

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 15:08
Date Of Accident	29/01/2018 19:30
Exact Location Of Accident	TAMPINES AVE 5 TWDS PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE8915H
Insured/Policyholder	
Name Of Registered Owner	MUHD SIDDIQ BIN NAHARUDIN
NRIC No	S8742419G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91734295
Alternative Phone No	OFFICE-91734295

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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	5093797995
Cover Note Number	

Driver

Name of Driver	ZURAIMI BIN NAHARUDIN
NRIC No	S7928649D
Date Of Birth	29/09/1979
Occupation	OUTDOOR
Date Of Driving Pass	27/01/2000
Driving Experience	18 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81127976
Fax Number	
Contact Number	OFFICE-81127976
Email Address	NOEMAIL

Address	BLK 102 BEDOK NORTH AVENUE 4 #03-2032
Postcode	460102
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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)	2
Passenger 1	NAME: : SAYKHA YUSUPOVA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180130/2090.

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	SLL3531J
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) 1

DETAILS OF INJURED PERSON 1

Name ZURAIMI BIN NAHARUDIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBE8915H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SAYKHA YUSUPOVA

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBE8915H

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident 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:



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

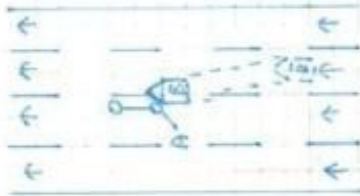


Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

Tumpines Ave S Toward PIE



A - FBE 8913 H

B - SLL 3531 J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report no. T/20180130/2090

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:

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180130/2090

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469576
Tel No: 1800-2449999

Report No: T/20180130/2090

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2018 15:23	Vide Report No.: G/20180129/0189	Station Diary No.: 55
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Informant's Particulars

Name of Informant: ZURAIMI BIN NAHARUDIN			Address: APT BLK 102 BEDOK NORTH AVENUE 4 #03-2032 SINGAPORE 460102		
ID Type / ID No.: NRIC NO / S7926648D			Contact No.: Home/Office: Mobile: 81127976		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 29/09/1979	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: VENUE MANAGER			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 5 TAMPINES AVENUE 5 TOWARDS PIE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE8915H	Motorcycle				Seriously Damaged	1
SLL3531J	Car					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE8915H	NTUC Income Insurance Co-Operative Limited	5083797995	28/08/2017	27/08/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180130/2090

2 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20180130/2090

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ZURAIMI BIN NAHARUDIN	ID No.	S7928649D
Related Vehicle	FBE8915H (Motorcycle)	Contact No.	81127976
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Pillion			
Name	SAYKHA YUSUPOVA	ID No.	S7787237Z
Related Vehicle	FBE8915H (Motorcycle)	Contact No.	98519390
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight

Brief Details.

On the 29/01/2018 at about 1930hrs, I was riding my motorcycle bearing registration number plate FBE 8915H along Tampines Avenue 5 towards PIE. There were 4 lanes and I was at the middle lane. As I was travelling that said lane, I was checking my blind spot on my right when I noticed there was a white colour car behind me. Suddenly, I felt that the car behind me made a sudden acceleration and had hit my motorcycle on the right. Due to the impact, I lost balance and my motorcycle fell to the right and it was dragged on the road surface. Both my pillion(wife) and myself also fell to the road surface.

I can only recall that I noticed the said white car had stop his car a bit further on the front first lane. I also recalled that police arrived at the accident location and attended to me and my wife. We were then conveyed to Changi General Hospital via ambulance.

I also wish to state that the driver of the white car bearing registration number plate SLL3531J came to me and asked what happened. At that point of time, I did not know it was him who was the said driver. I told him that I do not know, suddenly a white car hit me and I fell. He then told me that he was the white car driver and he did not hit me and that I was the one who fell on my own.

I also wish to state that as of now, I do not know how bad the damage to my motorcycle as it is now still with Traffic Police.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180130/2090

3 of 4

Police Station Of Origin:

Bedok North N.P.C

30 Bedok North Road SINGAPORE 486676

Tel No: 1800-2449999

Report No. T/20180130/2090

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20180130/2090

4 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 468676
Tel No: 1800-2446699

Report No. T/20180130/5060

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 65474886 stating the report number as reference.

Signature Of Officer Recording The Report:

G/

Staff Sgt HALIMATUS SA'DIAH BINTE ARIFFIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/01/2018 15:23

Officer In Charge Of Case:

TP / GIT /

Insp NORHIDAWATI BINTE AHMAD

Contact No.: 65476310

Classification Of Case:

Authentication Stamp
NP-58



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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