

## 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	07/02/2018 14:34
Date Of Accident	06/02/2018 12:30
Exact Location Of Accident	ALONG ORCHARD ROAD TOWARDS SCOTTS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC4028E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NURAILDIL BIN ALI
NRIC No	S7735696G
Email Address	AIDILJUN@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96224675
Alternative Phone No	OTHERS-96224675

### Vehicle Particulars

Manufacturer	HONDA
Model	CBF150-149CC (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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5070047170-02
Cover Note Number	

### Driver

Name of Driver	NURAILDIL BIN ALI
NRIC No	S7735696G
Date Of Birth	21/11/1977
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1999
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96224675
Fax Number	
Contact Number	OTHERS-96224675
Email Address	AIDILJUN@YAHOO.COM.SG

Address	BLK 79A TOA PATOH CENTRAL #02-09
Postcode	311079
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 - OPENING DOOR OF VEHICLE
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?	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	BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 21 BUKIT BATOK EAST AVE 4 , <b>POSTCODE:</b> 659840 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-6659999 - <b>FAX NO:</b> 66655793
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180206/2148

#### 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	SKH2001L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SOMTHIDA WONGSANTATIVANICH
NRIC/Passport Number	S2196925G
Contact Number	98501237
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 2

**DETAILS OF INJURED PERSON 1**

Name NUR Aidil Bin Ali

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBC4028E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: 7 Feb 18

Driver's Signature

(If driver is not the policyholder)

Date & Time:

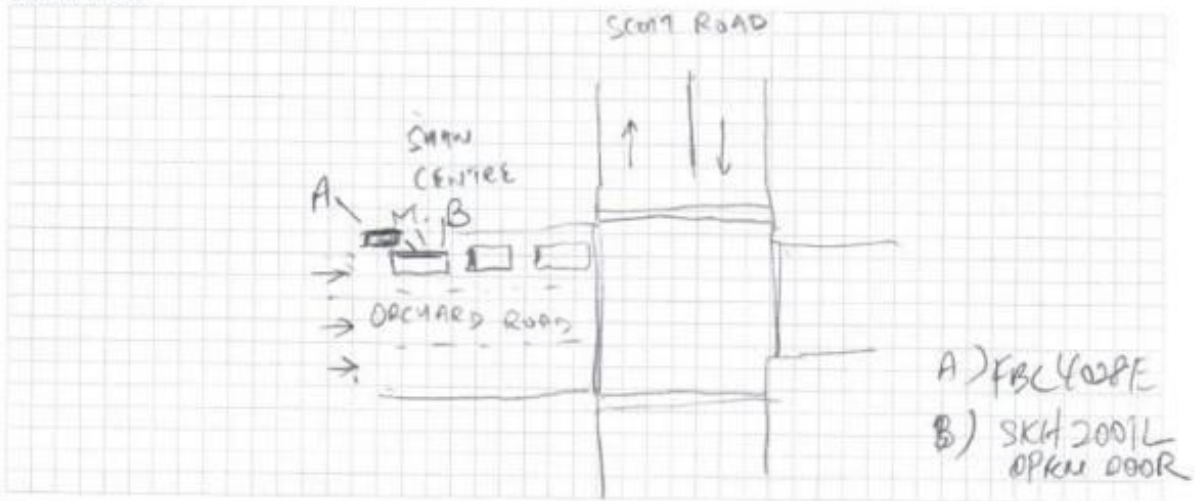
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten across the section:* PS REFER TO POLICE REPORT 1/29/80206/2148

## DECLARATION

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

*Signature*  
 Policyholder's Signature:  
 Date & Time: 7 Feb 18

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

*Signature* 07/02/2018  
 Reporting Centre Personnel's Signature  
 Name: Keshi W. H. H. B.  
 NRIC/FIN No.:

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## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180206/2148

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

1 of 3

Report No. T/20180206/2148

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 06/02/2018 18:55		Vide Report No.:	Station Diary No.: 74
<b>Informant's Particulars</b>			
Name of Informant: NURAIDIL BIN ALI		Address: APT BLK 79A TOA PAYOH CENTRAL #02-09 SINGAPORE 311079	
ID Type / ID No.: NRIC NO / S7735696G		Contact No.:	Mobile: 96224675
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 40	Date of Birth: 21/11/1977	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: ROAD ACCESS ADVISOR		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: 06/02/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 ORCHARD ROAD along Orchard Road toward Scotts Road				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC4028E	Motorcycle	HONDA	CBF150	Blue	Slightly Damaged	0
SKH2001L	Car			White	Slightly Damaged	1

**Details of Vehicle Insurance**

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC4028E	NTUC Income Insurance Co-Operative Limited	5070047170-02	28/02/2017	27/02/2018

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180206/2148

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

2 of 3

Report No. T/20180206/2148

## 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	NURAIDIL BIN ALI	ID No.	S7735696G
Related Vehicle	FBC4028E (Motorcycle)	Contact No.	96224675
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/02/2018	Date Discharge	06/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	SOMTHIDA WONGSANTATIVANICH	ID No.	S2196925G
Related Vehicle	SKH2001L (Car)	Contact No.	98501237
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 06/02/2018 at about 1230hrs, I was riding my motorcycle, V1) FBC4028E along Orchard Road toward Scotts Road at the most left lane. As the traffic light was red, a car, V2) SKH2001L in front of me was in a stationery position. I wanted to make a turn left, thus I slowly proceed to the left side of V2. Suddenly, the left rear passenger door of V2 opened and knocked against V1 causing me to had a fall..

No one else was injured except me. My right shoulder was dislocated and I suffered some minor abrasion. I then exchanged particular with V2's driver. My friend then came to scene to push V1 away and sent me to SGH for check up and was given 3 days of MC.

I do not have any video footages of the incident and I wished to state that V2 did not on hazard light when wanted to drop off passenger.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180206/2148

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

3 of 3

Report No. T/20180206/2148

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 2 TAN HUAY HOCK

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 YEO KIA HUAT

Contact No.: 65476325

Authentication Stamp

NP168

Singapore Police Force

Signature Of Informant:

Date/Time:

06/02/2018 18:55

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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