

## 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	22/01/2018 17:06
Date Of Accident	21/01/2018 18:00
Exact Location Of Accident	539 EAST COAST RD INFRNT OF THE SOUND CONDOMINIUM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3311B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD RUZDAN FAIZ BIN RUZLAN
NRIC No	S9242513D
Email Address	RUZDAN@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-90251930
Alternative Phone No	OTHERS-90251930

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3 ABS
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMMPHQ17-000335
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD RUZDAN FAIZ BIN RUZLAN
NRIC No	S9242513D
Date Of Birth	19/11/1992
Occupation	INDOOR
Date Of Driving Pass	10/01/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90251930
Fax Number	
Contact Number	OTHERS-90251930
Email Address	RUZDAN@OUTLOOK.COM

Address	BLK 862A TAMPINES ST 83 #03-426
Postcode	521862
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	
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 9 EUNOS CRESCENT #01-2687 , <b>POSTCODE:</b> 400009 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-7479999 - <b>FAX NO:</b> 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180122/2124

#### 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 Witness 1

Name	CHONG XIANG YUNG
Phone Number	81263050
Email Address	

#### Details of Witness 2

Name	MOHAMMAD SHAWIFI
Phone Number	87529656
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLM4548A
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

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHAMMAD RUZDAN FAIZ BIN RUZLAN

Approximate Age

Injuries Sustain SLIGHT

Injured person in which vehicle? FBK3311B

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

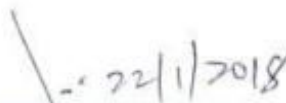
1. Please report correctly the details of the accident to speed up the claims process.
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3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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. 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.:

## Sketch Plan #2

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As per police report no. T/20180122/2124

### 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:

 22/1/2018  
 Reporting Centre Personnel's Signature  
 Name:  
 NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180122/2124

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

2 of 4  
Report No. T/20180122/2124

#### CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MOHAMMAD RUZDAN FAIZ BIN RUZLAN	ID No.	S9242513D
Related Vehicle	FBK3311B (Motorcycle)	Contact No.	90251930
Hospital/Clinic	CENTRAL 24-HR CLINIC (BEDOK)	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	21/01/2018	Date Discharge	21/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	AZIZ BABAR	ID No.	S7287628H
Related Vehicle	SLM4548A (Car)	Contact No.	NIL
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 21/01/2018 at about 6.00pm, I was riding my motorcycle (FBK3311B) along East Coast Road heading towards Bedok travelling at about 50km/h. At that point of time, I was on the left lane of the 2 lane road. I was keeping a distance about 3 cars length behind a Silver colour vehicle (SLM4548A).

Subsequently, I then observed the said vehicle had turned on the left signal indicator, as such I assumed that he was going to turn left into the condominium (The Sound) ahead. Along the way, the driver of the said vehicle appeared to have misjudged the turn. Due to that, the driver had abruptly swerved his vehicle to the right before making the left turn into the condominium.

At the same time, as I was changing to the right lane, I could not avoid the said vehicle and had hit on to rear as the vehicle had encroached on to my lane before making the said left turn. Following the impact, I fell together with my motorcycle. I then make a check on my motorcycle and noticed it had suffered major damages on the front area. My motorcycle was eventually towed as it was unable to ride.

I then met up with both witnesses who assisted me through the accident and also the driver of the said vehicle to exchange particulars. After which, I then proceeded to Central 24-HR Clinic (Bedok) for further medical assessment as I felt pain on my rear neck. I was then dispensed with medications and given a total of 2-days medical leave.

Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180122/2124

1 of 4

Police Station Of Origin;  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

Report No. T/20180122/2124

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 15:19		Vide Report No.:		Station Diary No.: 16	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD RUZDAN FAIZ BIN RUZLAN			Address: APT BLK 862A TAMPINES STREET 83 #03-426 SINGAPORE 521862		
ID Type / ID No.: NRIC NO / S9242513D			Contact No.: Home/Office: Mobile: 90251930		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 25	Date of Birth: 19/11/1992	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: PART-TIMER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/01/2018 18:00	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD  539 EAST COAST ROAD INFRNT OF THE SOUND CONDOMINIUM				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3311B	Motorcycle	YAMAHA	YZF-R3 ABS	Blue	Seriously Damaged	0
SLM4548A	Car				Slightly Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3311B	EQ INSURANCE COMPANY LTD.	DMMPHQ17-000335	29/05/2017	05/07/2018



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180122/2124

2 of 4

Police Station Of Origin:  
Kampong Ubi NPP  
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Report No. T/20180122/2124

## CONTINUATION OF REPORT

Details of Person Involved			
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No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
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Date Treatment	21/01/2018	Date Discharge	21/01/2018
No. of Days granted Medical Leave	02	Degree of Injury	Slight
Driver			
Name	AZIZ BABAR	ID No.	S7287628H
Related Vehicle	SLM4548A (Car)	Contact No.	NIL
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

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**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20180122/2124

3 of 4

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CONTINUATION OF REPORT



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180122/2124

4 of 4

Report No. T/20180122/2124

Police Station Of Origin:  
Kampong Ubi NPP  
9 Eunos Crescent #01-2687 SINGAPORE  
400009  
Tel No: 1800-7479999

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:

G /

Sgt 3 SYAFIQ RIDHWAN BIN HASSAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SST GOH GEOK LYE

Comd SINGAPORE POLICE FORCE 148

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

22/01/2018 15:19

Classification Of Case: