## 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aloresalu.	
	ACCIDENT STATEMENT
Date Of Report	26/01/2018 17:44
Date Of Accident	13/01/2018 16:35
Exact Location Of Accident	ALONG ROAD 1 BUKIT TIMAH ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL8163Z
Insured/Policyholder	
Name Of Registered Owner	UNIQUE MOTORSPORTS PTE LTD
Co Reg No	200907910H
Email Address	INSURANCE@UNIQUEMOTORSPORTS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62925578
Vehicle Particulars	
Manufacturer	TGB
Model	TGB EXPRESS 125
Exact Purpose for which vehicle was being used at time of accident	t .
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	YES
Policy Number	
Cover Note Number	

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Name of Driver MOHAMMAD FAUZI BIN ABDUL RAZAK

 NRIC No
 \$8107909I

 Date Of Birth
 10/03/1981

 Occupation
 OUTDOOR

 Date Of Driving Pass
 02/08/1999

Driving Experience 18 YEARS AND 5 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93362436

Fax Number
Contact Number

EMail Address NOEMAIL

Address BLK 266B PUNGGOL WAY #03-388

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured PAID DRIVER

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 RAINING
Road Surface WET

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

soliciting/offering accident claims assistance.

NO 1

Number of Passengers (Including Driver) **Details of Police Action** 

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name KAMPONG GLAM NEIGHBOURHOOD POLICE POST

YES

Police Station Address ROAD: 17A BEACH ROAD, POSTCODE: 199596, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-2989999 - **FAX NO**: 62936498

Was notice of intended Prosecution given? YES

If Yes, against whom? SKM3731E

**Circumstances of Accident** 

AS PER POLICE REPORT

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
SKM3731E

Vehicle Registration Number

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

Page 2 of 15

## No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

MOHAMMAD FAUZI BIN ABDUL RAZAK Name

Approximate Age

SORE ON THE RIGHT NECK RIGHT RIBS RIGHT HIPS SEVERE Injuries Sustain

ABRASION ON THE DORSAL

Injured person in which vehicle? FBL8163Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address BLK 266B PUNGGOL WAY #03-388

Postcode 822266

#### SKETCH PLAN

### IMPORTANT NOTICE

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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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 insurers) who nave 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) at the collective of the purpose of the
  - 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 enquirles 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 "Parmoses")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are perm'tted 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:
  - 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
  - [iii] for complying with requirements under any regulations, laws or court orders.

Driver's Signature

(If driver is not the policyholder)

Date & Time:

UNIQUE MOTORSPORTS PTE LTD
GST Reg. No. 200907910H
1 Kaki Bukit Avenue 6
#D2-54/55 Autobay @ Kaki Bukit
Singapore 417883

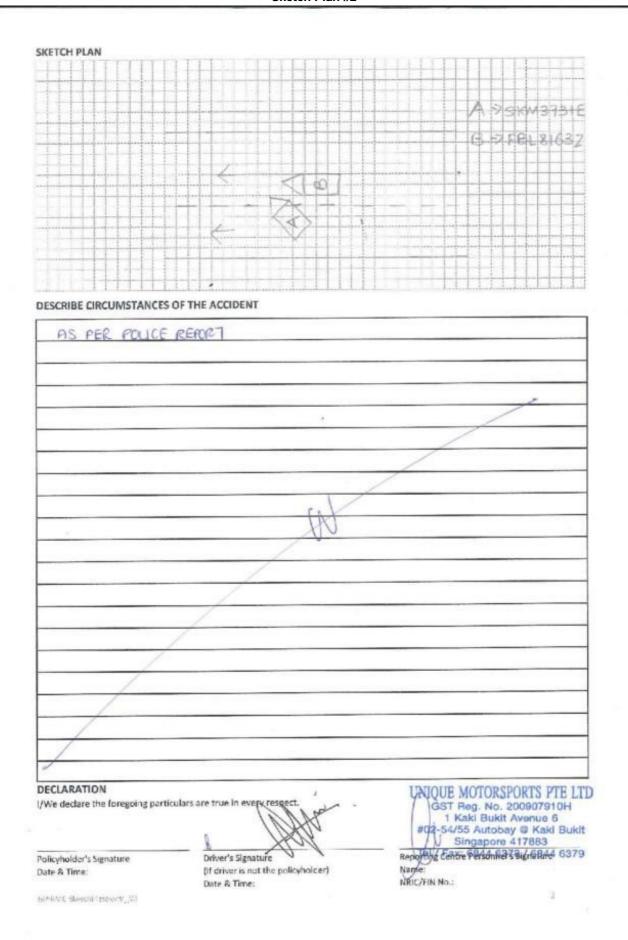
Repeting Centre Personnel's Signature

Name: NRIC/FIN No.:

SUBLINE Skytchi Introcur V

Policyholder's Signature

Date & Time:







Police Station Of Origin: Kampong Glam NPP 17A Beach Road SINGAPORE 199596 Tel No: 1800-2989999 1 of 3 Report No. T/20180117/2097

## REPORT OF A TRAFFIC ACCIDENT

	ne Report N 18 16:02	Aade:	Vide Report No.: Station Dis	
Informa	nt's Partice	ulars		
	Informant: MAD FAU2	ZI BIN ABDÚL	Address: APT BLK 266B PUNGGOL W 822266	/AY #03-388 SINGAPORE
	/ ID No.: D / S81079	091	Contact No.: Home/Office: Mobile: 93362436	
National SINGAP	ity: ORE CITIZ	EN	Email:	
Sex: Male	Age: 36	Date of Birth: 10/03/1981	Type of Informant: Rider	
Race: Malay		* in - processing in the second	Language:	Institution / School Name:
Occupat	ion: RY RIDER		Driving Licence Information: Class: 2B,2A.2,3	Date of Expiry:

Type of Accident:	Injury Conveyed By Ambul	Drink ance Drive: No	Date/Time of Accident: 13/01/2018 16:3	Type of Location Straight Road
Location: Along Road 1 BUKIT TIMAH along the first Weather:	I ROAD lane of Bukit Timah Road	in between Ev		
VYCERII CI.				Road Speed Limit:
		Wet		Road Speed Limit:
Drizzling Traffic Flow: One Way				Road Speed Limit:  Traffic Volume: Heavy

hicle Involved				
Туре	Make	Model Color	Condition	No of Passenger
Motorcycle				0
	Туре	Type Make	Type Make Model Color	Type Make Model Color Condition

Details of Person Involved	2. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



T/20180117/2097

Police Station Of Origin: Kampong Glam NPP 17A Beach Road SINGAPORE 199596 Tel No: 1800-2989999 2 of 3 Report No. T/20180117/2097

#### CONTINUATION OF REPORT

Name	MOHAMMAD FAUZI BIN ABDUL RAZAK		D No.		S8107909I	
Related Vehicle	FBL8163Z (Motorcycle)		Conta	ct No.	93362436	
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class Drivin Licens Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL	
Date Treatment	13/01/2018 Date Disc		harge	13/01	/2018	
No. of Days gran	ted Medical Leave	07	Degree o	finjury	NIL	

#### Brief Details.

On 13/01/18 at about 1637hrs, I was riding my company's blue motorcycle bearing the plate no: FBL8163Z(V1), along the first lane of Bukit Timah Road in between Evans road and Dalvey Estate. During that point of time, the traffic was heavy and it was drizzling, as such I am riding very slowly.

As I was riding on the first lane of Bukit Timah Road, there is a Red Mini Cooper(V2) from the second lane suddenly turned to the right into my lane without signalling. Therefore, I jammed my brake in order to avoid the collision. This resulted myself to skid on the floor subsequently. Shortly after, V2 stopped in front and came out and informed that he did not checked his blind spot before turning out. Both Traffic Police and Ambulance were activated as I had sustained injury. The injury as follows: Sore on the right neck, right ribs, right hips, severe abrasion on the dorsal (top surface of the foot) and abrasion on the right knee. I was then being conveyed by the Ambulance to Tan Tock Seng Hospital.

I wish to state that I have a potential witness that was driving the car bearing the plate no: SLF4757A behind my motorcycle. She did came out of her vehicle to make a check on me as well. I wish to also state that I do not have any in-built CCTV on my helmet and motorbike. I am unsure if the potential witness have any in-built CCTV installed in her car as well. That is all.





Police Station Of Origin: Kampong Glam NPP 17A Beach Road SINGAPORE 199596 Tel No: 1800-2989999 3 of 3 Report No. T/20180117/2097

CONTINUATION OF REPORT

# Sketch Plan

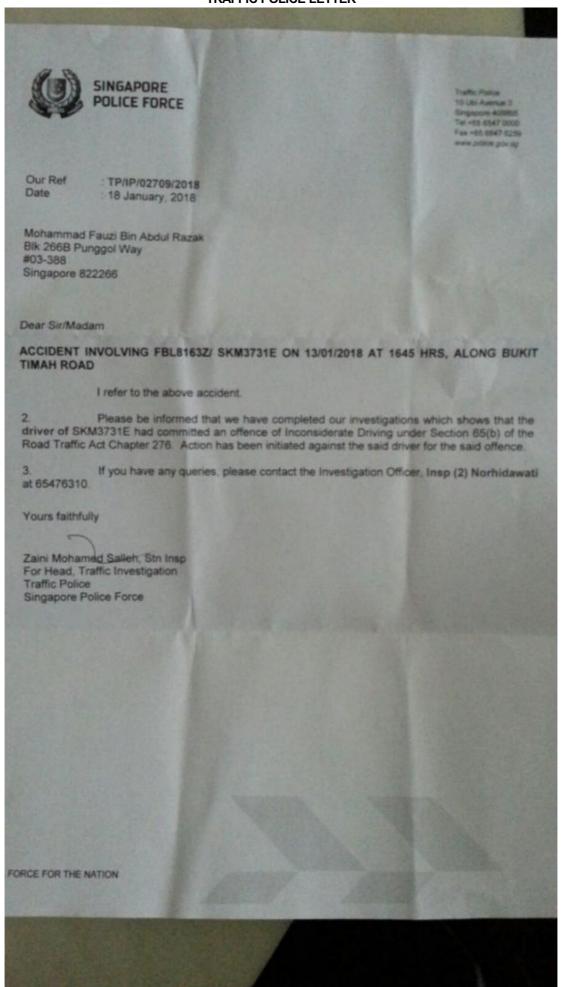
Singapore Police Force

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 85474885 stating the report number as reference.

Signature Of Informant:
Date/Time: 17/01/2018 16:02
Classification Of Case:

#### TRAFFIC POLICE LETTER



# **Accident Photo**







# **Accident Photo**



# **Accident Photo**



