

## 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	18/01/2018 18:16
Date Of Accident	16/01/2018 18:05
Exact Location Of Accident	JALAN BOON LAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR5690J
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#### Insured/Policyholder

Name Of Registered Owner	MOHD ZURAIMI BIN SAMSURI
NRIC No	S7429027B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82449437
Alternative Phone No	HOME-82449437

#### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ-133CC (M)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	5079711331-01
Cover Note Number	

#### Driver

Name of Driver	MOHD ZURAIMI BIN SAMSURI
NRIC No	S7429027B
Date Of Birth	09/09/1974
Occupation	INDOOR
Date Of Driving Pass	24/04/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82449437
Fax Number	
Contact Number	HOME-82449437
Email Address	NOEMAIL

Address	BLK 16 TECK WHYE LANE #12-107
Postcode	680016
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	
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	10 UBI AVENUE 3
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <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

PLEASE REFER TO POLICE REPORT NO:T/20180117/2071

#### 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	SGX8187H
Vehicle Make/Model/Colour	CITROEN GRAND C4 PICASSO 1.6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LEE CHENG YONG
NRIC/Passport Number	S1749814B
Contact Number	85189991
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name	MOHD ZURAIMI BIN SAMSURI
Approximate Age	43
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FR5690J
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 16 TECK WHYE LANE #12-107
Postcode	680016

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

18/01/2018

6:38 p.m.

GIA/NC Sketch Plan Form V3

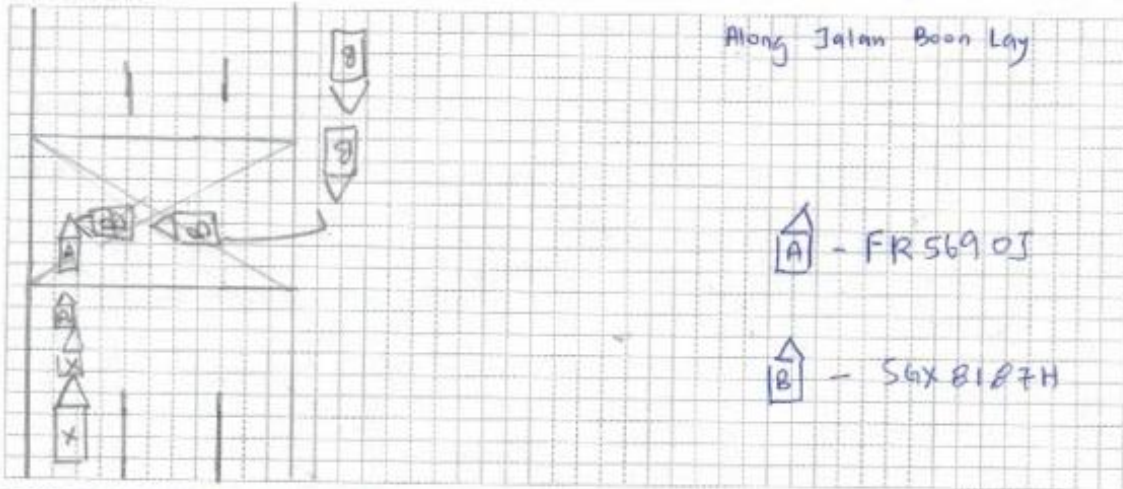
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

6:38 p.m.  
18/01/18

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to police report no: T/2018 0117 (207)

### DECLARATION

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

Policyholder's Signature

Date & Time: 18/01/2018

6:38pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Jessie

18/01/18

6:33pm

# Identification Card

REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S7429027B



MOHD ZURAIMI BIN SAMSURI

BOYANESSE

08-09-1974 M

SINGAPORE



S7429027B

20-10-2004

APT BLK 15 JECK WHYE LANE  
#12-107  
SINGAPORE 640016

REPUBLIC OF SINGAPORE DRIVING LICENCE



MOHD ZURAIMI BIN SAMSURI

08 Sep 1974

20 May 2013

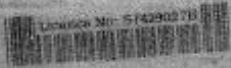


YOU ARE PERMITTED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

CLASS	VEHICLE CLASS	EXPIRY DATE
Class 1	Motorcycles < 250 cc	24 Apr 2008
Class 2	Motor cars < 2500 cc with 7 gears, automatic or 4 gears, manual	26 Nov 2012
Class 3	Heavy motor cars and motor tractors > 2500 cc	03 Apr 2011

S/No. 9000203823

License No. S7429027B



26-24/04/2000



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180117/2071

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180117/2071

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 17/01/2018 14:04		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MOHD ZURAIMI BIN SAMSURI			Address: APT BLK 16 TECK WHYE LN #12-107 HDB-CHOA CHU KANG SINGAPORE 680016		
ID Type / ID No.: NRIC NO / S7429027B			Contact No.: Home/Office: Mobile: 82449437		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 43	Date of Birth: 09/09/1974	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: DELIVERY DRIVER			Driving Licence Information: Class: 2B,3,4 Date of Expiry:		

## General information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 16/01/2018 18:05	Type of Location: Straight Road
Location:  JALAN BOON LAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FR5690J	Motorcycle	YAMAHA	RXZ	Blue		0
SGX8187H	Car	CITROEN	GRAND C4 PICASSO 1.6 BLUEHDI EAT6 S/R	Blue		0

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180117/2071

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180117/2071

### CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FR5690J	NTUC Income Insurance Co-Operative Limited	5079711331-01	25/04/2017	24/04/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHD ZURAIMI BIN SAMSURI		ID No. S7429027B
Related Vehicle	NIL		Contact No. 82449437
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	16/01/2018		Date Discharge 16/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	NIL

### Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION I WAS TRAVELLING ALONG JALAN BOON LAY ON THE MOST LEFT LANE . TRAFFIC VOLUME WAS HEAVY . I WAS STATIONARY JUST BEHIND THE YELLOW BOX AS I COULD NOT MOVE FORWARD DUE TO THE SLOW TRAFFIC . SO WHEN THE VEHICLE INFRONT MOVES FORWARD , I SAW A SPACE FOR ME TO PROCEED . AS I PROCEED ON AND HALFWAY THROUGH INSIDE THE YELLOW BOX , THERE IS A CAR FROM THE OPPOSITE DIRECTION MADE A U-TURN AND COLLIDED ONTO ME . THAT IS ALL.



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180117/2071

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

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Report No. T/20180117/2071

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:  
TP /  
MUHAMMAD MIRZA SYAHMI BIN HARMIZI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
17/01/2018 14:04

Officer In Charge Of Case:  
TP / GIT /  
SSI TAN CHIN YONG  
Contact No.: 65476178

Classification Of Case:



**SINGAPORE  
POLICE FORCE**

Authentication Stamp  
NP168

Signature: \_\_\_\_\_

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo

