

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 ability.
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 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	30/09/2017 09:19
Date Of Accident	26/09/2017 17:35
Exact Location Of Accident	ALONG SELETAR AEROSPACE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1182P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZULHAKIM BIN BAKAR
NRIC No	S9241617H
Email Address	ZUL_HAKIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-90214491
Alternative Phone No	OFFICE-90214491

Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR-999CC (M)
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
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	GREAT AMERICAN INSURANCE COMPANY
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	
Cover Note Number	MT2017TR00767

Driver

Name of Driver	MUHAMMAD ZULHAKIM BIN BAKAR
NRIC No	S9241617H
Date Of Birth	09/11/1992
Occupation	INDOOR
Date Of Driving Pass	11/08/2011
Driving Experience	6 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90214491
Fax Number	
Contact Number	OFFICE-90214491
Email Address	ZUL_HAKIM@HOTMAIL.COM

Address	BLK 146 PASIR RIS STREET 11 #09-63
Postcode	510146
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER 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	FBD9764A
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHUA SHUMIN, KIMERLEY
NRIC/Passport Number	S9228625H
Contact Number	98765412
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
------	--

Phone Number

Email Address

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD ZULHAKIM BIN BAKAR
Approximate Age	24
Injuries Sustain	RIGHT ANKLE AND RIGHT KNEE
Injured person in which vehicle?	FBL1182P
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	NO
Address	BLK 146 PASIR RIS ST 11 #09-63
Postcode	510146

SKETCH PLAN

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. 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 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.
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

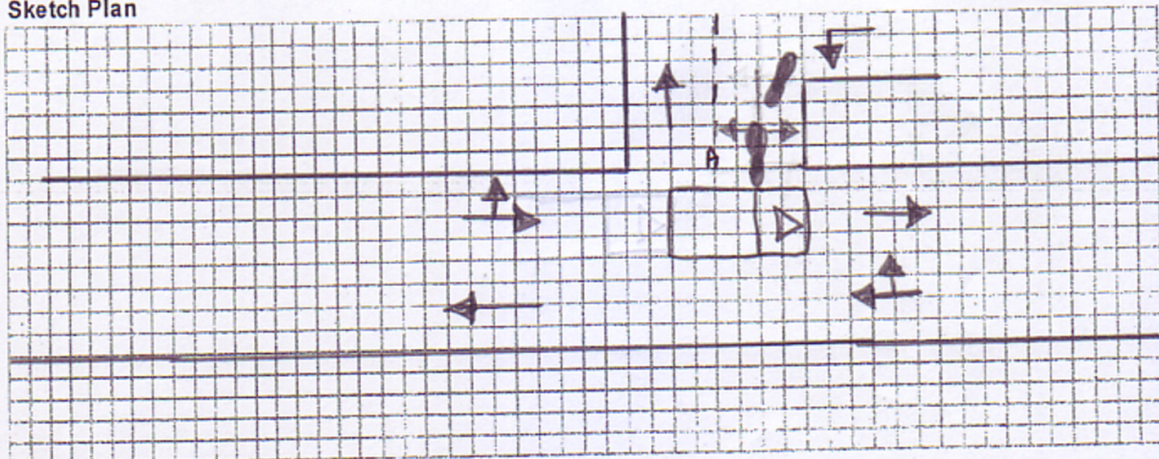
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Hadi 29/9/17
Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



A - FB L1182P

Describe Circumstances of the Accident

Refer to the police report.

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

zul-hakim@hotmail.com

Police Report



**SINGAPORE
POLICE FORCE**



T/20170827/2118

1 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5952999

Report No: T/20170827/2118

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/09/2017 17:07		Video Report No.:		Station Diary No.: 92	
Informant's Particulars					
Name of Informant: MUHAMMAD ZULHAKIM BIN BAKAR			Address: APT BLK 146 PASIR RIS STREET 11 #09-63 SINGAPORE 510146		
ID Type / ID No.: NRIC NO / S9241617H			Contact No.: Home/Office:		Mobile: 90214481
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 09/11/1982	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Aeronautical engineering technician			Driving Licence Information: Class: 2B 2A 2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 28/09/2017 17:35	Type of Location: carpark
Location: Along Road 1 SELETAR AEROSPACE DRIVE Rolls-Royce Singapore Pte Ltd open carpark.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD9784A	Motorcycle					0
FBL1182P	Motorcycle	HONDA	CBR1000RR FIREBLADE	Orange	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL1182P	GREAT AMERICAN INSURANCE COMPANY	MT2017TR00767	09/06/2017	09/06/2019

Police Report



**SINGAPORE
POLICE FORCE**



T20170927/2119

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5352989

2 of 3
Report No. T20170927/2119

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	Chua Shumin, Kimberley	ID No	S9228825H
Related Vehicle	FBD9764A (Motorcycle)	Contact No.	98788412
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
Rider			
Name	MUHAMMAD ZULHAKIM BIN BAKAR	ID No.	S9241617H
Related Vehicle	FBL1182P (Motorcycle)	Contact No.	90214491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 26/09/2017 at about 1735hrs, I was riding along Rolls-Royce Singapore open carpark. I was riding on the minor road which was in cross junction with a major road. As there was a lorry driving along the major road, I stopped my bike before the stop line. However, there was a bike behind me was unable to stop in time. Hence, the rider knocked against the rear end of my bike which cause my bike to moved forward and knock against the lorry. Afterwards, my bike fall on my right. There were damages on the front and right hand side of my bike. We then exchanged particulars. The rider then told me that she assumed that I was moving forward thus she did not apply the brake.

My right ankle and my right knee suffered injuries. Hence, on 27/09/2017, I went to visit the doctors at Pasir Ris Polyclinic and was given a 3 days MC. I am lodging this report for record and insurance claim purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20170927/2119

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No: T/20170927/2119

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 2 JEREMY CHUNG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

27/09/2017 17:07

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt ABDUL RAHIM BIN SALIM

Contact No.: 65476227

Classification Of Case:

Authentication Stamp
NP188



GREAT AMERICAN INSURANCE



GREAT AMERICAN INSURANCE COMPANY

UDM: T10FC00298 GST REG. NO.: M303700817
3 TEMASEK AVENUE, #18-01 CENTENNIAL TOWER
SINGAPORE 039190
TEL: +65 6354 8000
FAX: +65 6235 2616

MOTOR COVER NOTE: MT2017TR00767

The insured mentioned in this Covernote, having proposed for insurance in respect of the Motor Vehicle described, is hereby HELD COVERED under the terms of the Insurer's usual form of Motor Policy applicable thereto for the period mentioned unless the cover be terminated by the Insurer by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium payable for such insurance will be charged for the time the Company has been on risk.

The Insurer	: GREAT AMERICAN INSURANCE COMPANY
The Insured	: MUHAMMAD ZULHAKIM BIN BAKAR
Insured NRIC/Passport No/ Rec	: S9241617H
Policy Coverage	: THIRD PARTY, FIRE & THEFT
Make And Description Of Vehicle	: HONDA CBR1000RR
Vehicle Registration No.	: FBL1182P
Year Of Manufacture	: 2015
Engine No.	: SC59E2508627
Chassis No.	: JH25C59A4GK800458
Engine Capacity	: 999
Hire Purchase	: DE XING MOTOR PTE LTD
Value (\$)	: AS PER MARKET VALUE (FOR COMPREHENSIVE/TPFT)
Period Of Insurance	: FROM: 05/06/2017 TO: 05/06/2018
Excess (\$)	: Section I 750
Named Rider	: AMIR FAREEZ BIN MOHAMAD MUSTAFFA
Authorised Workshop	: DE XING MOTOR PTE LTD

I/WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 18B) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA)

For and on behalf of Great American Insurance Company

Great American Insurance Company
Authorized Signatory

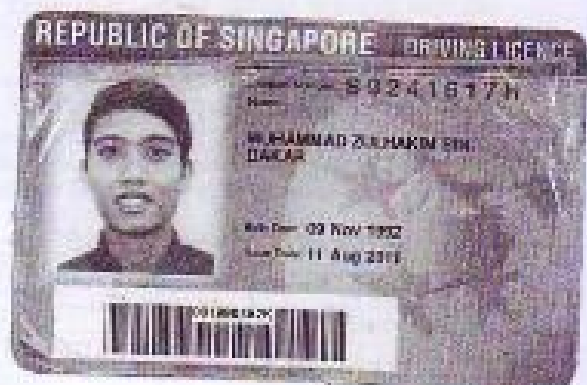
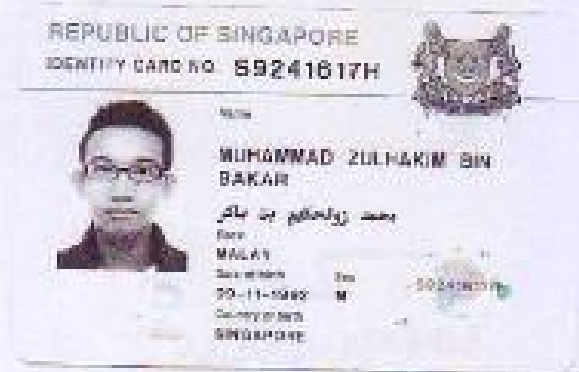
08/06/2017

Date of Issue

Intermediary : TENA RISK SOLUTIONS PTE LTD

MTR/COVERNOTE/V01/15

Identification Card



MEDICAL CERTIFICATE



Polyclinics

SingHealth

Reg No S2923775K

MEDICAL CERTIFICATE

(PR 10733984)

ORIGINAL

Name : MUHAMMAD ZULHAKIM BIN BAKAR

NRIC No : S9241617H

This is to certify that the above named is unfit for duty for a period of 3.0 day(s) from 27/08/2017 to 29/09/2017 inclusive.
This certificate is Not Valid for absence from court attendance.

Diagnosis

Surgical Operation (if applicable)

Fit for light duty from to

Excused From NIL

The above named patient attended my clinic at 15:50:09 and left at 16:15:08

NOT VALID WITHOUT CLINIC STAMP

SingHealth Polyclinics-Pasir Ris
1 Pasir Ris Drive 4
#01-11

For enquiries please call 65436969

Doctor Name : MOEY KIRM SENG PETER

MCR NO : 10336A

Signature :

Date : 27/09/2017

Printed on : Wednesday, 27 September, 2017 16:15

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

