

## 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	23/11/2017 17:34
Date Of Accident	20/11/2017 22:00
Exact Location Of Accident	CLEMENTI RD AFTER CLEMENTI AVE 2 B4 ULU PANDAN RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4498K
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD ARISMAN BIN ARMAN
NRIC No	S9226240E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87506091
Alternative Phone No	OFFICE-87506091

### Vehicle Particulars

Manufacturer	KTM
Model	200 DUKE
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	5078078257-01
Cover Note Number	-

### Driver

Name of Driver	MUHAMMAD ARFIZAN BIN ARMAN
NRIC No	S9732615J
Date Of Birth	16/09/1997
Occupation	INDOOR
Date Of Driving Pass	26/02/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93226469
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 559 AMK AVE 10 #03-1838
Postcode	560559
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1489G
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)	

#### Details of Witness

Name	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ARFIZAN BIN ARMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG4498K

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

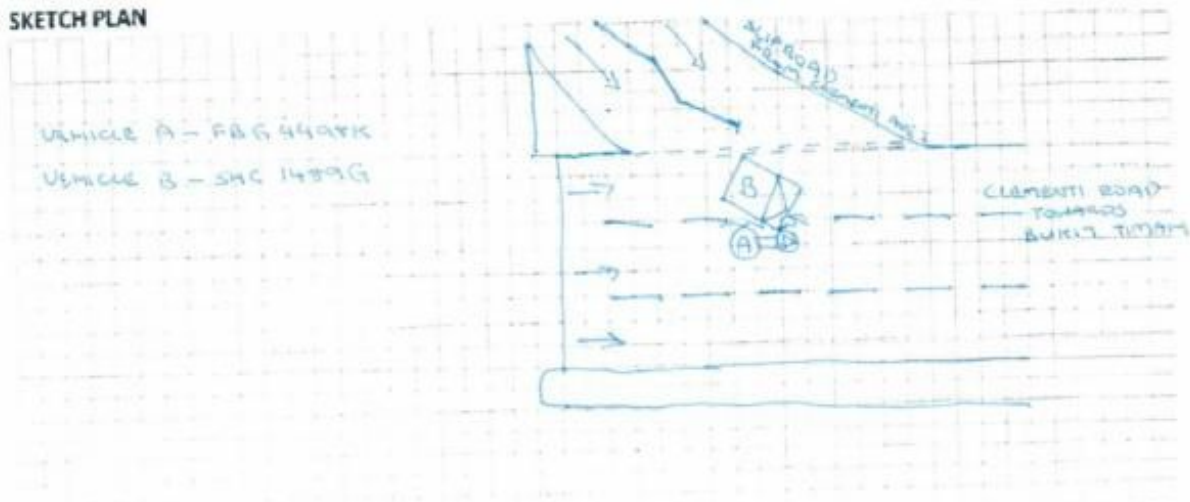
New 23/11/17  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

Chien  
\_\_\_\_\_  
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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
AS PER POLICE REPORT	REPORT NUMBER T/20171122/1049
VEHICLE A - FBG 4493K	TRAFFIC POLICE DIVISION
VEHICLE B - SHC 1489G	
	

## 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/20171122/2049

1 of 3

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

Report No. T/20171122/2049

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/11/2017 12:33	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MUHAMMAD ARFIZAN BIN ARMAN			Address: APT BLK 559 ANG MO KIO AVE 10 #03-1838 HDB-ANG MO KIO SINGAPORE 560559		
ID Type / ID No.: NRIC NO / S9732615J			Contact No.: Home/Office: Mobile: 93226469		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 20	Date of Birth: 16/09/1997	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B,2A		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/11/2017 22:00	Type of Location: Straight Road
Location:  CLEMENTI ROAD  AFT CLEMENTI AVE 2 BEFORE ULU PANDAN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4498K	Motorcycle	KTM	200 DUKE	Black		0
SHC1489G	Car	HYUNDAI	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO	Blue		0

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20171122/2049

2 of 3

Report No. T/20171122/2049

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

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD ARFIZAN BIN ARMAN	ID No.	S9732615J
Related Vehicle	NIL	Contact No.	93226469
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	20/11/2017	Date Discharge	20/11/2017
No. of Days granted Medical Leave	05	Degree of Injury	NIL

### Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS RIDING ALONG CLEMENTI ROAD ON THE SECOND LANE OF A 3 LANE ROAD . WHEN PASSING BY THE FILTER LANE , A TAXI FROM THE FILTER LANE DASH OUT AND SIDE SWIPE MY VEHICLE MAKING ME TO LOSE MY BALANCE AND FELL ONTO THE ROAD.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20171122/2049

3 of 3

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

Report No. T/20171122/2049

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:

TP /  
MUHAMMAD MIRZA SYAHMI BIN HARMIZI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/11/2017 12:33

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Classification Of Case:

Authentication Stamp  
NP168



SINGAPORE  
POLICE FORCE

Signature:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo

