

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	27/02/2018 16:06
Date Of Accident	25/02/2018 07:30
Exact Location Of Accident	TPE TWDS CHANGI AFTER ENTER UPP CHANGI RD E
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FE5145K
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FAUZAN BIN MOHAMED RAHNA
NRIC No	S0572504F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97765230
Alternative Phone No	OTHERS-86533006

Vehicle Particulars

Manufacturer	VESPA
Model	PX20
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	5029333789-09
Cover Note Number	-

Driver

Name of Driver	MOHAMED FAUZAN BIN MOHAMED RAHNA
NRIC No	S0572504F
Date Of Birth	30/05/1948
Occupation	INDOOR
Date Of Driving Pass	17/10/1968
Driving Experience	49 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97765230
Fax Number	
Contact Number	OTHERS-86533006
E-Mail Address	NOEMAIL

Address	BLK 453 PASIR RIS DR 6 #03-226
Postcode	510453
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 - HEAD TO REAR
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5852999 - FAX NO: 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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

Vehicle Registration Number	SKH7109C
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	MOHAMED FAUZAN BIN MOHAMED RAHNA
Approximate Age	
Injuries Sustain	LEFT EYEBROW, CRACKED PART BELOW LEFT EYE, ABRASION BOTH KNUCKLES N BACK
Injured person in which vehicle?	FE5145K
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

A = FE 5145K
B = SKH 7109C

TPE tuvs changi after enter upp changi Rd E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

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/20180226/2210

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180226/2210

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2018 21:18	Vide Report No.:	Station Diary No.: 154
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Informant's Particulars			
Name of Informant: MOHAMED FAUZAN BIN MOHAMED RAHNA		Address: APT BLK 453 PASIR RIS DRIVE 6 #03-226 SINGAPORE 510453	
ID Type / ID No.: NRIC NO / S0572504F		Contact No.: Home/Office: 97765230 Mobile: 86533006	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 30/05/1948	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Retiree		Driving Licence Information: Class: 2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2018 07:30	Type of Location:
Location: TAMPINES EXPRESSWAY Towards Changi Airport just after entering Upper Changi Road East.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		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
FE5145K	Motorcycle	VESPA	PX20	Grey	Seriously Damaged	0
SKH7109C	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FE5145K	NTUC Income Insurance Co-Operative Limited	5029333789-09	12/06/2017	11/06/2018

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180226/2210

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20180226/2210

CONTINUATION OF REPORT

Brief Details.

On 25/02/2018 at about 0720hrs, I left house to go to my sister's place at Marine Parade. I had taken Loyang Avenue and then merged into TPE before going into Upper Changi Road East as I needed to later merge into PIE Tuas. Just as I enter Upper Changi Road East, I was on the left most lane when I suddenly felt something hit me from the rear before I lost control of my scooter and fell to the road. I then fainted and woke up at Changi General Hospital. I only realized that I was involved in an accident at about 0815hrs on the same day.

I was only informed by the doctor that a car, had collided into the back of my scooter. I was at the short stay unit until I was discharged on 26/02/2018 at 1100hrs. I declined medical leave as I thought that it is only for those who are working. I then went home. I wish to state that I received four stitches on my left eyebrow as the area was cracked together with the part below the left eye. I also suffered abrasion on both my knuckles and back.

I also went down to Traffic Police compound at Airport Road to take a look at my scooter and it was deemed to be seriously damage for me to not be able to ride it. The back had caved in and the side had came off.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180226/2210

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180226/2210

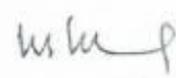
CONTINUATION OF REPORT

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/ Staff Sgt MUHAMMAD SHAHMEER BIN ABDUL REHMAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI TAN LEE HWANG DAWN Contact No.: 65476215

Signature Of Informant: 
Date/Time: 26/02/2018 21:18
Classification Of Case:

Authentication Stamp
NP168

 SINGAPORE POLICE FORCE


SIGNATURE

ORIGINAL

MEDICAL CERTIFICATE

SSU201839791

Name MOHAMED FAUZAN BIN MOHAMED, RAHNA		NRIC No. S0572504F
This is to certify that the above-named is unfit for duty for a period of <u>11</u> days from <u>25-Feb-2018</u> to <u>07-Mar-2018</u> inclusive.		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>25-Feb-2018</u>	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: <u>26-Feb-2018</u>	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments: The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Observational Medicine Changi General Hospital	Ward No. CGH-SSU Date 27-Feb-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  RSII SANTANDER MATANGUIHAN, 17834I

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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