

## 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	09/02/2018 15:09
Date Of Accident	31/01/2018 13:40
Exact Location Of Accident	GUILLEMARD RD TWDS NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM1208U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ERADAT BIN HASHIM
NRIC No	S7207409B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87481972
Alternative Phone No	OFFICE-87481972

### Vehicle Particulars

Manufacturer	ADIVA
Model	AD3 200ST A 3 WHEELER
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096676779
Cover Note Number	

### Driver

Name of Driver	ERADAT BIN HASHIM
NRIC No	S7207409B
Date Of Birth	13/03/1972
Occupation	INDOOR
Date Of Driving Pass	25/10/2001
Driving Experience	16 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87481972
Fax Number	
Contact Number	OFFICE-87481972
Email Address	NOEMAIL

Address	BLK 28 CASSIA CRESCENT #03-26
Postcode	391028
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 - 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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MOUNTBATTEN NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 60 DAKOTA CRESCENT #01-213/ 215 , <b>POSTCODE:</b> 390060 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-3449999 - <b>FAX NO:</b> 64474185
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180209/2076.

#### 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	SLD6646D
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

ERADAT BIN HASHIM

Approximate Age

Injuries Sustain

WRIST (LEFT & RIGHT) BROKEN, RIBCAGE FRACTURE

Injured person in which vehicle?

FBM1208U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

Address

Postcode

### SKETCH PLAN

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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)**

(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.

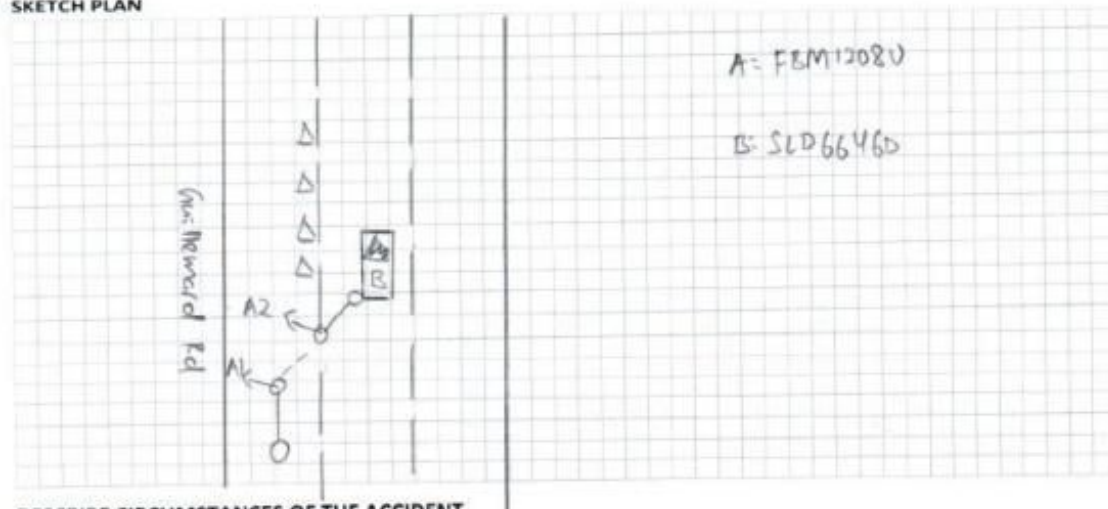
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

### Accident Sketch Plan

### SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180209/2076.

## 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/20180209/2076

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

1 of 3

Report No: T/20180209/2076

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/02/2018 13:27		Vide Report No.:	Station Diary No.: 22
<b>Informant's Particulars</b>			
Name of Informant: ERADAT BIN HASHIM		Address: APT BLK 28 CASSIA CRESCENT #03-26 SINGAPORE 391028	
ID Type / ID No.: NRIC NO / S7207409B		Contact No.: Home/Office: Mobile: 87481972	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 45	Date of Birth: 13/03/1972	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Audio Visual Specialist		Driving Licence Information: Class: Date of Expiry:	

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 31/01/2018 13:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 GUILLEMARD ROAD NICOLL HIGHWAY				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM1208U	Motorcycle	ADIVA	AD3 200ST A 3 WHEELER	White		0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM1208U	NTUC Income Insurance Co-Operative Limited	5096676779	12/12/2017	11/12/2018

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390060  
Tel No: 1800-3449999

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Report No. T/20180209/2076

### CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ERADAT BIN HASHIM	ID No.	S7207409B
Related Vehicle	FBM1208U (Motorcycle)	Contact No.	87481972
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/01/2018	Date Discharge	06/02/2018
No. of Days granted Medical Leave	16	Degree of Injury	NIL

### Brief Details.

On 31/1/18 at around 1340hrs, I was riding my vehicle roughly at 30-40km/hr along guillemard road at the most left lane. I notice a stationery lorry on the most left lane due to construction, the distance between me and the lorry is roughly 200m. I did my basic checking and proceed on filtering to the next lane on my right. When I entered the lane, I am not sure if the vehicle in front of me has been stationery for quite some time or the vehicle had just came to a stop. I could not brake in time at such the head of my vehicle had collided onto the vehicle. This causes me to fall to the left together with the bike and my leg was trapped. Some passerby assisted me until I was conveyed by ambulance.

Police Report



SINGAPORE  
POLICE FORCE



T/20180209/2076

Police Station Of Origin:  
Mountbatten NPP  
60 Dakota Crescent #01-213 SINGAPORE  
390060  
Tel No: 1800-3449999

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Report No. T/20180209/2076

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:  
G /  
Sgt 2 ONG JIN HONG

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
09/02/2018 13:27

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED  
ABDUL WAHID ALHINDUAN  
Contact No.: 65476394

Classification Of Case:

Authentication Stamp  
NP168





Medical Cert



MEDICAL CERTIFICATE

ORIGINAL

TTSH18031719

NAME: ERADAT BIN HASHIM

NRIC: S7207409B

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 16 day(s) from 01-Feb-2018 to 16-Feb-2018 inclusive


The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 01-Feb-2018 16:04 to 06-Feb-2018 16:56

06-Feb-2018  
Date

YII ZHENG-WEI (P0170B)  
Issued by

W11B  
Location

  
Signature

Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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