

## 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	06/12/2017 13:50
Date Of Accident	10/11/2017 22:30
Exact Location Of Accident	TAI SENG AVENUE HEADING TWDS UBI
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF8972L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL HAMID BIN MOHAMED ALI
NRIC No	S1656876G
Email Address	KEMY4880@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81051859
Alternative Phone No	OTHERS-81051859

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ 16
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	5052730234-05
Cover Note Number	

### Driver

Name of Driver	ABDUL HAMID BIN MOHAMED ALI
NRIC No	S1656876G
Date Of Birth	16/06/1963
Occupation	INDOOR
Date Of Driving Pass	20/01/1990
Driving Experience	27 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81051859
Fax Number	
Contact Number	OTHERS-81051859
Email Address	KEMY4880@GMAIL.COM

Address	BLK 334 HOUGANG AVE 5 #09-262
Postcode	530334
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	NO COLLISION
Weather Conditions	DRIZZLING
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	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <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

PLS REFER TO THE POLICE REPORT : T/20171111/2009

#### 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	YN2257T
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	
------	--

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name ABDUL HAMID BIN MOHAMED ALI

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBF8972L

Were seat belts worn?

Was injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

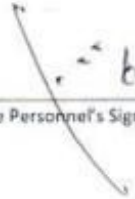
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2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part 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:

  
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

Pls Refer to the Attached

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20171111/2009

### DECLARATION

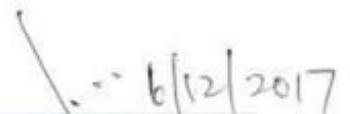
I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature  
Date & Time:

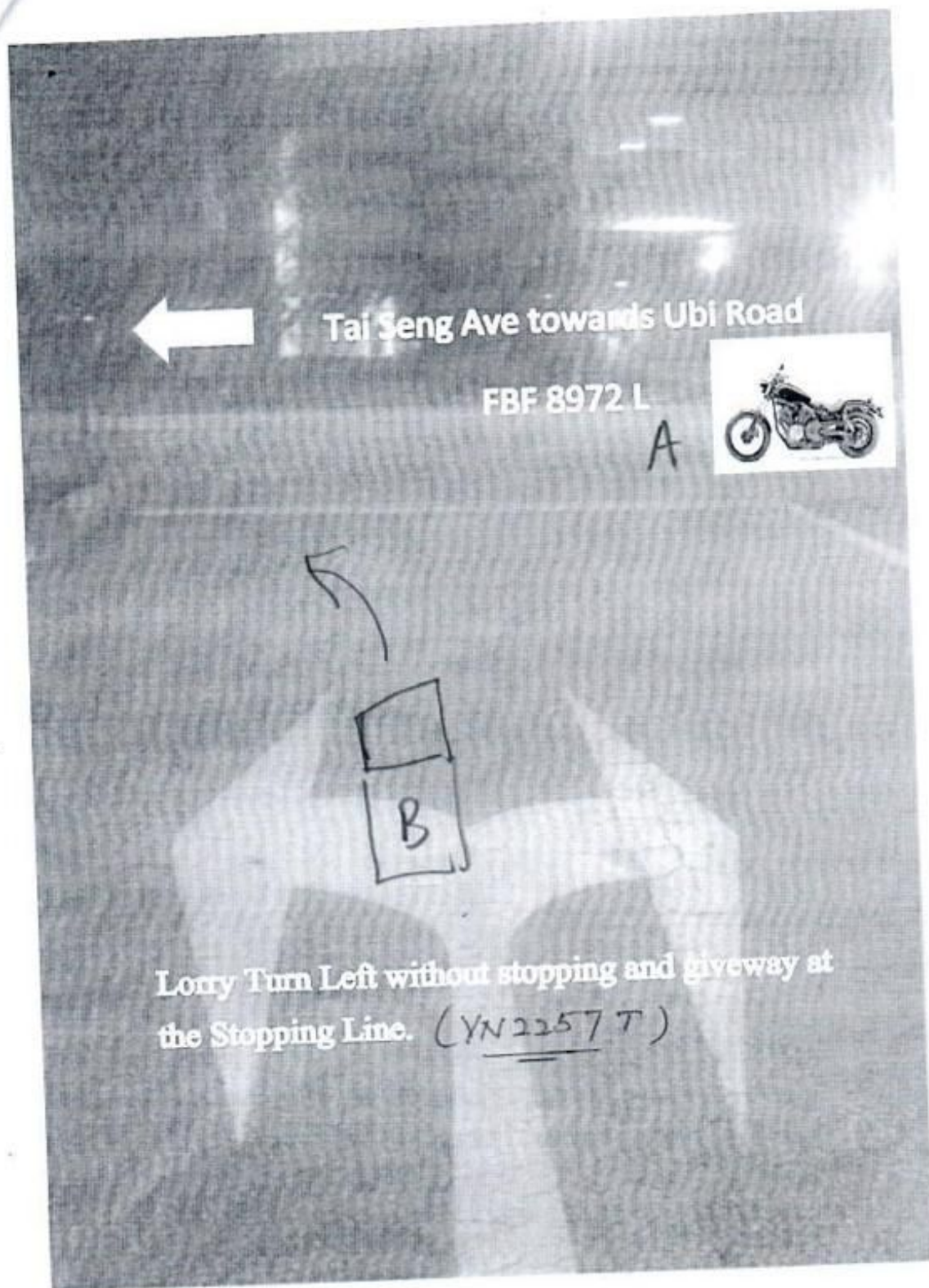


Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

  
6/12/2017

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





# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20171111/2009

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20171111/2009

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL HAMID BIN MOHAMED ALI	ID No.	S1656876G
Related Vehicle	FBF8972L (Motorcycle)	Contact No.	81051859
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### **Brief Details.**

On 10/11/17 at about 2230hrs, I was driving along tai seng avenue heading towards ubi when one white lorry turn out from kim chuan lane to tai seng avenue without stopping at the stopping line. To avoid knocking onto the lorry I applied emergency brake which cause my motorcycle to skid due to the wet weather and fell to the ground. I was then shortly conveyed by ambulance to Tan tock seng hospital so I did not manage to get his car plate number and particulars.

I remember there is a TP officer attended to my accident but I was about to leave to tan tock seng hospital.



**SINGAPORE  
POLICE FORCE**

Traffic Police  
10 Ubi Avenue 3  
Singapore 408865  
Tel +65 6547 0000  
Fax +65 6547 6259  
[www.police.gov.sg](http://www.police.gov.sg)

Our Ref : TP/IP/60991/2017  
Date : 24 November, 2017

Abdul Hamid Bin Mohamed Ali  
Blk 334 Hougang Avenue 5  
#09-262  
Singapore 530334


Dear Sir/Madam

**ACCIDENT INVOLVING FBF8972L/ YN2257T ON 10/11/17 AT 2218 HRS, ALONG TAI  
SENG AVENUE**

I refer to the above accident.

2. Please be informed that we have completed our investigations which shows that the driver of YN2257T had committed an offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act Chapter 276. Action has been initiated against the said driver for the said offence.
3. If you have any queries, please contact the Investigation Officer, Abdillah at telephone 65476246.

Yours faithfully

  
Zaini Mohamed Salleh, Stn Insp  
For Head, Traffic Investigation  
Traffic Police  
Singapore Police Force



Sketch Plan #6



SINGAPORE  
POLICE FORCE

10, Ubi Avenue 3  
Singapore 408866  
Tel : 6547 0000  
Fax : 6547 6259

Date : 12 Nov 2017

Your Ref :  
Our Ref : TP/IP/60991/2017

ABDUL HAMID BIN MOHAMED ALI  
APT BLK 334 HOUGANG AVENUE 5  
#00-262  
SINGAPORE 530334

381-000871

FBP8972 L



Dear Sir / Madam,

CASE OF TRAFFIC ACCIDENT ALONG TAI SENG AVENUE ON 10 NOV 2017 @ 10.18 PM

Please be informed that Traffic Police is investigating into the above matter and will update you the status in due course.

2 IF you have not lodged a Police Report of a Traffic Accident (NP168) in respect of the said accident which is now required for police investigation, please do so as soon as possible at the nearest police station, Neighbourhood Police Centre (NPC), Neighbourhood Police Post (NPP) or online via Singapore Police Force Electronic Police Centre (<http://www.police.gov.sg/epc>).

3 Please note that the information given by you in the Police Report of a Traffic Accident (NP168) will be carefully considered. You may not be called upon for an interview if the information in the Police Report is sufficient for our investigation. However, if you have any further information or other evidence (such as CCTV footages) which you have not stated in your report and which you think will assist in the investigation, you are advised to contact the Investigation Officer within 2 weeks of this letter to arrange for an appointment.

4 You may contact the Investigation Officer MD ABDILLAH BIN PALIL at his / her office number: 65476246 or the supervisor SITI HAIRA BTE BATRA at 65476221 if you have any further queries.

5 Thank you.

Yours faithfully,

TAN CHEE SING (ASP)  
CHIEF INVESTIGATION OFFICER  
INVESTIGATION BRANCH  
TRAFFIC POLICE

This is computer generated and does not require a signature.

A FORCE FOR THE NATION

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171111/2009

1 of 3

Report No. T/20171111/2009

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2017 01:49	Vide Report No.:	Station Diary No.: 17
--------------------------------------------	------------------	--------------------------

### Informant's Particulars

Name of Informant: ABDUL HAMID BIN MOHAMED ALI			Address: APT BLK 334 HOUGANG AVENUE 5 #09-262 SINGAPORE 530334		
ID Type / ID No.: NRIC NO / S1656876G			Contact No.: Home/Office: Mobile: 81051859		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 54	Date of Birth: 16/06/1963	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN(GENERAL)			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/11/2017 22:30	Type of Location:
Location: Along Road 1 TAI SENG AVENUE				
heading toward UBI				
Weather: Drizzling	Road Surface: Wet		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Not Controlled		Traffic Volume: Light	
Type of Collision: No collision			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF8972L	Motorcycle	YAMAHA	FZ 16	Black	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBF8972L	NTUC Income Insurance Co-Operative Limited	5052730234-05	07/01/2017	06/01/2018



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20171111/2009

2 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20171111/2009

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ABDUL HAMID BIN MOHAMED ALI	ID No.	S1656876G
Related Vehicle	FBF8972L (Motorcycle)	Contact No.	81051859
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details.

On 10/11/17 at about 2230hrs, I was driving along tai seng avenue heading towards ubi when one white lorry turn out from kim chuan lane to tai seng avenue without stopping at the stopping line. To avoid knocking onto the lorry I applied emergency brake which cause my motorcycle to skid due to the wet weather and fell to the ground. I was then shortly conveyed by ambulance to Tan tock seng hospital so I did not manage to get his car plate number and particulars.

I remember there is a TP officer attended to my accident but I was about to leave to tan tock seng hospital.

Police Report



SINGAPORE  
POLICE FORCE



T/20171111/2009

3 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20171111/2009

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:

G /

Sgt 2 LIM ZHENG HONG

*Melson Chan*

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD  
YUSOF

Contact No.: 65476358

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:

11/11/2017 01:49

Classification Of Case: