

## 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	01/12/2017 18:31
Date Of Accident	13/11/2017 10:15
Exact Location Of Accident	SERVICE ROAD AT BLK 69 REDHILL CLOSE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5907G
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#### Insured/Policyholder

Name Of Registered Owner	ABDUL KADER BIN MOHAMED ALI
NRIC No	S9135752F
Email Address	TIKADAG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90054786
Alternative Phone No	OTHERS-93885939

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBF1000-998CC (M)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5068266629-02
Cover Note Number	

#### Driver

Name of Driver	SHIVABALA S/O MAHENDRAN
NRIC No	S9131939Z
Date Of Birth	29/08/1991
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2010
Driving Experience	7 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93885939
Fax Number	
Contact Number	OTHERS-90054786
EEmail Address	TIKADAG@GMAIL.COM

Address	BLK 415 COMMONWEALTH AVENUE WEST #11-3011
Postcode	120415
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	HIT BY FALLEN TREE / OTHER OBJECTS
Weather Conditions	CLEAR
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	CLEMENTI N.P.C
Police Station Address	<b>ROAD:</b> 20 CLEMENTI AVE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20171201/2093 (TYPE OF COLLISION IS SELF SKIDDED)

#### 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	
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	CHANG SENG SERVICE PTE LTD
NRIC/Passport Number	
Contact Number	68415885
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 SHIVABALA S/O MAHENDRAN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBD5907G

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

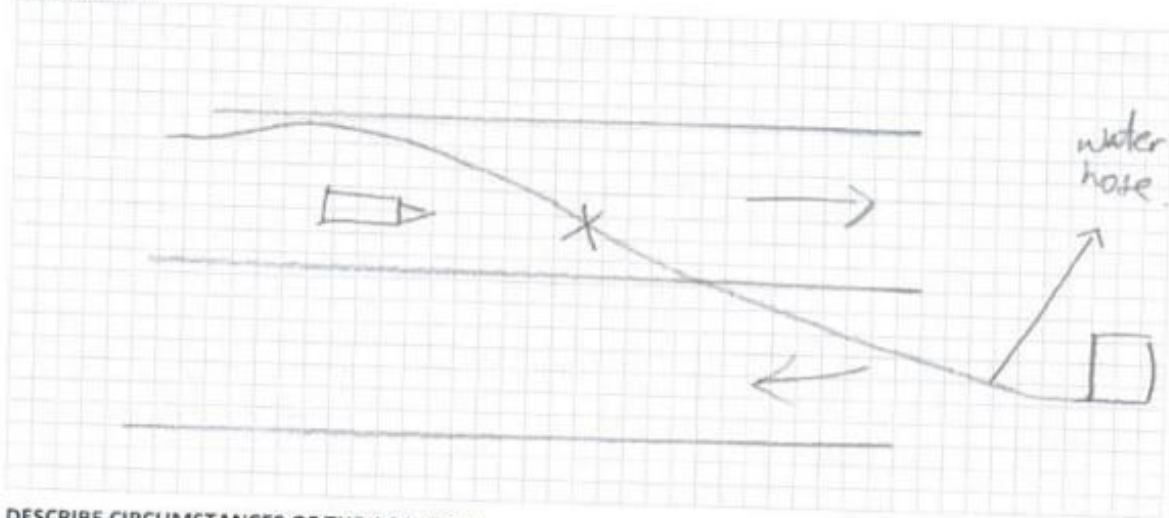
Policyholder's Signature  
Date & Time:

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

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

## Sketch Plan #2

### SKETCH PLAN




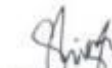
### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I had entered the service road carpark of BLK69. While riding my bike suddenly skidded. Upon inspecting the surrounding I saw a ~~rose~~ hose that ran across the lane to a distance where the fireman was washing the road. I looked around there was no signage indicating there was washing going on or wet floor signage.

### 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:



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20171201/2093

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20171201/2093

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 01/12/2017 16:15		Vide Report No.:		Station Diary No.: 99	
<b>Informant's Particulars</b>					
Name of Informant: SHIVABALA S/O MAHENDRAN			Address: APT BLK 752 WOODLANDS CIRCLE #07-520 SINGAPORE 730752		
ID Type / ID No.: NRIC NO / S9131939Z			Contact No.: Home/Office: Mobile: 93885939		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/08/1991	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: NEA OFFICER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 30/11/2017 10:15	Type of Location: Straight Road
Location: Along Road 1 REDHILL CLOSE Behind Blk 69 Redhill close, along service road.				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Motorbike fell				Anyone conveyed by ambulance: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5907G	Motorcycle				Slightly Damaged	0

**Details of Person Involved**

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

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171201/2093

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20171201/2093

## CONTINUATION OF REPORT

Rider			
Name	SHIVABALA S/O MAHENDRAN	ID No.	S9131939Z
Related Vehicle	FBD5907G (Motorcycle)	Contact No.	93885939
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/11/2017	Date Discharge	30/11/2017
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details.

On 30/11/2017 at about 1015hrs, I was riding my friends motorbike bearing the registration plate number FBD5907G, I had entered the open car park of Blk 69 Redhill close. Just behind the block of 69 Redhill close, when riding along the service road, I skid and fell off the motorbike.

I notice that there were Indian workers washing the road and the water jet pipe was lay across the road. Prior to the fall, I did not notice the water jet pipe and there were no signage displayed to warn riders. I was in pain and I suffered laceration on my left shin, right ankle. There were scratches on the right fairing, right tank, and the left head fairing was broken.

The Indian worker is form Chang Seng Service Pte Ltd (Sub-con of Town Council). Supervisor: Chandra, 68415885, 90263541, Blk 527 Bedok North Street 2 #01-524.

This is the first time such incident happened. I am lodging this report as I will be pursue the case and I will take legal action against Shang Seng for injuries and the damaged to the motorbike. I had spoke to the Mohammad Issam from Town council over the phone regards to the matter and he apologies for their mistake and he will look into the matter.

I was conveyed by ambulance and was sent to SGH. I was discharge on the same day and I was given 04 days of MC from 30/11/2017 to 03/12/2017.

My friend particulars (Owner of the bike):  
Abdul Kader Bin Mohamed Ali  
S9135752F  
02/10/1991  
Blk 709 Clementi West St 2 #09-277  
90054786

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20171201/2093

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

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Report No. T/20171201/2093

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:  
D /  
Sgt 2 NG JIA HAO

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
01/12/2017 16:15

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SHAHRUL NIZAM BIN SAMARRI  
Contact No.: 65476904

Classification Of Case:

Authentication Stamp  
NP168





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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