SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Fax Number
Contact Number

EMail Address

- 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	29/01/2018 15:01
Date Of Accident	24/01/2018 22:55
Exact Location Of Accident	PIE TWDS JURONG B4 CLEMENTI EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBJ7317P
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB
NRIC No	S8415218H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92257974
Alternative Phone No	OFFICE-92257974
Vehicle Particulars	
Manufacturer	HONDA
Model	AFS125MSF
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	5067786622-03
Cover Note Number	-
Driver	
Name of Driver	MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB
NRIC No	S8415218H
Date Of Birth	05/06/1984
Occupation	OUTDOOR
Date Of Driving Pass	18/12/2003
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92257974

OFFICE-92257974

NOEMAIL

Address BLK 705 JURONG WEST ST 71 #02-86

Postcode 640705

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 DRIZZLING
Road Surface WET

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

YES

YES

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO 1

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Number of Passengers (Including Driver)

Police Station Name JURONG WEST NPC

Police Station Address ROAD: 700 CORPORATION ROAD, POSTCODE: 649818, COUNTRY:

SINGAPORE

Police Station Contact TEL NO: - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJY8544U

NO

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SYAHNAZ HASLAM S/O MOHAMED AYUB

Approximate Age

Injuries Sustain BOTH KNEE, BOTH FEET, HIP, HAND, FOREHEAD

Injured person in which vehicle? FBJ7317P

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

Address

Postcode

YES

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- 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.
- 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.
- B. 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 (all insurers) 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:
 - 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

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Accident Sketch Plan

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POLICE REPORT





1 of 3

Report No. T/20180125/2185

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

	ne Report N 18 21:26	fade:	Vide Report No.:	Station Diary No. 136		
Informa	nt's Partice	ulars				
MUHAM	Informant: MAD SYAH HAMED AY	HNAZ HASLAM	Address: APT BLK 705 JURONG WES SINGAPORE 640705	ST STREET 71 #02-86		
ID Type	/ ID No.: 0 / S84152		Contact No.: Home/Office: 92257974	Mobile: 92257974		
National	ity: ORE CITIZ	ŒN	Email:			
Sex: Male	Age:	Date of Birth: 05/06/1984	Type of Informant: Rider			
Race: Indian			Language	Institution / School Name:		
Occupa COURIE			Driving Licence Information: Class: 2B,2A,3	Date of Expiry:		

Type of Accident:					Type of Location Straight Road	
PAN ISLAND CLEMENTI A	Traveling Toward Road EXPRESSWAY VENUE 6 nti Ave 6 exit camera					
Weather: Drizzling		Road Wet	Surface:		100000000000000000000000000000000000000	d Speed Limit: Km/h
Traffic Flow:			c Control: Controlled		Tra:	ffic Volume: nt
One Way	ion: *				Am	one conveyed by

	ehicle Involve	Make	Model	Color	Condition	No of Passenger
Vehicle No.	Туре	Make	1110000			
FBJ7317P	Motorcycle	HONDA	AFS125MSF	Red	Seriously	0
to manage the first	INTERNACE OF PURE	EDSEMAGEM.			Damaged	
SJY8544D	Car				Slightly	0
(Not Accurate)	Cai				Damaged	

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT



Details of Vehicle Insurance Vehicle No. Insurance Company



Effective

25/09/2017

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

Report No. T/20180125/2185

Expiry Date

24/09/2018

NTUC Income Insurance Co-Operative | 5067786622-03

Details of Perso	n Involved			The section of		AND DOOR S	SEC.
Any Pedestrian I	nvolved: No						
No. of Pedestrian	ns Injured: NIL		Use of F	edestriar	Cross	ing: NA	
Rider							111111
Name	MUHAMMAD SYAHN MOHAMED AYUB	IAZ HASI	AM S/O	ID No	Ġ.	S8415218H	
Related Vehicle	NIL			Conta	ct No.	92257974	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: 2B.2/ Date of Exp	
Date Treatment	NIL		Date Di	scharge	NIL		
No. of Days gran	ted Medical Leave	NIL		of Injury	NIL		

Insurance No

Brief Details.

FBJ7317P

On 24 Jan 2018 at about 11.00 pm, I was riding along PIE towards Clementi Ave 6 on the left lane when I saw a motor-car driving in a high speed behind me so I swerve left for safety. He overtook me and stayed on the third lane. About 30-40 metre ahead, the motor-car suddenly jammed brake and so I swerve right to the second lane. Suddenly the motor car swerve right into my path and I applied brake but collided into the motor-car (a white Toyota SUV). I then fell off my motor-cycle and the car driver stop. Later the ambulance came and I was conveyed to Ng Teng Fong Hospital before being transferred to NUH. I was discharged on the same day and given 5 days MC

15/1/18

POLICE REPORT





Police Station Of Origin: Jurong West N.P.C 700 Corporation Road SINGAPORE 649818 3 of 3 Report No. T/20180125/2185

Tel No: 1800-2689999

CONTINUATION OF REPORT

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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.

ate/Time:
/01/2018 21:26
assification Of Case:

































