

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	30/01/2018 19:01
Date Of Accident	22/01/2018 11:45
Exact Location Of Accident	JALAN TEPONG INFRONT OF BLK 10 JALAN TEPONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ5674L
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NUR HIDAYAT BIN MASWARI
NRIC No	S9541779E
Email Address	MUHDNURHIDAYAT95@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86076921
Alternative Phone No	OTHERS-86076921

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ135-133CC (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
Fleet Policy	NO
Policy Number	5094252940
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NUR HIDAYAT BIN MASWARI
NRIC No	S9541779E
Date Of Birth	21/11/1995
Occupation	INDOOR
Date Of Driving Pass	13/10/2015
Driving Experience	2 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86076921
Fax Number	
Contact Number	OTHERS-86076921
Email Address	MUHDNURHIDAYAT95@GMAIL.COM

Address	BLK 183 YUNG SHENG ROAD #06-61
Postcode	610183
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	SIDE SWIPE
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	JURONG NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 158 YUNG LOH ROAD , POSTCODE: 610158 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2659999 - FAX NO: 62664987
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180122/2218

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	SLJ740C
Vehicle Make/Model/Colour	SSANGYONG TIVOLI XLV 1.6G
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NADARAJOO S/O ARUMUGAM
NRIC/Passport Number	S1131552F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD NUR HIDAYAT BIN MASWARI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FQ5674L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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: 30/01/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

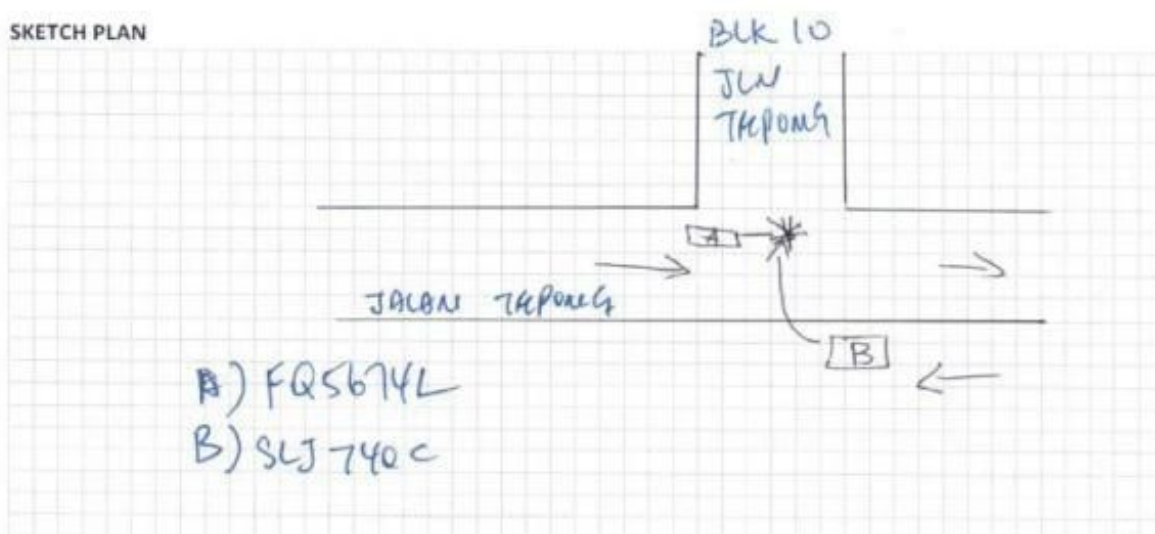
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/2018 01/22/22/18

DECLARATION

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

Policyholder's Signature _____
Date & Time: 30/01/2018

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

30/01/2018
Reporting Centre Personnel's Signature: *Roshni WAB*
Name:
NIC/FIN No.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180122/2218

1 of 4

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20180122/2218

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/01/2018 22:01		Vide Report No.: D/20180122/0046		Station Diary No.: 85	
Informant's Particulars					
Name of Informant: MUHAMMAD NUR HIDAYAT BIN ASWARI			Address: APT BLK 183 YUNG SHENG ROAD #06-61 SINGAPORE 610183		
ID Type / ID No.: NRIC NO / S9541779E			Contact No.: Home/Office: Mobile: 86076921		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 21/11/1995	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: COMMERICAL DRIVER			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/01/2018 11:45	Type of Location: Straight Road
Location: Along Road 1 JALAN TEPONG BLK 10 JALAN TEPONG				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ5674L	Motorcycle	YAMAHA	RXZ	Red	Seriously Damaged	0
SLJ740C	Car	SSANGYONG	TIVOLI XLV 1.6G 6AT 2WD ESP E4	Black	Seriously 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/20180122/2218

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No: T/20180122/2218

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FQ5674L	NTUC Income Insurance Co-Operative Limited	5094252940	15/09/2017	14/09/2018

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NUR HIDAYAT BIN MASWARI	ID No.	S9541779E
Related Vehicle	FQ5674L (Motorcycle)	Contact No.	86076921
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/01/2018	Date Discharge	22/01/2018
No. of Days granted Medical Leave	06	Degree of Injury	Slight
Driver			
Name	NADARAJOO S/O ARUMUGAM	ID No.	S1131552F
Related Vehicle	SLJ740C (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 the 22/01/2018 at about 1145hrs, I was travelling my vehicle, FQ5674L, along Jalan Tepong towards Jurong Port Rd. As I was approaching the junction into BP Singapore, a lorry, same lane and direction as me, made a signal asking said car to turn and hence, the said car proceeded to turn right. As I was going straight overtaking the said lorry from the left, I suddenly saw the said car, SLJ740C, from the opposite direction made a right turn and I did not managed to stop in time. Hence, the car front portion collided onto my right side. The collision caused my bike to be seriously damaged and the front of his vehicle to be damaged as well.

Subsequently, TP and ambulance were at scene and I was conveyed to Ng Teng Fong hospital which then was given 6 days of MC.

Sketch Plan #5



**SINGAPORE
POLICE FORCE**



T/20180122/2218

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Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

Report No. T/20180122/2218

CONTINUATION OF REPORT

Sketch Plan #6



SINGAPORE
POLICE FORCE



T/20180122/2218

Police Station Of Origin:
Jurong NPP
158 Yung Loh Road #01-58 SINGAPORE
610158
Tel No: 1800-2659999

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Report No. T/20180122/2218

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 1 CHEW WEI XIANG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
22/01/2018 22:01

Officer In Charge Of Case:
TP / GIT /
Sgt 2 MARIAH BINTE ZAKARIA
Contact No.: 65476433

Classification Of Case:

Authentication Stamp



SN 124

Signature:

Continuation of Report Form

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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