

## 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 Actual 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 .....	05/08/2022 19:09 (SGT)
Reported by .....	Both
Date of Accident .....	05/08/2022 07:20 (SGT)
Exact Location of Accident .....	Bukit Panjang Rd, Singapore
Additional Location Information .....	TOWARDS BKE AFTER BANGKIT ROAD
Country/State of Loss .....	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	AX6060Z
-----------------------------------	---------

#### INSURED/POLICYHOLDER

Is company? .....	No
Name Of Registered Owner .....	MUHAMMAD FAIZAL BIN MOHD SHAFIAI
NRIC No .....	SXXXX601E
Email Address .....	muhd.fzal@gmail.com
Mobile Phone No .....	(Phone) +65-81571785
Alternative Phone No .....	-

#### VEHICLE PARTICULARS

Manufacturer .....	Ktm
Model .....	1290
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 - Reporting only
Vehicle Category .....	Motorcycle
Transmission .....	Manual
CC .....	1301

#### INSURANCE COMPANY

Name of Insurance Company .....	Sompo Insurance Singapore Pte. Ltd.
Policy Number / Cover Note Number .....	D22MTMC01000290

#### DRIVER

Name of Driver .....	MUHAMMAD FAIZAL BIN MOHD SHAFIAI
NRIC No .....	SXXXX601E
Date Of Birth .....	16/10/1988
Occupation .....	Indoor

Date Of Driving Pass .....	20/05/2009
Driving experience .....	13 YEARS AND 3 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-81571785
Alt. Phone Number .....	-
Email Address .....	muhd.fzal@gmail.com
Address .....	BLK 442C FAJAR ROAD #02-04
Address complement .....	-
Postcode .....	673442
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 .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	No
Was any injured conveyed to hospital by ambulance? .....	-
Was any other vehicle 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
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	Yes
Police Station Name .....	Jurong Division Headquarters
Police Station Phone No .....	(Phone) +65-18007910000
Alt. Police Station Phone No .....	(Fax) +65-68965647
Police Station Address .....	No. 2 Jurong West Avenue 5 Singapore 649482
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

PLEASE REFER TO POLICE REPORT J/20220805/7007

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	No

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	SGZ3244Z
Vehicle Manufacturer .....	Toyota
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) .....	-

**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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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:

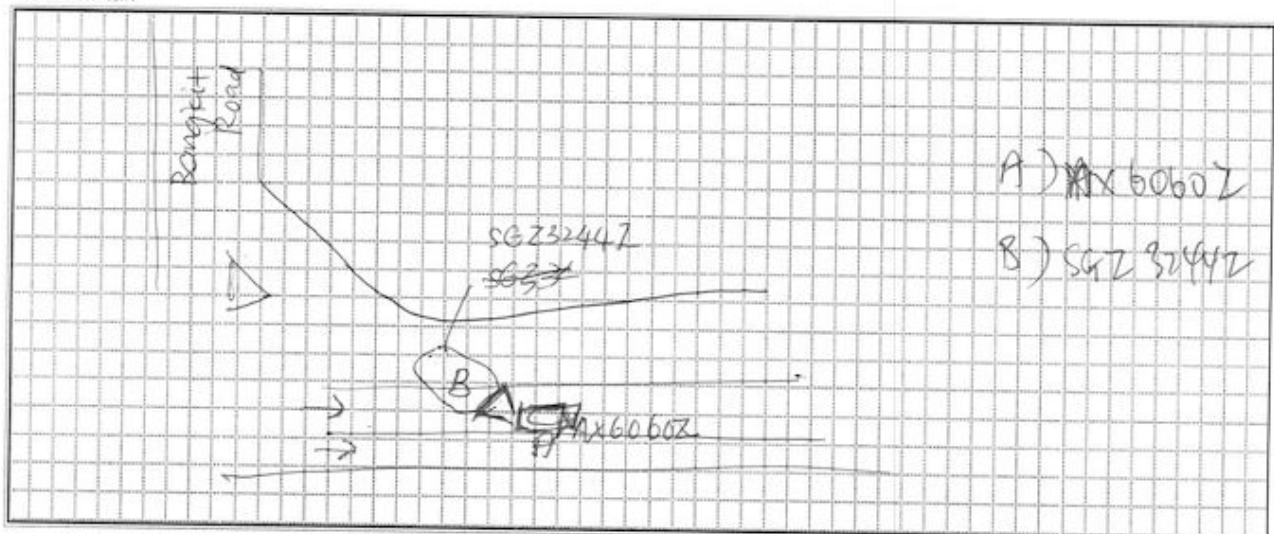
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

*Penzel 05 Aug 2022*  
Policyholder's Signature / Date & Time

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

*Sam 05/08/2022*  
Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)

**Sketch Plan**



Describe Circumstance of the Accident

REFER TO POLICE REPORT 5/2022 CHAS/7007

Declaration

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

*Fauzan*

Policyholder's Signature / Date & Time

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

*[Signature]* 05/08/2022

Witnessed by Reporting Centre Personnel  
(Name as in NRIC/ID card)



























# SINGAPORE POLICE FORCE



J/20220805/7007

1 of 2

## POLICE REPORT (NP299)

Report No. J/20220805/7007

Police Station Of Origin  
Jurong Division HQ  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No:1800-7910000

Date/Time Report Made 05/08/2022 08:33		Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD FAIZAL BIN MOHD SHAFIAI		Address 442C FAJAR ROAD #02-04 SINGAPORE 673442			
ID Type / ID No. NRIC NO / S8841601E		Contact No. Home/Office:                      Mobile: 81571785			
Nationality SINGAPORE CITIZEN		Email Address muhd.fzal@gmail.com			
Occupation Laboratory attendant		Sex Male	Age 33	Date of Birth 16/10/1988	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 05/08/2022 07:20 - 05/08/2022 07:25		Location Of Incident 442C FAJAR ROAD #02-04 SINGAPORE 673442			

### Brief details.

On the morning of 5 August 2022 at about 0720hrs, I was riding my motorcycle, AX6060Z, on bangkit road and turning left out to bukit panjang road towards BKE. As I was coming out of the filter lane(after zebra crossing) and signalled right to filter to the middle lane, a toyota car plate SGZ 3244Z, behind me immediately came almost behind me without signalling and hit the back of my motorcycle. I wobbled abit but managed to regain control of my vehicle. I moved on to stop at the bus stop. The driver of the car, SGZ 3244Z, came out to confront me demanding me for my particulars while refusing to present me his. I only managed to take a photo of his car before he went back to his car and drove off.

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: 05/08/2022 08:33
Officer In-Charge Of Case:	Classification Of Case:



**SINGAPORE  
POLICE FORCE**



J/20220805/7007

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. J/20220805/7007

Subjects Involved			
Suspect			
Person Name	NA		
Habits & Oddities	SGZ3244Z		
Victim			
Person Name	MUHAMMAD FAIZAL BIN MOHD SHAFIAI		
ID Type	NRIC NO	ID No	S8841601E
Gender	Male	Age	33
Race	Malay	Language	English
Occupation	Laboratory attendant	Address	442C FAJAR ROAD #02-04 SINGAPORE 673442
Mobile No	81571785	Is Informant A Victim?	Yes
Person Name	MUHAMMAD FAIZAL BIN MOHD SHAFIAI (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: 05/08/2022 08:33
Officer In-Charge Of Case:	Classification Of Case: