

## 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 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	19/01/2018 16:47
Date Of Accident	17/01/2018 13:45
Exact Location Of Accident	JLN BUROH BEFORE JUNC TANJONG KLING RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT1484D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	RASHIDI BIN RAZELI
NRIC No	S8921390H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87421523
Alternative Phone No	OFFICE-87421523

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF H.V.
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	5092913977
Cover Note Number	

### Driver

Name of Driver	RASHIDI BIN RAZELI
NRIC No	S8921390H
Date Of Birth	01/07/1989
Occupation	INDOOR
Date Of Driving Pass	28/11/2013
Driving Experience	4 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87421523
Fax Number	
Contact Number	OFFICE-87421523
Email Address	NOEMAIL

Address	BLK 150 JALAN TECK WHYE #11-51
Postcode	680150
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 - CHANGE/CROSS LANE
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?	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	CHOA CHU KANG NPC
Police Station Address	<b>ROAD:</b> 20 CHOA CHU KANG ST 52 #01-02 , <b>POSTCODE:</b> 689286 , <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

REFER TO POLICE REPORT - T/20180118/2016.

#### 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	GBB5058S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name RASHIDI BIN RAZELI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FT1484D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan


### SKETCH PLAN

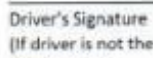
#### IMPORTANT NOTICE


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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.

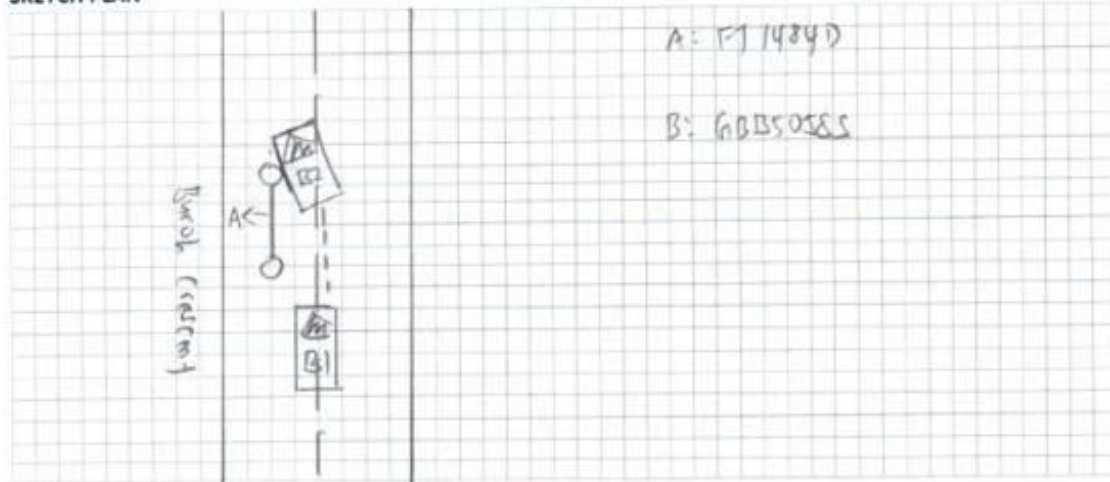
  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/8011 8/2016

## DECLARATION

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

Policyholder's Signature  
Date & Time:

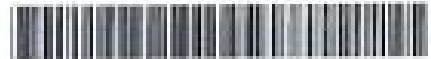
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180118/2018

1 of 4

Police Station Of Origin:  
Chea Chu Kang N.P.C  
20 Chea Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659699

Report No. T/20180118/2018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2018 08:59		Vide Report No.: T/20180118/10120		Station Diary No.: 9
<b>Informant's Particulars</b>				
Name of Informant: RASHIDI BIN RAZELI		Address: APT BLK 150 JALAN TECK WHYE #11-51 SINGAPORE 680150		
ID Type / ID No.: NRIC NO / S8921390H		Contact No.: Home/Office: Mobile: 87421523		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 28	Date of Birth: 01/07/1989	Type of Informant: Rider	
Race: Malay		Language: English	Institution / School Name:	
Occupation: Safety Coordinator		Driving Licence Information: Class: 2B,2A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/01/2018 13:45	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BUROH CRESCENT SHIPYARD ROAD No 2 Buroh Crescent at the entrance of Ace building Lamp Post Number: 9				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FT1484D	Motorcycle	HONDA	CB400SF H.V.	Blue	Slightly Damaged	0
QBB5058S	Van	TOYOTA	HIACE MANUAL	White	Slightly Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180118/2018

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180118/2018

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT1484D	NTUC Income Insurance Co-Operative Limited	5092913977	24/07/2017	23/07/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	RASHIDI BIN RAZELI		ID No.	S8921390H
Related Vehicle	FT1484D (Motorcycle)		Contact No.	87421523
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	17/01/2018		Date Discharge	17/01/2018
No. of Days granted Medical Leave	05		Degree of Injury	Slight
Driver				
Name	Chua Beng Hock		ID No.	S2806758H
Related Vehicle	GBB5058S (Van)		Contact No.	Unkown
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL

## Brief Details.

On 17/01/2018 at about 1345hrs, I was riding on V1 (FT1484D, Motorcycle) along Buroh Crescent on the 1st lane from the left towards Shipyard road.  
When I was along Buroh Crescent, I discovered V2 (GBB5058S, Van) traveling at the center of the dual lane towards Shipyard road thus I decided to over take V2 before the entrance of Ace@buroh.  
Subsequently when I was about to overtake V2 on the left lane at LP8, V2 suddenly without using any signal drove/turned towards its left and thus collided onto my motorcycle V1 against V2's left passenger door. As there were a barrier on my left, I was stuck in the middle and was then dragged about half a meter between V2 and the barrier before falling onto the ground.

Following, I managed to retrieve the particular of V2's driver before being conveyed to NTFGH. I suffered from contusion of knee and lower leg as well as Ankle, Shoulder injuries and abrasions of multiple sites. I was given 5 days of MC by the doctor.

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180118/2016

3 of 4

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689288  
Tel No: 1800-7658999

Report No. T/20180118/2016

CONTINUATION OF REPORT



Police Report



SINGAPORE  
POLICE FORCE



T/20180118/2018

Police Station Of Origin:  
Choa Chu Kang N.P.C  
20 Choa Chu Kang Street 52 #01-02  
SINGAPORE 689286  
Tel No: 1800-7659999

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Report No. T/20180118/2018

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 /

Sgt 2 SIAU JING YANG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

/ SI NG CHWEE THENG

/ Contact No.: 65476397

Signature Of Informant:

Date/Time:

18/01/2018 08:59

Classification Of Case:

Authentication Stamp

NP105

## Medical Cert

Ng Teng Fong General Hospital



A member of the MHAAS

MEDICAL CERTIFICATE (Ref:21674199)

ORIGINAL

NAME: RASHIDI BIN RAZELI

NRIC: S8821360H

Type of Medical Leave granted: OUTPATIENT SICK LEAVE

The above named is unfit for duty from : 17/01/2018 : to : 21/01/2018 : inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 17/01/2018 14:19 to 17/01/2018 16:39

17/01/2018  
Date

Dr. Azyah MAZIN (151141)  
Issued by

  
Signature

Location: NTFGH EMERGENCY

Accident Photo



Accident Photo

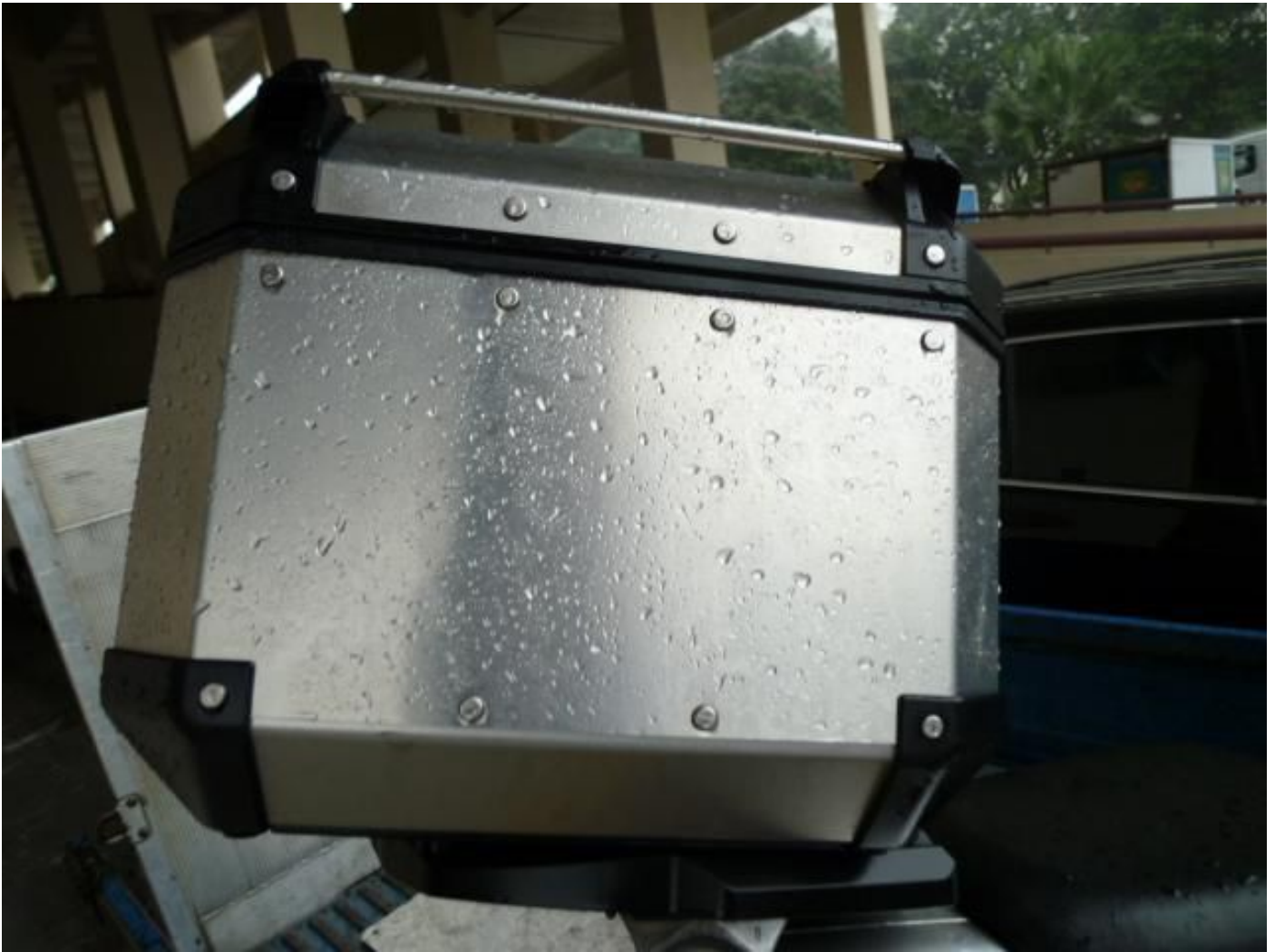


Accident Photo





Accident Photo



Accident Photo



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