

## 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	28/11/2017 18:51
Date Of Accident	26/11/2017 01:15
Exact Location Of Accident	ALONG CORPORATION ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2478B
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#### Insured/Policyholder

Name Of Registered Owner	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH
NRIC No	S9528936C
Email Address	MOHDNIZARBATHUSHAA@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92230369
Alternative Phone No	OTHERS-92230369

#### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF4J-399CC
Exact Purpose for which vehicle was being used at time of accident	PERSONAL 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5071607474-02
Cover Note Number	

#### Driver

Name of Driver	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH
NRIC No	S9528936C
Date Of Birth	16/07/1995
Occupation	INDOOR
Date Of Driving Pass	10/04/2015
Driving Experience	2 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92230369
Fax Number	
Contact Number	OTHERS-92230369
Email Address	MOHDNIZARBATHUSHAA@GMAIL.COM

Address	BLK 113 TAO CHING ROAD #08-23
Postcode	610113
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	SIDE SWIPE
Weather Conditions	AFTER RAIN
Road Surface	WET

#### 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 - SINGAPORE CITY
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 T/20171128/2097

#### 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	GBD6623T
Vehicle Make/Model/Colour	NISSAN CABSTAR
Details Of Properties	
Name of Driver	JOHN PETER FRANCIS XAVIER
NRIC/Passport Number	G8038087P
Contact Number	97274447
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	3

#### Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH2478B
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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: 28/11/17

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

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: 28/11/2017

# Sketch Plan #2

SKETCH PLAN

ALONG CORPORATION ROAD

A) FBH 2478B

B) GBD 66237



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO Police Report  
7/2017/128/2097

## 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.:

SPR 2016/2017/128/2097



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**

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



T/20171128/2097

1 of 4

Report No. T/20171128/2097

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 28/11/2017 16:12	Vide Report No.:	Station Diary No.:
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**Informant's Particulars**

Name of Informant: MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH	Address: APT BLK 113 TAO CHING RD #08-23 CORPORATION COURT SINGAPORE 610113		
ID Type / ID No.:	Contact No.:		
NRIC NO / S9528936C	Home/Office:		Mobile: 92230389
Nationality: SINGAPORE CITIZEN	Email:		
Sex: Male	Age: 22	Date of Birth: 16/07/1995	Type of Informant: Rider
Race: Indian	Language:		Institution / School Name:
Occupation: Student	Driving Licence Information: Class: 2B, 2A, 2, 3		Date of Expiry:

**General Information of the Accident**

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/11/2017 01:15	Type of Location:
Location: Along Road 1 CORPORATION ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2478B	Motorcycle	HONDA	CB400 SF4J M	Black	Seriously Damaged	0
GBD6623T	Lorry				No Damage	3

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2478B	NTUC Income Insurance Co-Operative Limited	5071607474-02	11/08/2017	10/08/2018

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171128/2097

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

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Report No. T/20171128/2097

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED NIZAR BATHUSHAA BIN MOHAMED HANIFAH	ID No.	S9528936C
Related Vehicle	NIL	Contact No.	92230389
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	NIL	Degree of Injury	NIL
Driver			
Name	JOHN PETER FRANCIS XAVIER	ID No.	G8038087P
Related Vehicle	NIL	Contact No.	97274447
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

### **Brief Details.**

AT THE ABOVE MENTIONED TIME, DATE AND LOCATION.

I WAS DRIVING ALONG CORPORATION ROAD. ITS A TWO LANE ROAD. I WAS ON THE RIDE LANE, AND THERE WERE TWO VEHICLES ON THE LEFT LANE. A CAR AND A LORRY. THE LORRY WAS BESIDE ME. SUDDENLY, OUT OF NO WHERE HE SWERVED INTO MY LANE WITHOUT ANY SIGNAL OR ANYTHING. HE HIT MY MOTORCYCLE, I FELL OFF. AFTERWARDS HE STOPPED HIS VEHICLE. THE CONDOMINIUM SECURITY OF LAKEHOLMZ ACTUALLY CAME TO ASSIST ME AND THE DRIVER OF THE LORRY AS WELL. THE SECURITY GUARD CALLED THE AMBULANCE. THE AMBULANCE AND TRAFFIC POLICE OFFICER ARRIVED AT THE SCENE. I WAS CONVEYED BY THE AMBULANCE TO NG TENG FONG HOSPITAL.

I SUFFERED INJURIES ON MY RIGHT ELBOW, BOTH MY WRISTS, BOTH MY KNEES AND THE RIGHT SIDE OF MY RIB AND INTERNAL PAIN IN MY RIGHT KNEE AND FOOT. I RECEIVED 3 DAYS MC.  
THAT'S ALL.

**Sketch Plan #5**



**SINGAPORE  
POLICE FORCE**

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



T/20171128/2097

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Report No. T/20171128/2097

CONTINUATION OF REPORT



Sketch Plan #6



SINGAPORE  
POLICE FORCE

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



T/20171128/2097

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Report No. T/20171128/2097

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 /  
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
SSI TAN CHIN YONG  
Contact No.: 65476178

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
28/11/2017 16:12

Classification Of Case:

Signature:

Accident Photo



Accident Photo





Accident Photo



Accident Photo





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