

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 15:15
Date Of Accident	19/11/2017 19:20
Exact Location Of Accident	SENJA ROAD TOWARDS SENJA LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV779A
Insured/Policyholder	
Name Of Registered Owner	MOHAMED RIDUAN B ANSARI
NRIC No	S1185951H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93876714
Alternative Phone No	OFFICE-93876714

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXK-135CC (M)

Exact Purpose for which vehicle was being used at time of accident

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
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Type Of Coverage	THIRD PARTY
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Fleet Policy	NO
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Policy Number	5060301416-04
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Cover Note Number	
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Driver

Name of Driver	MOHAMED AZRI BIN MOHAMED RIDUAN
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NRIC No	S9347852E
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Date Of Birth	21/12/1993
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Occupation	OUTDOOR
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Date Of Driving Pass	19/04/2012
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Driving Experience	5 YEARS AND 7 MONTHS
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Gender	MALE
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Mobile Number	(LOCAL) +65-93876714
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Fax Number	
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Contact Number	OFFICE-93876714
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EMail Address	NOEMAIL
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Address	679 CHOA CHU KANG CRESCENT
	#01-586
Postcode	S680679
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PARENT
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - U-TURN
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	UBI AVE 3
Police Station Address	ROAD: 10 UBI AVE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACHED POLICE REPORT. ATTENDED BY : SUSAN

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	SLH9206E
Vehicle Make/Model/Colour	VOLKSWAGON
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
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	MOHAMED AZRI BIN MOHAMED RIDUAN
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	FV779A
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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.

IDAC BUKIT BATOK (VAC)
 511 Bukit Batok Street 23
 Singapore 659545
 Tel: 6560 3312 Fax: 6569 0722
 Email: vac@idac.org.sg



Policyholder's Signature
 Date & Time:



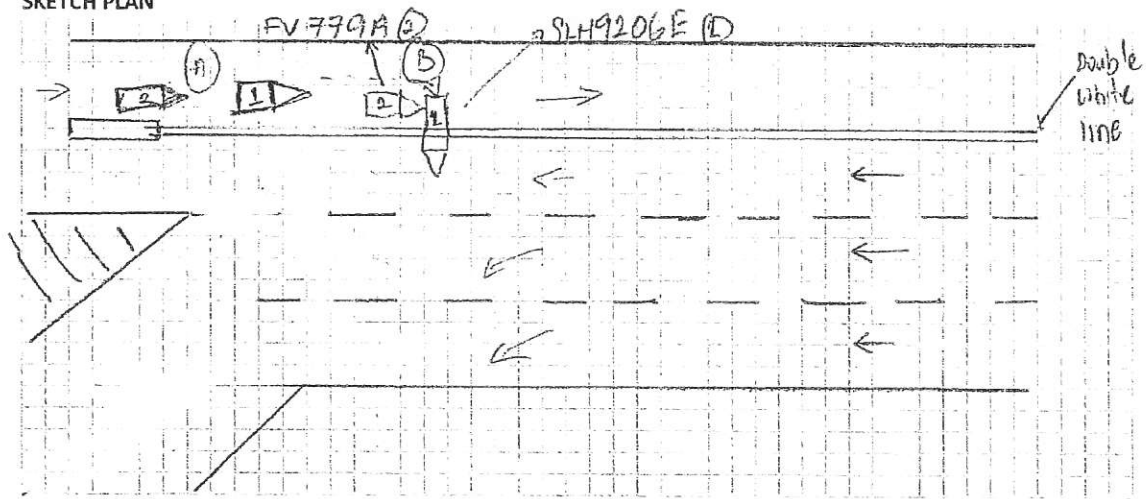
Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 20/11/17

20 NOV 2017

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Area left

(VAC) NOTAB TIKUS 3ACI

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: 20/11/2017

20 NOV 2017

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6560 3312 Fax: 6569 0722
Email: vacbb@singnet.com.sg

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



**SINGAPORE
POLICE FORCE**



T/20171120/7003

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

1 of 3

Report No. T/20171120/7003

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/11/2017 10:30		Vide Report No.: J/20171119/0205		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMED AZRI BIN MOHAMED RIDUAN			Address: APT BLK 679 CHOA CHU KANG CRESCENT #01-586 SINGAPORE 680679		
ID Type / ID No.: NRIC NO / S9347852E			Contact No.: Home/Office: Mobile: 93876714		
Nationality: SINGAPORE CITIZEN			Email: youngazri@gmail.com		
Sex: Male	Age: 23	Date of Birth: 21/12/1993	Type of Informant: Rider		
Race: Boyanesese			Language: English		Institution / School Name:
Occupation: TECHICIAN			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 19/11/2017 19:18	Type of Location: Straight Road
Location: SENJA ROAD TOWARDS SENJA LINK (NEAR TO BLK 652 SENJA LINK)				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		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
FV779A	Motorcycle	YAMAHA	RXZ 135	Black	Seriously Damaged	0
SLH9206E	Car	VOLKSWAGO N		White	Slightly Damaged	0

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



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

CONTINUATION OF REPORT

Rider			
Name	MOHAMED AZRI BIN MOHAMED RIDUAN	ID No.	S9347852E
Related Vehicle	FV779A (Motorcycle)	Contact No.	93876714
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	19/11/2017	Date Discharge	19/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/11/2017 at around 1918hrs, I was riding, FV779A, behind a white vehicle, SLH9206E, along Senja Road towards Senja Link. Suddenly, the white vehicle made a drastic U-turn without giving any signal into the opposite direction and crossing the double white line that was along the road.

I immediately reacted by applying my motorcycle brake to avoid any collision. However, my motorcycle still collided to the rear right portion of the white vehicle. As a result, my front motorcycle portion was trapped to the rear right wheel of the white vehicle and the white vehicle dragged my motorcycle and myself into the opposite lane. I was unable to move myself after the collision.

The next moment, a few people assisted me and one of them called for the Ambulance. While waiting for Ambulance, a male Chinese came to me and informed me that he had witnessed the accident. He had provided his particulars to me and he added that he has a video footage of the accident recorded using his in-car camera.

Shortly after, Ambulance arrived and the paramedic brought me into the ambulance. While inside the ambulance, a Traffic Police officer arrived and took my particulars before I was conveyed to Ng Teng Fong General Hospital.

While seeking treatment at Ng Teng Fong General Hospital, I was given 3 days of medical leave by the attending doctor.



**SINGAPORE
POLICE FORCE**



T/20171120/7003

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

3 of 3

Report No. T/20171120/7003

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 / TPIB /
THABAGESH JEYATHESH
Contact No.: 65476232

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

Date/Time:
20/11/2017 10:30

Classification Of Case:

Authentication Stamp

NP168