

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	04/12/2017 14:17
Date Of Accident	01/12/2017 14:45
Exact Location Of Accident	ALONG JURONG WEST ST 51 YELLOW BOX AREA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8346A
Insured/Policyholder	
Name Of Registered Owner	MILZAM BIN ABDUL GHANI
NRIC No	S9644342J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81011947
Alternative Phone No	OTHERS-81011947

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5078752258-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD FARHAN BIN MOHAMED OMAR
NRIC No	S9911400B
Date Of Birth	19/04/1999
Occupation	INDOOR
Date Of Driving Pass	05/09/2017
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	MHDFRHNOMAR@GMAIL.COM

Address	BLK 373 JURONG EAST STREET 32 #08-428
Postcode	600373
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - NAMED RIDER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO : T/20171202/2101

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM2375U
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)	1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FARHAN BIN MOHAMED OMAR
Approximate Age	18
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBE8346A
Were seat belts worn?	NO
Was injured conveyed to hospital by ambulance?	YES
Address	BLK 373 JURONG EAST STREET 32 #08-428
Postcode	600373

Sketch Plan

SKETCH PLAN

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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.

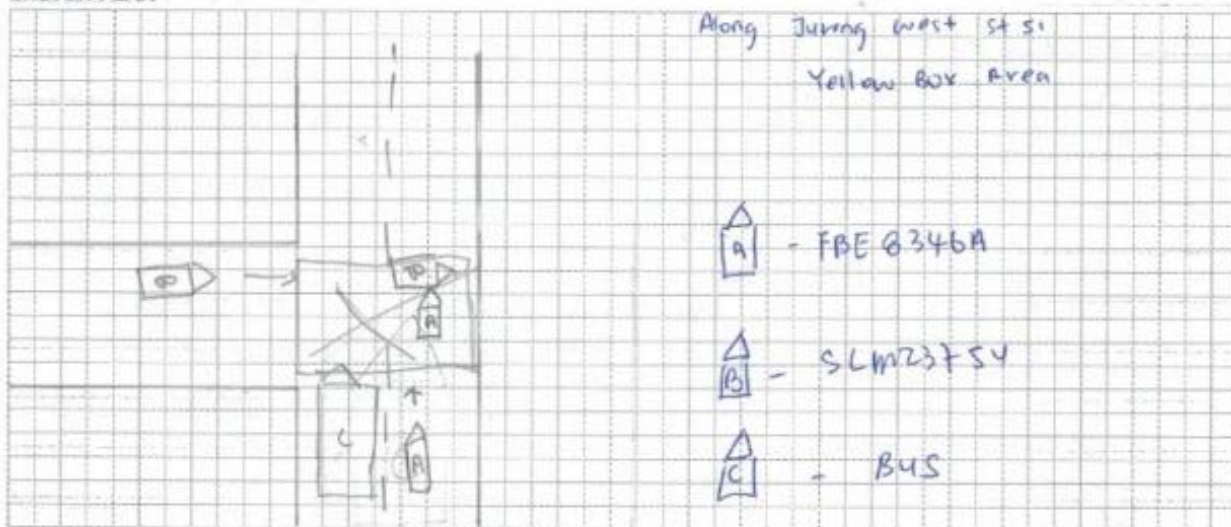
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper appears slightly aged or off-white. There is no handwriting or other markings on the page.

DECLARATION

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

04 DEC 2017
2:29 PM

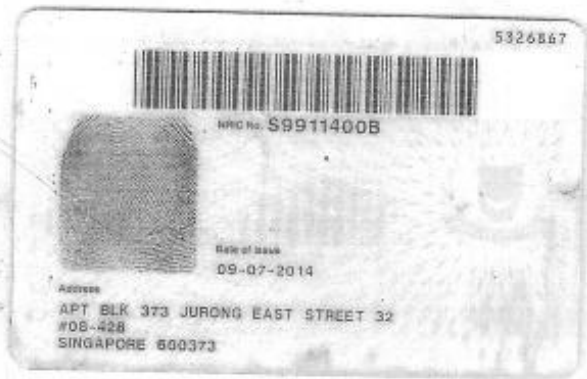
04 DEC 2017

John

S9911400B

Jessie 2:29 p.m.

Identification Card



Police Report



**SINGAPORE
POLICE FORCE**



T/20171202/2101

1 of 3

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

Report No. (T/20171202/2101)

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2017 16:17		Vide Report No.:		Station Diary No.: 113	
Informant's Particulars					
Name of Informant: MUHAMMAD FARHAN BIN MOHAMED OMAR			Address: APT BLK 373 JURONG EAST STREET 32 #08-428 SINGAPORE 600373		
ID Type / ID No.: NRIC NO / S9911400B			Contact No.:		Mobile: 88202742
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 19/04/1999	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: DOMINO'S PIZZA RIDER			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/12/2017 14:45	Type of Location: Straight Road
Location: Along Road 1 JURONG WEST STREET 51 YELLOW BOX AREA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBE8346A	Motorcycle	YAMAHA		Maroon	Seriously Damaged	0
SLM2375U	Car	VOLKSWAGO N		Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8346A	NTUC Income Insurance Co-Operative Limited	507875225801	29/03/2017	28/03/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20171202/2101

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20171202/2101

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD FARHAN BIN MOHAMED OMAR	ID No.	S9911400B
Related Vehicle	FBE8346A (Motorcycle)	Contact No.	88202742
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	01/12/2017	Date Discharge	02/12/2017
No. of Days granted Medical Leave	11	Degree of Injury	Serious

Brief Details.

On 1/12/2017 at about 1445hpours, I was riding my RXZ motorcycle bearing plate number FBE8346A along Jurong West St 51 heading towards Jurong West Ave 1. At that point of time, I was riding on a straight road of the two-lane road and was at the yellow box area when suddenly, there was a car bearing plate number SLM2375U which was coming out from B/501 Jurong West St 51 had collided on to my motorcycle. I then fell on the car's front bonnet and rolled down to the road. A female Chinese passer-by then came to assist me. I then get up and went to the side of the road. I then started to feel pain from my right leg.

Shortly after, ambulance and TP came to scene and after making checks on me, I was then conveyed to Ng Teng Fong Hospital with condition conscious. I then received eleven days MC. I suffered injuries on my right leg and soreness on my whole body. My motorcycle sustained damages on the front fork and mainly the main head of the motorcycle. I am unsure if there is any CCTV located around the vicinity.

TP IO: IO Christopher Ong
DID: 65476436 / 92783566

Police Report



**SINGAPORE
POLICE FORCE**



T/20171202/2101

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

3 of 3

Report No. T/20171202/2101

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:
J /
Staff Sgt NUR SYAFIAH BINTE ABDUL
LATIFF

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Authentication Stamp
NP168

Signature Of Informant:

Farhan

Date/Time:
02/12/2017 16:17

Classification Of Case:

SN 126

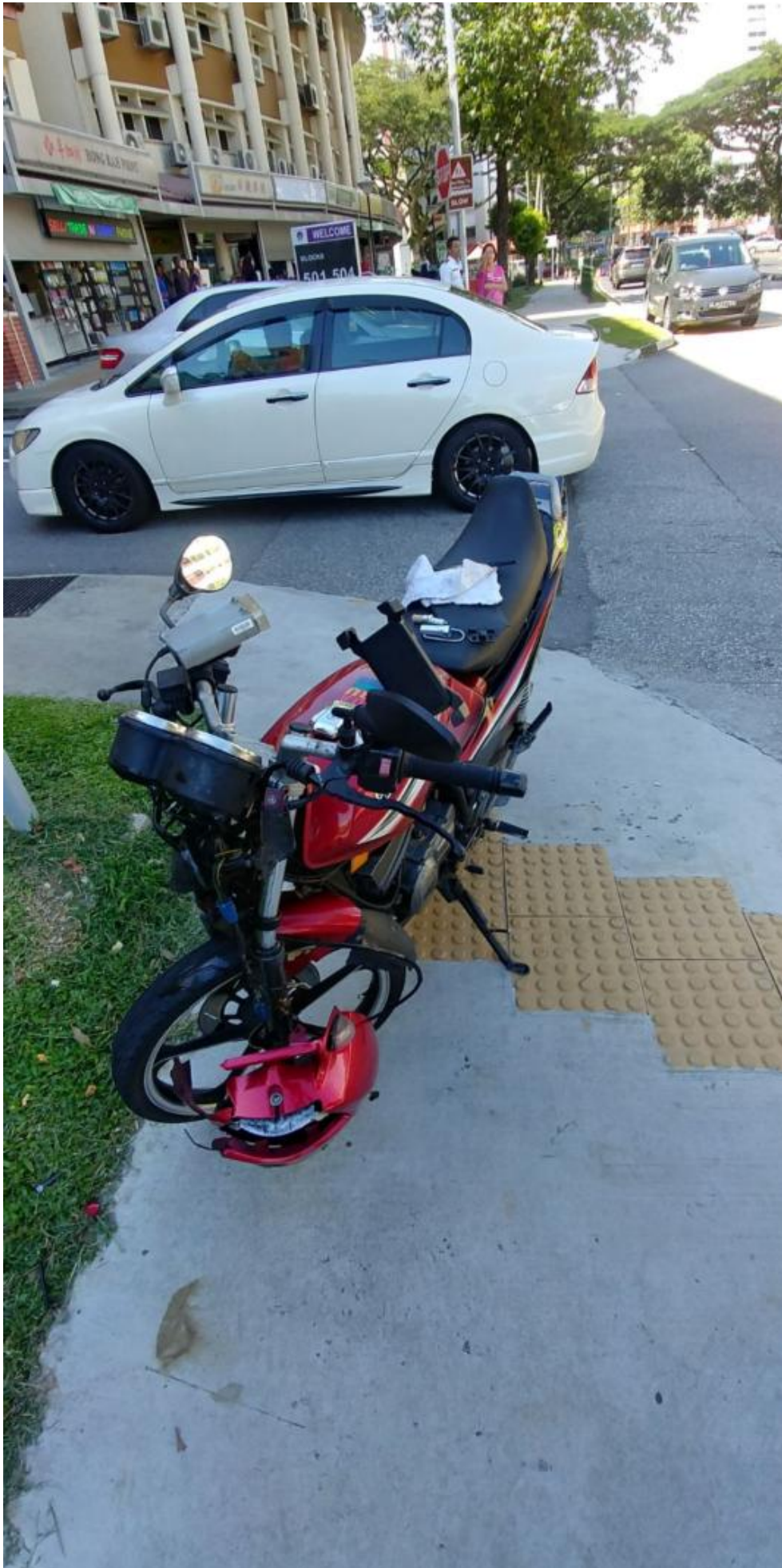
Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

