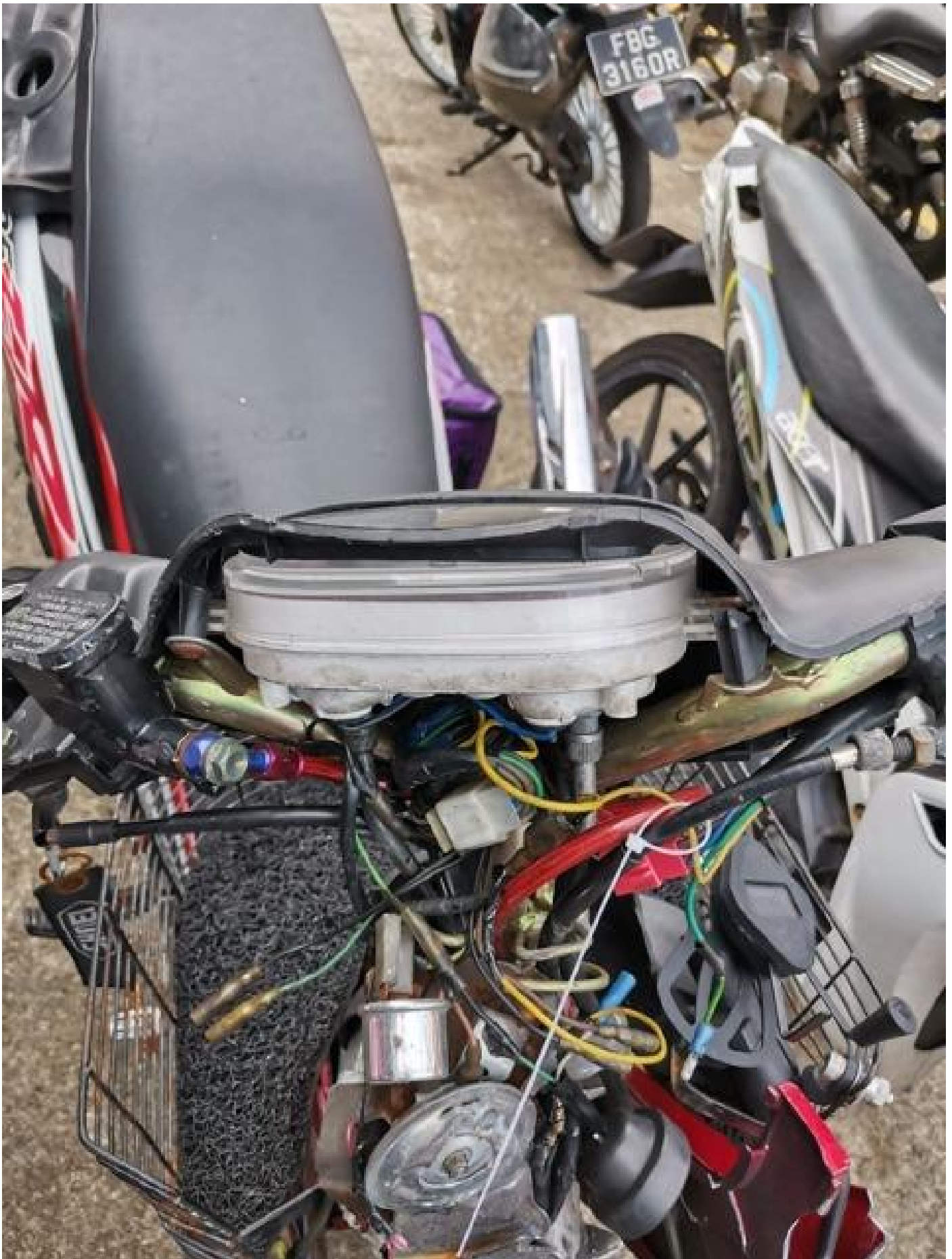
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Accident Photo



Accident Photo

