

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	01/03/2018 17:18
Date Of Accident	01/03/2018 01:00
Exact Location Of Accident	JUNC PAYA LEBAR RD & PIE (CHANGI)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR8314B
Insured/Policyholder	
Name Of Registered Owner	MASWAN BIN MARDI
NRIC No	S7027550C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98199454
Alternative Phone No	OFFICE-98199454

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFXJ
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	5070008397-03
Cover Note Number	

Driver

Name of Driver	MASWAN BIN MARDI
NRIC No	S7027550C
Date Of Birth	11/08/1970
Occupation	INDOOR
Date Of Driving Pass	22/11/1994
Driving Experience	23 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98199454
Fax Number	
Contact Number	OFFICE-98199454
EEmail Address	NOEMAIL

Address	BLK 451 PASIR RIS DRIVE 6 #10-178
Postcode	510451
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 - CROSS JUNCTION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180301/2126.

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 Witness 1

Name	IRFAN APAT
Phone Number	98263377
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJN4728R
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 MASWAN BIN MARDI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FR8314B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 liability**.
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. 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:

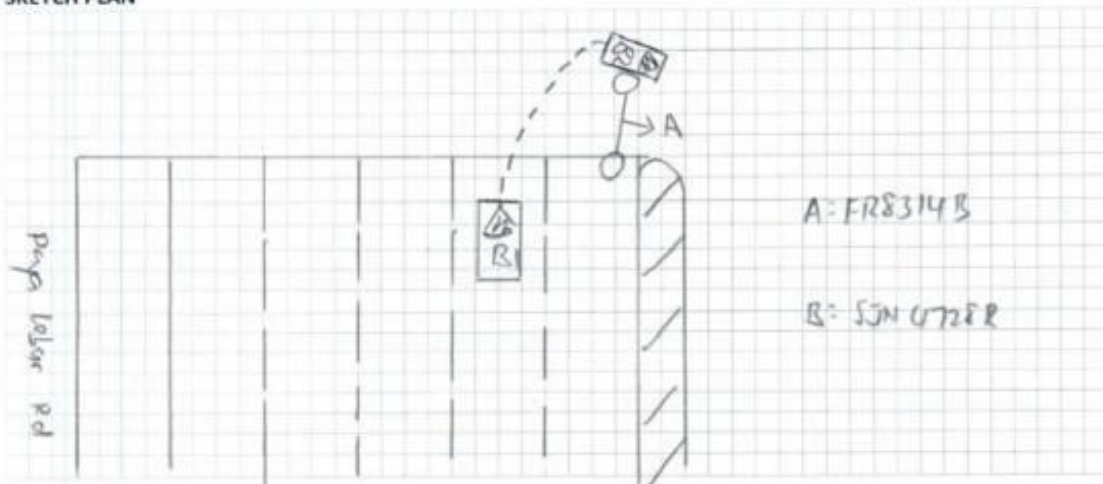
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180301/2126.

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/20180301/2126

1 of 4

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180301/2126

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/03/2018 16:52	Vide Report No.:	Station Diary No.:
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Informant's Particulars			
Name of Informant: MASWAN BIN MARDI		Address: APT BLK 451 PASIR RIS DR 6 #10-178 HDB-PASIR RIS SINGAPORE 510451	
ID Type / ID No.: NRIC NO / S7027550C		Contact No.: Home/Office: Mobile: 98199454	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 11/08/1970	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: Technician		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 01/03/2018 01:00	Type of Location: JUNCTION TO FLYOVER
Location: Junction of Road 1 and Road 2 PAYA LEBAR ROAD PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR8314B	Motorcycle	HONDA	CB400SFXJ	Black	Seriously Damaged	0
SJN4728R	Car	HONDA	STREAM 1.8L SUNROOF ALLOY	Black	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20180301/2126

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Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180301/2126

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FR8314B	NTUC Income Insurance Co-Operative Limited	5070008397-03	07/02/2018	06/02/2019

Details of Person Involved				
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA		
No. of Pedestrians Injured: NIL				
Rider				
Name	MASWAN BIN MARDI	ID No.	S7027550C	
Related Vehicle	FR8314B (Motorcycle)	Contact No.	98199454	
Hospital/Clinic	TAN LEE CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL	
Date Treatment	01/03/2018	Date Discharge	NIL	
No. of Days granted Medical Leave	02	Degree of Injury	NIL	
Driver				
Name	LIM BOON KEONG	ID No.	S8330833H	
Related Vehicle	NIL	Contact No.	90504628	
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 THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING ALONG PAYA LEBAR ROAD, ON MY WAY TO PIE AND ON THE FIRST LANE FROM THE RIGHT. THE TRAFFIC WAS LIGHT, WEATHER CLEAR AND THE ROADS WERE DRY. AS I WAS TURNING RIGHT, THE CAR BESIDE ME FORCED A U-TURN FROM THE 2ND LANE. WHEN HE MADE THE TURN, HE COLLIDED WITH MY BIKE CAUSING ME TO BE FLUNG OUT ONTO OPPOSITE ROAD.

AFTER THE COLLISION, I WAS STILL CONSCIOUS AND ABLE TO MOVE ABOUT. A PASSING MOTORCYCLIST HELPED ME MOVE MY VEHICLE TO THE SIDE AND OFFERED TO BE THE WITNESS FOR THIS INCIDENT. THE OTHER PARTY THEN CAME OVER TO TALK TO ME OFFERING A PRIVATE SETTLEMENT TO WHICH I REFUSED AND ADVISED HIM TO MAKE A POLICE REPORT.

I WISH TO STATE THAT I NOTICED THAT THE OTHER CAR'S FRONT LEFT TIRE WAS ALREADY

Police Report



**SINGAPORE
POLICE FORCE**



T/20180301/2126

3 of 4

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Report No. T/20180301/2126

CONTINUATION OF REPORT

DEFLATED BEFORE THE ACCIDENT HAPPENED. IT COULD NOT HAVE BEEN CAUSED BY THE ACCIDENT AS HE HIT ME WITH HIS RIGHT SIDE.

Police Report



SINGAPORE
POLICE FORCE



T/20180301/2126

4 of 4

Police Station Of Origin:
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Report No. T/20180301/2126

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:

TP /
ZENG ZI CONG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:

TP / GIT /
Staff Sgt SYED ZAYID MUHAMMAD BIN SYED
ABDUL WAHID ALHINDUAN
Contact No.: 65476394

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
01/03/2018 16:52

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: _____

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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