

## 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	19/12/2017 14:39
Date Of Accident	18/12/2017 09:30
Exact Location Of Accident	PAYA LEBAR RD SLIP RD TO PIE(CHANGI AIRPORT)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC3836X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RIDZUAN BIN AIDIL
NRIC No	S8716243E
Email Address	INVERTBLACK@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96252186
Alternative Phone No	OTHERS-96252186

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ652
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	5051275770-06
Cover Note Number	

### Driver

Name of Driver	RIDZUAN BIN AIDIL
NRIC No	S8716243E
Date Of Birth	14/06/1987
Occupation	INDOOR
Date Of Driving Pass	09/10/2008
Driving Experience	9 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96252186
Fax Number	
Contact Number	OTHERS-96252186
EEmail Address	INVERTBLACK@HOTMAIL.COM

Address	BLK 143 TAMPINES ST 12 #07-418
Postcode	520143
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 - HEAD TO REAR
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE ATTACHED STATEMENT.

### 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	GW7538R
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Name of Driver	LIM SWEE BOON
NRIC/Passport Number	S1462088E
Contact Number	97650740
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	RIDZUAN BIN AIDIL
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Approximate Age

Injuries Sustain

KNEE

Injured person in which vehicle?

FBC3836X

Were seat belts worn?

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

## 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

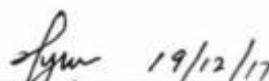
Date & Time:

19/12/17

Driver's Signature

(If driver is not the policyholder)

Date & Time:

 19/12/17

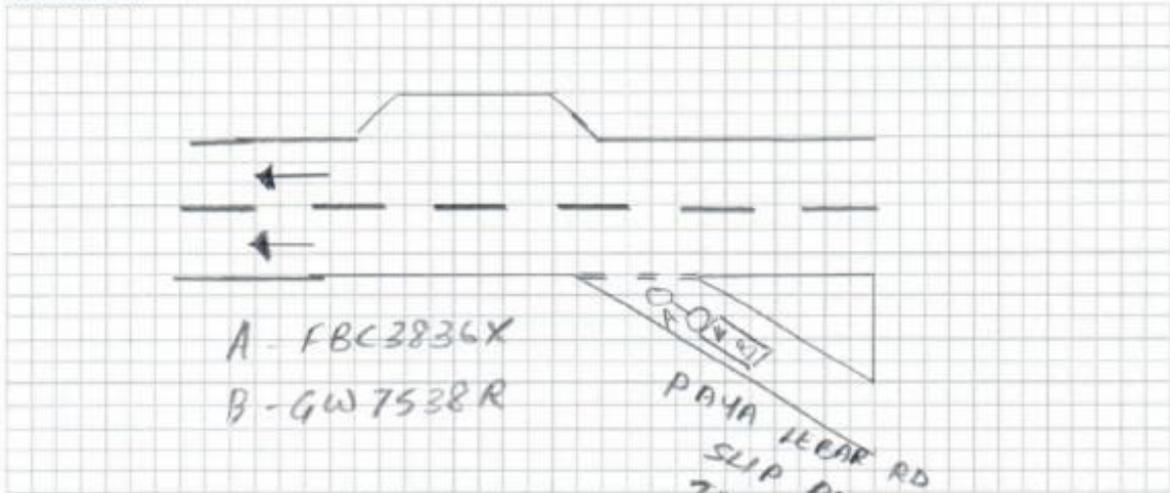
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped at give way line. Van hits me from behind. Impact causes me to lunge forward and fall together with biker.

DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time:

19/12/17

QARMC SketchPlanForm\_V3

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

Date & Time:

*[Signature]* 19/12/17

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

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



Accident Photo



Accident Photo



Accident Photo





友恩診所  
GALILEE CLINIC

BLK. 342, UBI AVENUE 1, #01-935, SINGAPORE 400342.  
TEL: 6749 8522

MEDICAL CERTIFICATE

No: 68285

Date: 19.12.17

This is to certify that Ridzuan Bin Aidil

is unfit for duty/school for two days, from 19.12.17  
to 20.12.17 inclusive.

is fit for light duty from \_\_\_\_\_ to \_\_\_\_\_ inclusive.

Time in: \_\_\_\_\_ a.m./p.m. Time out: \_\_\_\_\_ a.m./p.m.

Remarks: \_\_\_\_\_

\* This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.

Dr. Ng Kai Sum  
M.B.B.S. (S'PORE)



友恩診所  
GALILEE CLINIC

BLK 342, UBI AVENUE 1, #01-935, SINGAPORE 400342  
TEL: 6749 8522

OFFICIAL RECEIPT

No: A 63718

Date: 19/12/17

Received from Ridzuan Bin Aidil

the Sum of Dollars Forty only

being payment for:  Consultation  
 Medicine  
 Others: \_\_\_\_\_

\$ 40/-  
Cash/Cheque No:

Authorised Signature