

## 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	02/02/2018 10:01
Date Of Accident	15/01/2018 21:30
Exact Location Of Accident	ALONG PUNGGOL FIELD RD TWDS TEBING LANE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB5270U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD IZAM BIN SHAMSUDIN
NRIC No	S8216552E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93767496
Alternative Phone No	OTHERS-93767496

### Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5095648600
Cover Note Number	

### Driver

Name of Driver	MUHD IZAM BIN SHAMSUDIN
NRIC No	S8216552E
Date Of Birth	27/05/1982
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93767496
Fax Number	
Contact Number	OTHERS-93767496
Email Address	NOEMAIL

Address	BLK 350 ANCHORVALE ROAD #09-141
Postcode	540350
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	
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	SENGKANG NPC
Police Station Address	<b>ROAD:</b> 2 SENGKANG SQUARE #01-02 , <b>POSTCODE:</b> 545025 , <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

PLS REFER TO THE POLICE REPORT: T/20180121/2111

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH RIDER
Was there any audio recorded?	NO

#### Details of Witness 1

Name	UNKNOWN
Phone Number	83888686
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP4466Z
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	MUHD IZAM BIN SHAMSUDIN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBB5270U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

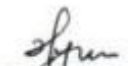
1. Please report correctly the details of the accident to speed up the claims process.
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6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving 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: 29/01/18

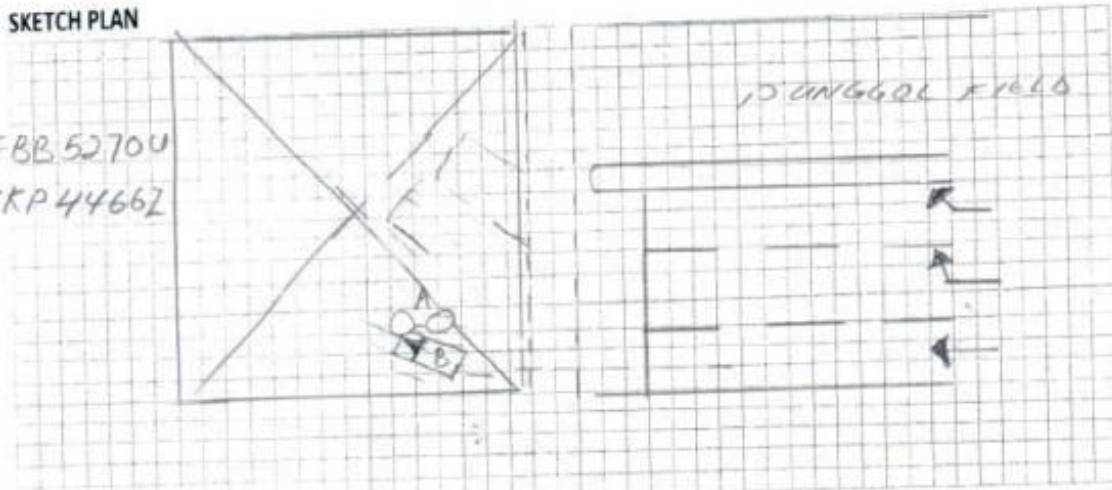
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name: 02/02/18  
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN

A - FBB5270U  
B - SKP4466Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180121/2111

## DECLARATION

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

*[Signature]* 29/01/18  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 02/02/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180121/2111

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE  
545025

Tel No: 1800-343 8999

2 of 3

Report No. T/20180121/2111

#### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD IZAM BIN SHAMSUDIN	ID No.	S8216552E
Related Vehicle	FBB5270U (Motorcycle)	Contact No.	93767496
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	15/01/2018	Date Discharge	15/01/2018
No. of Days granted Medical Leave	15	Degree of Injury	NIL

#### Brief Details.

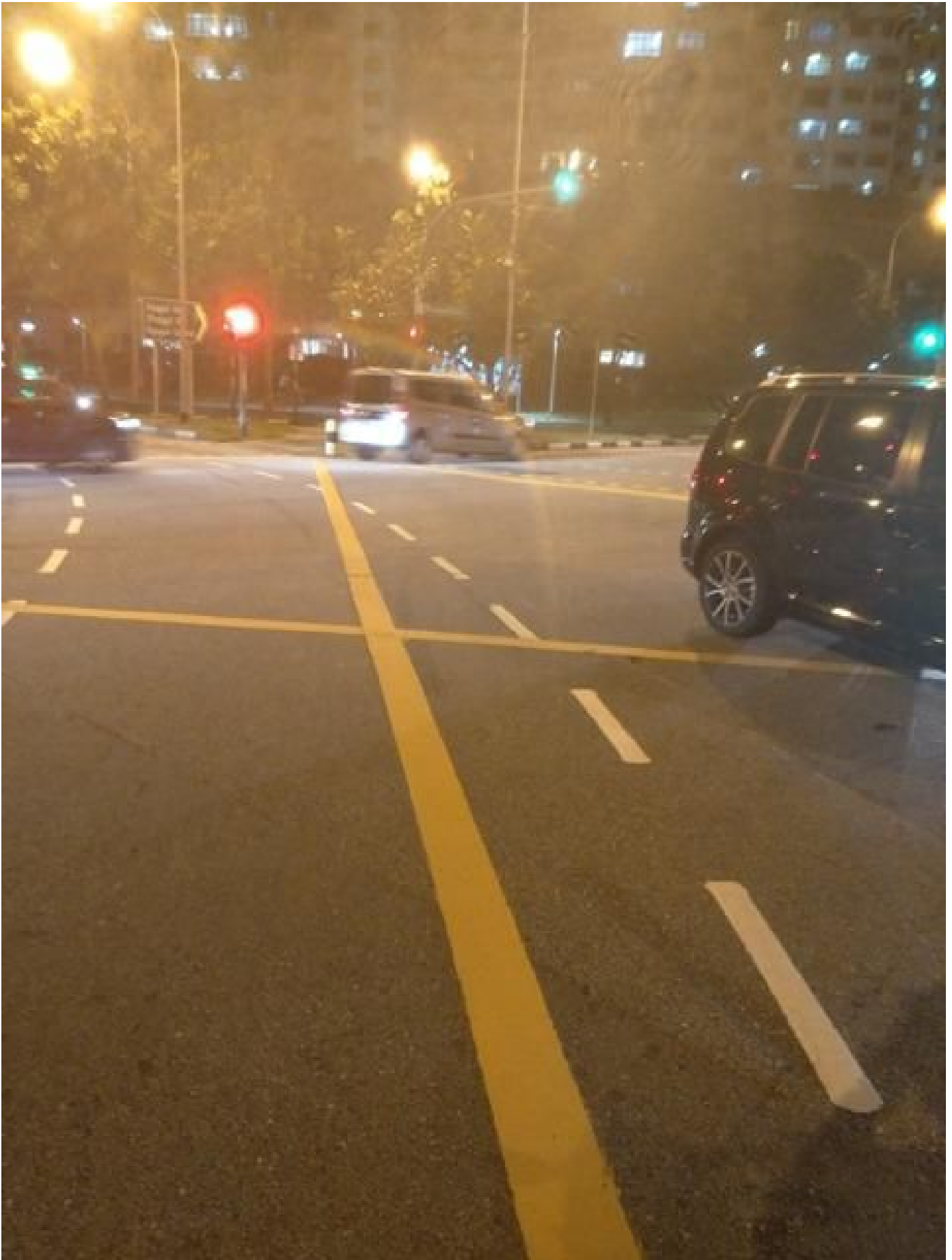
On 15/01/18 at about 9.30pm, I was riding my vehicle (FBB5270U) along Punggol Road heading towards Tebing Lane. While moving my vehicle on the lane markings between 2nd lane and third lane, I saw that the traffic light has turned green. Thus, it was in my favor to move my vehicle. Subsequently, I proceed to move ahead. While moving my vehicle, there was a vehicle (SKP4466Z) which was initially moving straight along the third lane made a sudden a lane change towards 2nd lane.

The said vehicle then bumped against the left side of my vehicle which caused me to fall off from my vehicle a few distance away along the pedestrian crossing. At that time, I was in pain and someone assisted to call for ambulance. There was also a Chinese guy (Unknown name) who claimed to be a witness gave me his contact number: 83888686 as he has a footage of the incident. We then exchanged contact numbers. Subsequently, I was then conveyed to the hospital. Due to the collision, I sustained a fracture on my left feet and suspected that there could be a crack in my left ribcage as I felt pain. As such, I am required to attend further review for my injuries. I was given medical leave from 15/01/18 till 29/01/18 under medical certificate number: EMD201810468. After the incident, I have also received several footages sent via "WhatsApp" from the witness of the footages. Thus, I will saved the footages for the Traffic Police investigation.

Accident Photo



Accident Photo

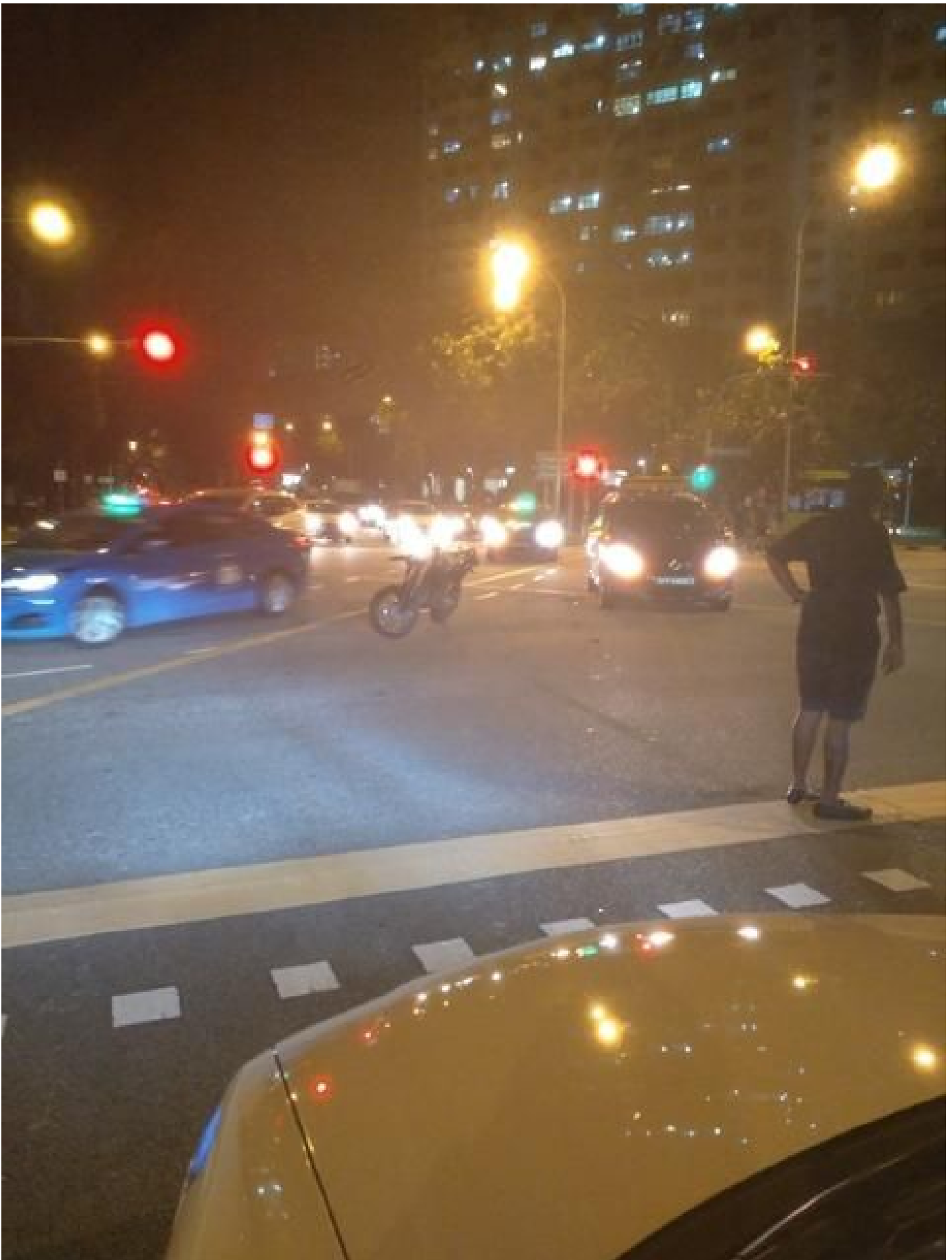




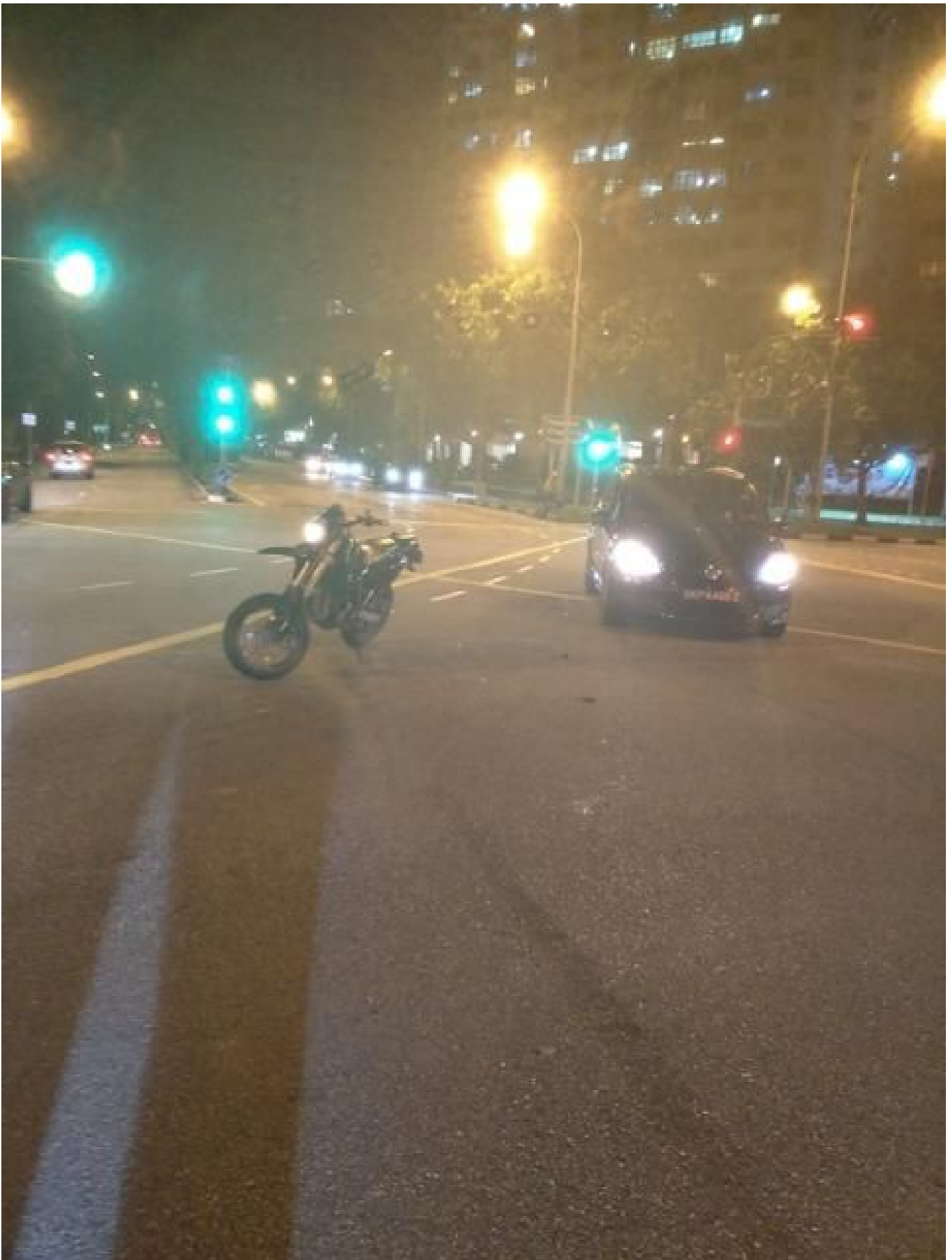
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Accident Photo



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/20180121/2111

Police Station Of Origin:  
Sengkang N.P.C  
2 Sengkang Square #01-02 SINGAPORE  
545025  
Tel No: 1800-343 8999

1 of 3

Report No. T/20180121/2111

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/01/2018 20:42		Vide Report No.:		Station Diary No.: 141
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD IZAM BIN SHAMSUDIN		Address: APT BLK 350 ANCHORVALE ROAD #09-141 SINGAPORE 540350		
ID Type / ID No.: NRIC NO / S8216552E		Contact No.: Home/Office: Mobile: 93767496		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 35	Date of Birth: 27/05/1982	Type of Informant: Rider	
Race: Malay		Language:	Institution / School Name:	
Occupation: Motorcycle delivery man		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: 15/01/2018 21:30	Type of Location: X-Junction
Location: Along Road 1 PUNGGOL ROAD				
Along Punggol Road towards Tebing Lane				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Light		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB5270U	Motorcycle	SUZUKI	DRZ400SMK 7	Black	Seriously Damaged	0
SKP4466Z	Car			Black		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB5270U	NTUC Income Insurance Co-Operative Limited	5095648600	06/11/2017	05/11/2018

# Police Report



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T/20180121/2111

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Report No. T/20180121/2111

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD IZAM BIN SHAMSUDIN	ID No.	S8216552E
Related Vehicle	FBB5270U (Motorcycle)	Contact No.	93767496
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	15/01/2018	Date Discharge	15/01/2018
No. of Days granted Medical Leave	15	Degree of Injury	NIL

### Brief Details.

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Police Report



SINGAPORE  
POLICE FORCE

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T/20180121/2111

3 of 3

Report No. T/20180121/2111

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:

F /  
Staff Sgt JULIANA BINTE JUMARI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
21/01/2018 20:42

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt NOR FAIZAL BIN YAHYA  
Contact No.: 65476202

Classification Of Case:

Authentication Stamp  
NP168



Signature:

SN 085

Singapore Police Force