

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	18/12/2017 10:41
Date Of Accident	02/12/2017 10:55
Exact Location Of Accident	JUNC UBI AVE 3 & UBI RD 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP7685Y
Insured/Policyholder	
Name Of Registered Owner	RAMLI B ASMAWI
NRIC No	S1419887C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96829887
Alternative Phone No	OFFICE-96829887

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF VS
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	5047451048-06
Cover Note Number	

Driver

Name of Driver	RAMLI BIN ASMAWI
NRIC No	S1419887C
Date Of Birth	04/06/1960
Occupation	INDOOR
Date Of Driving Pass	27/07/1981
Driving Experience	36 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96829887
Fax Number	
Contact Number	OFFICE-96829887
Email Address	NOEMAIL

Address	BLK 304 TAMPINES STREET 32 #03-72
Postcode	520304
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	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	TAMPINES NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 6 TAMPINES AVE 4 , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5871999 - FAX NO: 65871699
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20171108/2009.

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	GBF2204K
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	
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Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	RAMLI BIN ASMAWI
Approximate Age	
Injuries Sustain	RIGHT HAND, LEFT FINGER & FACE
Injured person in which vehicle?	FP7685Y
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

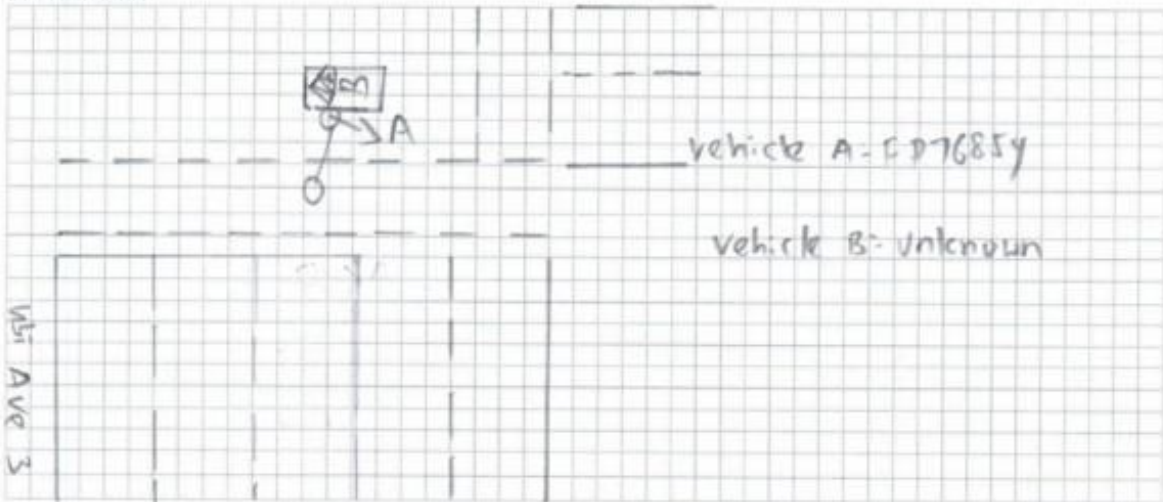
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/2017/1128/2009.

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:



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

Police Report



**SINGAPORE
POLICE FORCE**



T/20171108/2009

1 of 3

Report No. T/20171108/2009

Police Station Of Origin:
Tampines N.P.C
Tampines Avenue 4 SINGAPORE 520682
Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2017 08:34	Video Report No.:	Station Diary No.: 26
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Informant's Particulars

Name of Informant: RAMLI BIN ASMAWI		Address: APT BLK 304 TAMPINES STREET 32 #03-72 SINGAPORE 520304	
ID Type / ID No.: NRIC NO / S1419887C		Contact No.: Home/Office: Mobile: 95829887	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 57	Date of Birth: 04/06/1960	Type of Informant: Rider
Race: Boyanesse		Language:	Institution / School Name:
Occupation: IN HOUSE SECURITY GUARD		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/11/2017 10:55	Type of Location: Straight Road
Location: Along Road 1 UBI AVENUE 3				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control:	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FP7685Y	Motorcycle	HONDA	GB4005F VS	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FP7685Y	NTUC Income Insurance Co-Operative Limited	5047451048-06	19/12/2016	18/12/2017

Police Report



**SINGAPORE
POLICE FORCE**



T/20171108/2009

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20171108/2009



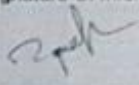

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAMLI BIN ASMAWI	ID No.	S1419887C
Related Vehicle	NIL	Contact No.	96829887
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 2/11/2017 at about 1056 hrs, I was riding my motorcycle along Ubi avenue. Out of the suddenly, there is a van from behind hit my motorcycle. I then collapse and lost conscious. I only know I was conveyed by ambulance to raffles hospital. I do not know what is the condition of my motorcycle. I was discharge on 5/11/2017.

Police Report

 SINGAPORE POLICE FORCE		 110011002006
Police Station Of Origin: Tampines N.P.C. 6 Tampines Avenue 4 SINGAPORE 529552 Tel No. 1800-5871999		Report No. 110011002006
CONTINUATION OF REPORT		
Sketch Plan Informant is not able to provide sketch plan		
<p>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 <u>report number</u> as reference.</p>		
Signature Of Officer Recording The Report: G 7 Staff Sgt WONG JIANYONG	Signature Of Informant: 	
Signature Of Interpreter: Not applicable	Date/Time: 08/11/2017 08:34	
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD YUSOF Contact No.: 65476358	Classification Of Case: 	
Authentication Stamp NP108		

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



RafflesHospital

MEDICAL CERTIFICATE

No: 441603

Name: RAMLI BIN ASMAWI NRIC/Passport/FIN*: S1419887C

day(s)

This is to certify that the abovementioned is unfit for duty for 25 (dd/mm/yy) to 26/11/17 (dd/mm/yy)

from 02/11/17

Type of leave Granted:

- ☐ Outpatient Sick Leave
☐ Post Surgery Leave
☐ Maternity Leave
☒ Hospitalisation / Post Hospitalisation* Leave

Admission Date: 02/11/17 Discharge Date: 05/11/17

This certificate is not valid for absence from court or other judicial proceedings.

DR DARREN NG WEE LECK
 MBBS (London), MRCS (Eng), FRCS (Plast)
 Consultant, Raffles Surgery Centre
 Specialist in Plastic Surgery
 MCR No. 60674Z

[Signature]

RafflesHospital
 Signature and Name of Medical Practitioner

05/11/2017

Date of Issue

RH(M)ME-A000001

Medical Cert

RafflesHospital
Your Trusted Partner for Health

MEDICAL CERTIFICATE

IC 1419887C
RAMLI BIN ASMAWI

VISIT DATE 22 Nov 2017 (12-15)
VISIT NO 501117008497

certify that the above mentioned has been given:

HOSPITALIZATION / POST HOSPITALIZATION LEAVE for 26 days from 22 Nov 2017 to 17 Dec 2017

3: (Medical-in-Confidence)

GANESAN NAIDU (M05701J)
Raffles Orthopaedic Centre

585 NORTH BRIDGE ROAD LEVEL -13-00 RAFFLES HOSPITAL 188770

not valid for absence from court or other judicial proceedings unless specifically stated.
electronically generated. No signature is required.

Printed: 22 Nov 2017, 12:31PM

RafflesHospital
Raffles Orthopaedic Centre
585 North Bridge Road
Raffles Hospital #13-00 Singapore 188770
Tel: (65) 6311 2310 Fax: (65) 6311 2373
Appointment Hotline: 6311 1222

Company Registration No: 199303258D GST Registration No: M9-0000467-N

Medical Cert

Raffles Hospital
Your Partner for Health

MEDICAL CERTIFICATE

(DUPLICATE AMPLIATION)

AT0587C
WALI BIN ASMAWI

VISIT DATE 12 Dec 2017 (09:51)
VISIT NO 801117009555

that the above mentioned has been given:

IN / POST HOSPITALIZATION LEAVE for 29 days from 18 Dec 2017 to 15 Jan 2018

(Medical-in-Confidence)

NESAN NAIDU (M05701J)

Raffles Orthopaedic Centre

1 NORTH BRIDGE ROAD LEVEL -13-00 RAFFLES HOSPITAL 188770

For absence from court or other judicial proceedings unless specifically stated.
Electrically generated. No signature is required.

Printed: 12 Dec 2017, 10:55AM

Raffles Hospital

Raffles Orthopaedic Centre

585 North Bridge Road

Raffles Hospital #13-00 Singapore 188770

Tel: (65) 6311 2310 Fax: (65) 6311 2373

Appointment Hotline: 6311 1222

Company Registration No: 199303258D

GST Registration No: M9-0000467-N