

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	02/01/2018 19:18
Date Of Accident	01/01/2018 23:25
Exact Location Of Accident	ALONG WOODLANDS CENTRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7237G
Insured/Policyholder	
Name Of Registered Owner	MOHAMED SHAFUDDIN BIN GANI
NRIC No	S7235657H
Email Address	SHAHGANI72@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98343344
Alternative Phone No	OTHERS-98343344

Vehicle Particulars

Manufacturer	KAWASAKI
Model	ZG1400A-1.4 (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	5077150689-01
Cover Note Number	

Driver

Name of Driver	MOHAMED SHAFUDDIN BIN GANI
NRIC No	S7235657H
Date Of Birth	05/10/1972
Occupation	INDOOR
Date Of Driving Pass	22/11/2005
Driving Experience	12 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98343344
Fax Number	
Contact Number	OTHERS-98343344
EEmail Address	SHAHGANI72@GMAIL.COM

Address	BLK 1G CANTONMENT ROAD #20-83
Postcode	085701
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
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
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	BUKIT MERAH EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20180102/2194

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	SHA4139H
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WAN
NRIC/Passport Number	
Contact Number	84022101
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MOHAMED SHAFUDDIN BIN GANI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK7237G
Were seat belts worn?	
Was this 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:

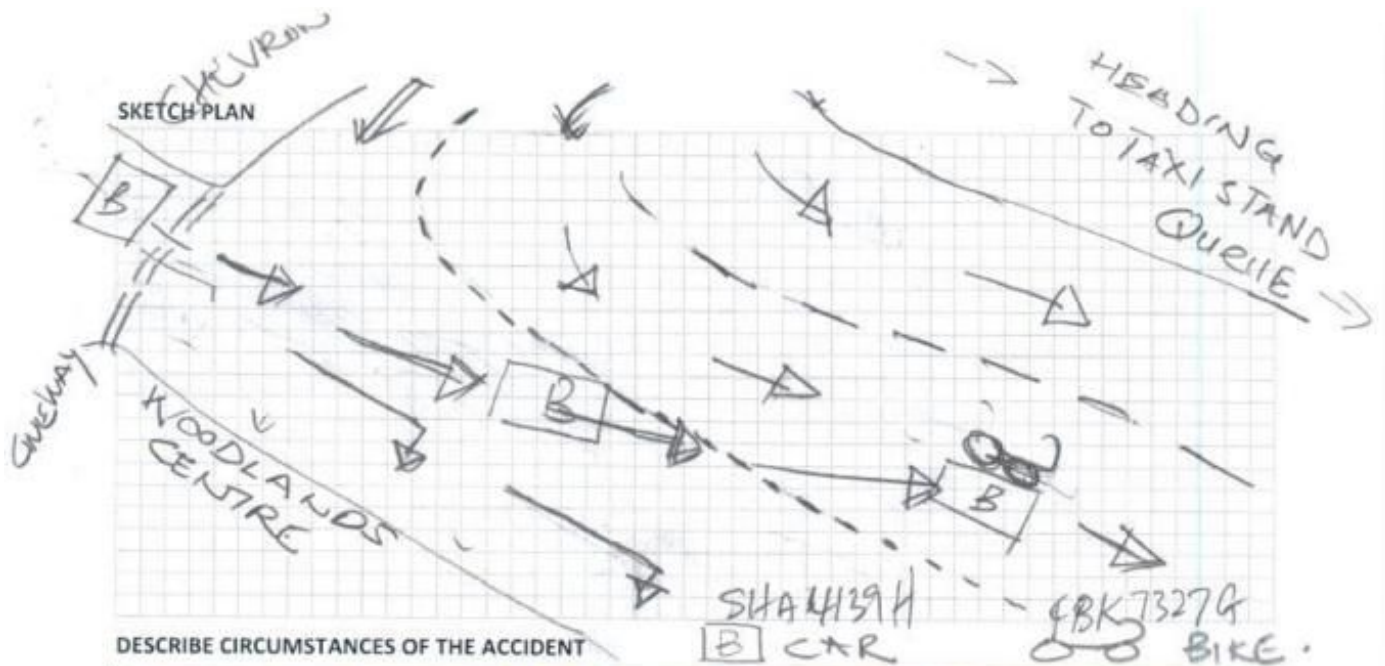
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 02.01.2018

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

03/01/2017
Reporting Centre Personnel's Signature
Name: Rosli WORTH
NRIC/FIN No:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 01/01/18 abt 2325hrs I was travelling along Woodlands Town Centre. I was travelling in a middle lane. Suddenly a taxi register SHA 4139 H. dashed from Woodland Centre Road hit on right side of my bike causing me off & flew off my bike and landed on the road (2nd lane).

Ambulance was conveyed as passerby called. Due to this incident I sustained both legs injuries. ~~Raffles hospital~~ I went to Raffles hospital for further medical check up. Bike reg no FBK 7327 G was badly damaged and towed immediately to workshop.

SHOCK HARMER FULL FACE DAMAGE

POLICE REPORT 1/20180102/2194

DECLARATION

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

Policyholder's Signature
Date & Time: 02/01/2018

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

Reporting Centre Personnel's Signature
Name: Reski 44400
NRIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180102/2194

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

1 of 3

Report No. T/20180102/2194

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/01/2018 20:20	Vide Report No.:	Station Diary No.: 216
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Informant's Particulars

Name of Informant: MOHAMED SHAFUDDIN BIN GANI			Address: APT BLK 1G CANTONMENT ROAD #20-83 SINGAPORE 085701	
ID Type / ID No.: NRIC NO / S7235657H			Contact No.: Home/Office: Mobile: 98343344	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 45	Date of Birth: 05/10/1972	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: OPERATIONS MANAGER			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/01/2018 23:25	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7237G	Motorcycle	KAWASAKI	ZG1400A	Grey	Seriously Damaged	0
SHA4139H	Car	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
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Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180102/2194

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Report No. T/20180102/2194

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK7237G	NTUC Income Insurance Co-Operative Limited	5077150689-01	31/01/2017	30/01/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED SHAFUDDIN BIN GANI	ID No	S7235657H
Related Vehicle	FBK7237G (Motorcycle)	Contact No.	98343344
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	02/01/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 01/01/2018 at around 2325hrs, I was travelling along Woodlands Town Centre. I was travelling in the second lane of the road. At that point in time, a taxi with registration plate number, SHA4139H was driving along Woodlands Centre Road and entered Woodlands Town Centre and straightaway dashed to the second lane. However, he did not see me travelling in the second lane and he collided onto my vehicle. His left front of his vehicle collided onto my right side of my motorcycle.

Due to the collision, I flew from my motorcycle and landed on the second lane of the road. However, my motorcycle travelled another 100 meters and landed near the pavement. The passerby called for assistance and traffic police and ambulance attended to us. However, no one was conveyed through ambulance. The police took down our particulars. After which, my sibling brought me to Raffles Hospital to get checked up and I was given 3 days of medical leave. The injuries I incurred are swelling in both my knees and right, lower thigh and bruises on my right knuckle.

Due to the collision, my motorcycle was seriously damaged and was towed away to the workshop from the incident location. The front of my vehicle is totally damaged and thus was towed away. Due to the fall, my Shoei Full Face helmet was heavily damaged and had serious dents on it.

The damages to the other vehicle are as follows:

- 1) Front left bumper had a slight dent.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180102/2194

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

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Report No. T/20180102/2194

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: A / SHAFEER AHAMED H	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/01/2018 20:20
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



Accident Photo



Accident Photo



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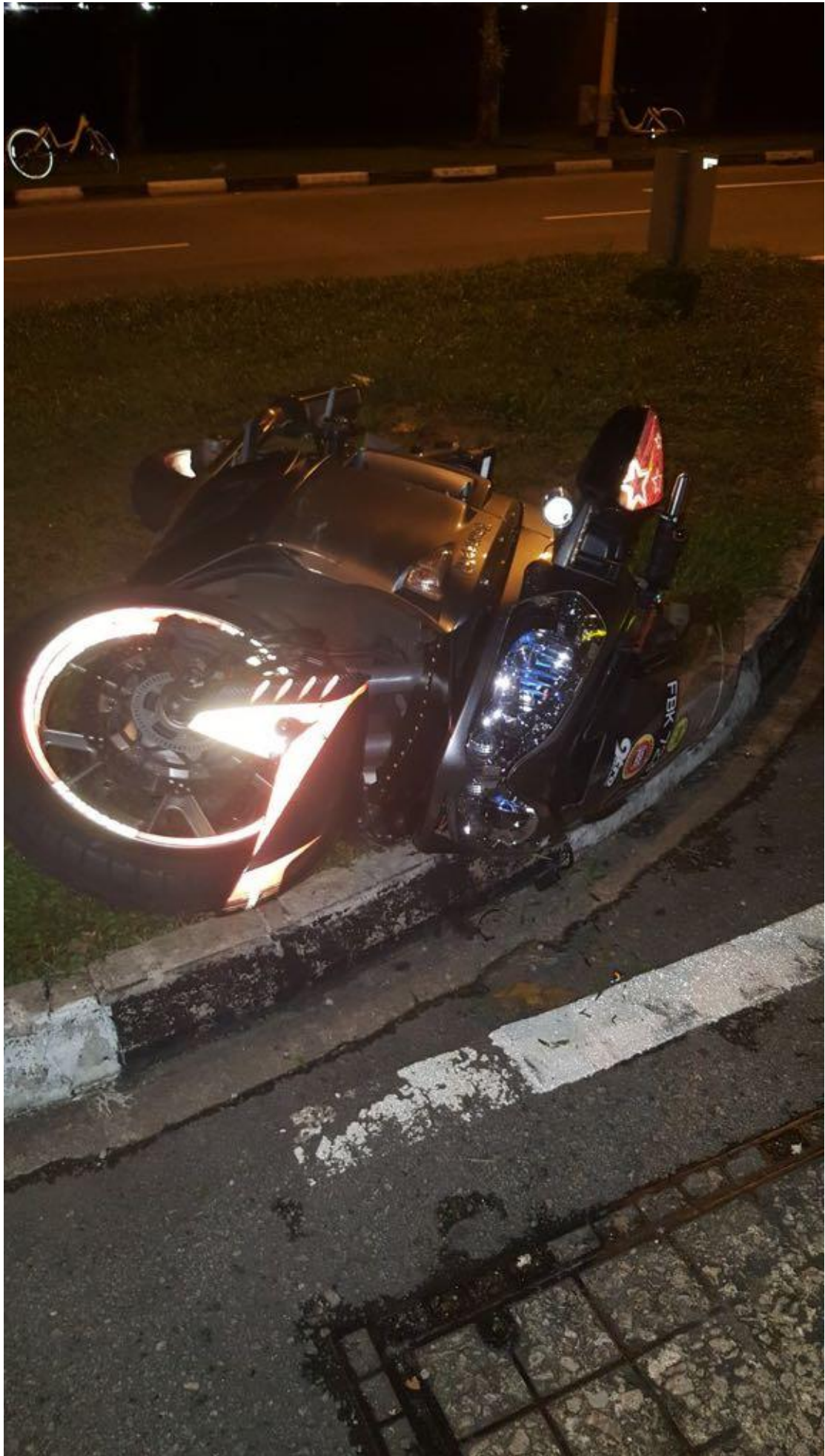
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