

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	20/11/2017 09:17
Date Of Accident	15/11/2017 15:00
Exact Location Of Accident	ALONG CHAI CHEE DRIVE L/P:6
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ7268M
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD ARSYAD BIN ANWAR
NRIC No	S9229575C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83816761
Alternative Phone No	OFFICE-83816761

Vehicle Particulars

Manufacturer	HONDA
Model	RVF400
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084152004-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ARSYAD BIN ANWAR
NRIC No	S9229575C
Date Of Birth	22/08/1992
Occupation	INDOOR
Date Of Driving Pass	11/07/2016
Driving Experience	1 YEAR AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83816761
Fax Number	
Contact Number	OFFICE-83816761
Email Address	NOEMAIL

Address	BLK 629 BEDOK RESERVOIR ROAD #04-1630
Postcode	470629
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 - MAJOR/MINOR RD
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPOT - T/20171115/7022.

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	SFF3366Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ARSYAD BIN ANWAR

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FQ7268M

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

SKETCH PLAN

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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.

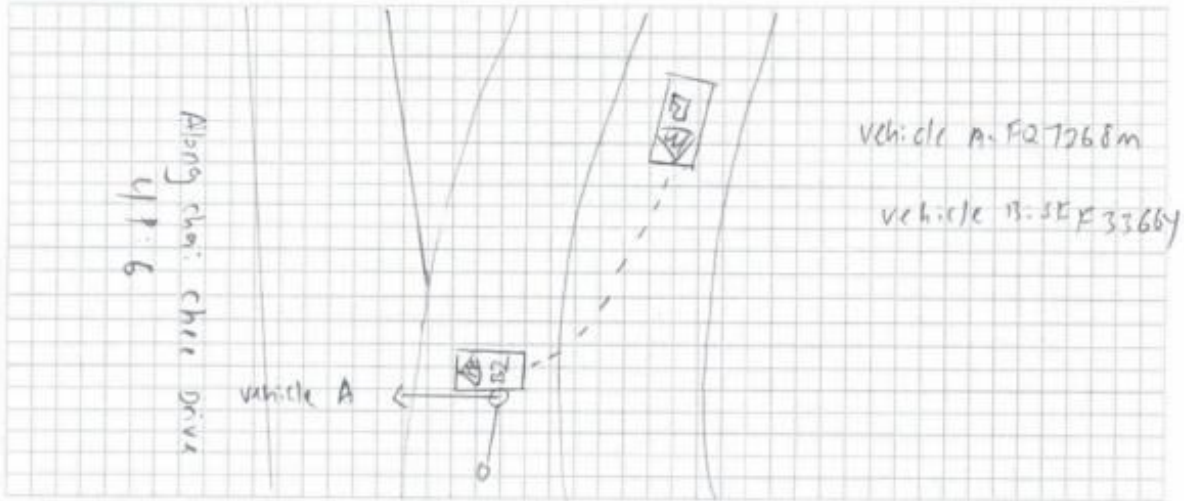
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2017/115/7-22.

DECLARATION

I/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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171115/7022

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20171115/7022

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/11/2017 21:57		Vide Report No.: G/20171115/0136		Station Diary No.:	
Informant's Particulars					
Name of Informant: MUHAMMAD ARSYAD BIN ANWAR			Address: APT BLK 629 BEDOK RESERVOIR ROAD #04-1630 SINGAPORE 470629		
ID Type / ID No.: NRIC NO / S9229575C			Contact No.: Home/Office: Mobile: 83816761		
Nationality: SINGAPORE CITIZEN			Email: muhdarsyadanwar@gmail.com		
Sex: Male	Age: 25	Date of Birth: 22/08/1992	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: SECURITY EXECUTIVE			Driving Licence Information: Class: 2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/11/2017 15:00	Type of Location: Straight Road
Location: CHAI CHEE DRIVE				
Lamp Post Number: 6				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ7268M	Motorcycle	HONDA	RVF400	White	Seriously Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20171115/7022

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20171115/7022

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ARSYAD BIN ANWAR	ID No.	S9229575C
Related Vehicle	FQ7268M (Motorcycle)	Contact No.	83816761
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	15/11/2017	Date Discharge	15/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was riding my bike along Chai Chee Drive towards Chai Chee Street as I was on the way to work. While I was riding my bike on a straight road, a car (SFF3366Y) ahead of me in the opposite direction made an abrupt right turn disregarding my right of way. I applied my emergency break but as our vehicles were too close due to his abruptness, the head of my bike collided with the side of his car and I was flung from my bike. I landed on my back on the road and my bike dropped. I was in pain on the ground and passerby's assisted in getting me on my feet. They also assisted in picking my bike up as it fell. The owners of the vehicle I collided with came out and were not remorseful and only mentioned what an inconvenience this was for them. They did not attempt to assist me at all seeing my condition on the ground. They did not want to contact the police to settle this matter, however, I insisted and called 999. Police from Bedok South NPC soon came out to assess the situation and control traffic. Subsequently the ambulance followed by the traffic police arrived on site. I mentioned to the police officers that he has a video recording device in his car and it would serve as evidence in this incident. I was told to go to CGH with the ambulance and left the scene. I was further examined to have abrasions over my left forearm, left knee and left anterior thigh numbness with pain to my right forearm to thumb. I was given four days of Medical Leave. The front and side of my motorbike was damaged and the left side of the car was damaged. I clearly had the right of way on the road and was very shocked at the manouvering of the car. He should have stopped and allowed me to pass before turning. The road was clear and nothing could have been constructing his view from seeing me. I was riding straight while he was turning right without care of who was ahead of him. I seek your assistance and justice on this matter. I hope the footage has been retrieved for justice to be served. I did not retrieve the driver's particulars as the traffic police were already onsite. There were a few passengers onboard the car as well. Thank you.

Police Report



POLICE FORCE



T/20171115/7022

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20171115/7022

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
15/11/2017 21:57

Classification Of Case:

Medical Cert



ORIGINAL

MEDICAL CERTIFICATE

EMD20172036546

Name MUHAMMAD ARSYAD BIN ANWAR		NRIC No. S9229575C	
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>15-Nov-2017</u> to <u>18-Nov-2017</u> inclusive.			
Type of medical leave granted :			
<input type="checkbox"/> Hospitalization Leave		<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		Delivered on : _____	
Discharged on : _____		Operated on : _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments :			
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Emergency Medicine Changi General Hospital		Ward No. CGH Accident & Emergency Date 15-Nov-2017	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. FONG SHENG , 62333D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

