

## 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             | 05/03/2018 19:13                                 |
| Date Of Accident           | 28/02/2018 18:30                                 |
| Exact Location Of Accident | ALONG PUNGGOL RD OUTSIDE SHELL PETROL KIOSK EXIT |
| Country/State of Loss      | SINGAPORE  |

### DETAILS OF OWN VEHICLE

|                             |                                 |
|-----------------------------|---------------------------------|
| Vehicle Registration Number | FU629E                          |
| <b>Insured/Policyholder</b> |                                 |
| Name Of Registered Owner    | MUHAMMAD RIZEHAN BIN ABDUL GANI |
| NRIC No                     | S9746263A                       |
| Email Address               | ANTONIO97557@GMAIL.COM          |
| Mobile Phone No             | (LOCAL) +65-90147200            |
| Alternative Phone No        | OTHERS-90147200                 |

### Vehicle Particulars

|  |                     |
|--|---------------------|
| Manufacturer   | KAWASAKI            |
| Model  | KRR ZX150-148CC (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                            |
| Fleet Policy              | NO                                     |
| Policy Number             | 5095263643                             |
| Cover Note Number         |  |

### Driver

|                      |                                 |
|----------------------|---------------------------------|
| Name of Driver       | MUHAMMAD RIZEHAN BIN ABDUL GANI |
| NRIC No              | S9746263A                       |
| Date Of Birth        | 31/12/1997                      |
| Occupation           | INDOOR                          |
| Date Of Driving Pass | 13/10/2016                      |
| Driving Experience   | 1 YEAR AND 4 MONTHS             |
| Gender               | MALE                            |
| Mobile Number        | (LOCAL) +65-90147200            |
| Fax Number           |                                 |
| Contact Number       | OTHERS-90147200                 |
| Email Address        | ANTONIO97557@GMAIL.COM          |

|   |                                      |
|---|--------------------------------------|
| Address   | BLK 672B EDGEFIELD PLAINS<br>#10-549 |
| Postcode  | 822672                               |
| 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 | -<br>-<br>-                          |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                          |

#### 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                       | PUNGGOL N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 21A TEBING LANE , <b>POSTCODE:</b> 828837 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180301/2021

#### 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 | SHC836U           |
| Vehicle Make/Model/Colour   |                   |
| Details Of Properties       |                   |
| Vehicle Category            | TAXI              |
| Name of Driver              | CHENG TIANG KWANG |
| NRIC/Passport Number        | S1228348B         |
| Contact Number              |                   |
| Address                     |                   |
| Postcode                    |                   |
| Insurance Company Name      |                   |
| Nature Of Damage            |                   |

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

|   |                                 |
|---|---------------------------------|
| Name  | MUHAMMAD RIZEHAN BIN ABDUL GANI |
| Approximate Age                                     |                                 |
| Injuries Sustain                                    | SERIOUS INJURY                  |
| Injured person in which vehicle?                    | FU629E                          |
| Were seat belts worn?                               |                                 |
| Was this injured conveyed to hospital by ambulance? | YES                             |
| Address   |                                 |
| Postcode  |                                 |

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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.

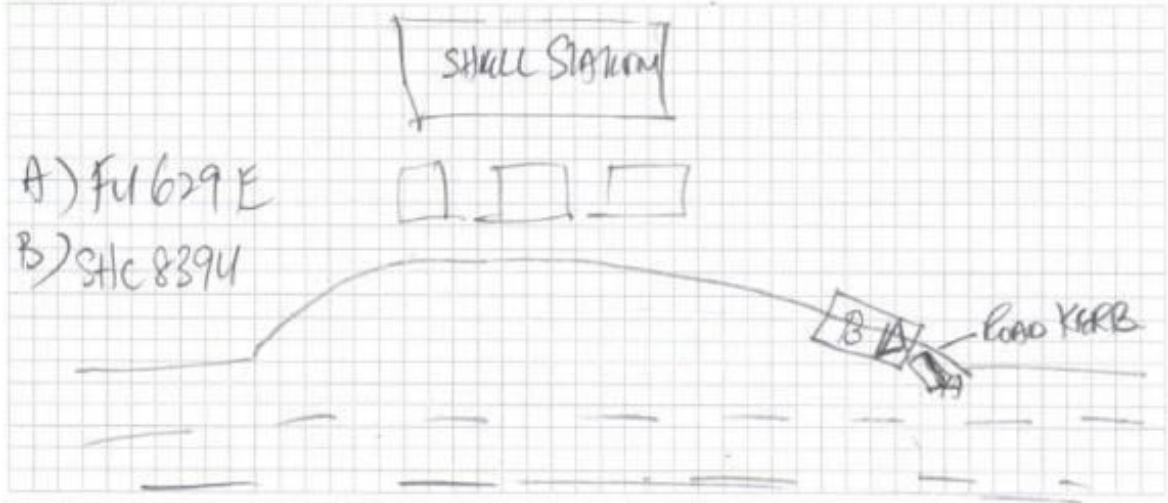
 05/03/18  
Policyholder's Signature  
Date & Time:

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

 05/03/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT*

*T/*

## DECLARATION

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

*h* 05/03/18

Policyholder's Signature  
Date & Time:

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

*m* 05/03/2018  
Reporting Centre Personnel's Signature  
Name: *Randi W...*  
NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180301/2021

Police Station Of Origin:  
Punggol N.P.C.  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

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Report No. T/20180301/2021

#### REPORT OF A TRAFFIC ACCIDENT

|  |                                     |                          |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made:<br>01/03/2018 10:06 | Vide Report No.:<br>F/20180228/0177 | Station Diary No.:<br>26 |
|--|-------------------------------------|--------------------------|

| Informant's Particulars                               |            |  |                             |
|---|------------|--|-----------------------------|
| Name of Informant:<br>MUHAMMAD RIZEHAN BIN ABDUL GANI |            | Address:<br>APT BLK 672B EDGEFIELD PLAINS #10-549 SINGAPORE 822672 |                             |
| ID Type / ID No.:<br>NRIC NO / S9746263A              |            | Contact No.:<br>Home/Office: Mobile: 90147200                      |                             |
| Nationality:<br>SINGAPORE CITIZEN                     |            | Email:   |                             |
| Sex:<br>Male  | Age:<br>20 | Date of Birth:<br>31/12/1997                                       | Type of Informant:<br>Rider |
| Race:<br>Boyanese                                     |            | Language:<br>English   | Institution / School Name:  |
| Occupation:<br>SAF NSF                                |            | Driving Licence Information:<br>Class: 2B Date of Expiry:          |                             |

#### General Information of the Accident

|  |                           |                                    |  |                                      |
|--|---------------------------|------------------------------------|--|--------------------------------------|
| Type of Accident:  | Injury Attended by Police | Drink Drive:<br>No                 | Date/Time of Accident:<br>28/02/2018 18:30 | Type of Location:<br>Bend            |
| Location:<br>Along Road 1<br>PUNGGOL ROAD                    |                           |                                    |  |                                      |
| Along Punggol Road outside of Shell Petrol kiosk exit        |                           |                                    |  |                                      |
| Weather:<br>Clear  |                           | Road Surface:<br>Dry               | Road Speed Limit:                          |                                      |
| Traffic Flow:  |                           | Traffic Control:<br>Not Controlled | Traffic Volume:<br>Heavy                   |                                      |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                           |                                    |  | Anyone conveyed by ambulance:<br>Yes |

#### Details of Vehicle Involved

| Vehicle No. | Type       | Make     | Model    | Color  | Condition | No of Passenger |
|-------------|------------|----------|----------|--------|-----------|-----------------|
| FU629E      | Motorcycle | KAWASAKI | KRRZX150 | Silver |           | 0               |
| SHC836U     | Car        |          |          |        |           | 0               |

#### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                          | Insurance No | Effective  | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FU629E      | NTUC Income Insurance Co-Operative Limited | 5095263643   | 26/10/2017 | 25/10/2018  |

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180301/2021

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

2 of 3

Report No: T/20180301/2021

## CONTINUATION OF REPORT

| Details of Person Involved        |                                 |  |                                   |
|-----------------------------------|---------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No       |                                 |  |                                   |
| No. of Pedestrians Injured: NIL   |                                 | Use of Pedestrian Crossing: NA         |                                   |
| Rider                             |                                 |  |                                   |
| Name                              | MUHAMMAD RIZEHAN BIN ABDUL GANI | ID No.                                 | S9746263A                         |
| Related Vehicle                   | FU629E (Motorcycle)             | Contact No.                            | 90147200                          |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL         | Class of Driving Licence & Expiry Date | Class: 2B<br>Date of Expiry: NIL  |
| Date Treatment                    | NIL                             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | 07                              | Degree of Injury                       | Serious                           |
| Driver                            |                                 |  |                                   |
| Name                              | Cheng Tiang Kwang               | ID No.                                 | S1228348B                         |
| Related Vehicle                   | SHC836U (Car)                   | Contact No.                            | NIL                               |
| Hospital/Clinic                   | NIL                             | Class of Driving Licence & Expiry Date | Class: NIL<br>Date of Expiry: NIL |
| Date Treatment                    | NIL                             | Date Discharge                         | NIL                               |
| No. of Days granted Medical Leave | NIL                             | Degree of Injury                       | NIL                               |

**Brief Details.**

On 28/02/2018 at about 1830hrs, I was at Shell Petrol Kiosk along Punggol Road riding my motorcycle FU629E. While I was about to exit Shell petrol kiosk, there was vehicle on the main road along Punggol Road, as such I came to a stop at the exit of Shell Petrol kiosk.

While I was stopping at the exit of Shell Petrol kiosk, I suddenly felt an impact from the rear and fell to the ground. I was conscious at that time, I turned back and look and noticed that there was a Citycab Taxi bearing registration plate number SHC836U which was behind my motorcycle which had mounted a kerb and hit onto my motorcycle. The taxi uncle only came to me saying sorry but did not help me call for an ambulance or help me get up.

Traffic Police and Ambulance was also at scene. I was then conveyed by ambulance to CGH and was given 7 days of medical leave. I suffered pain on the lower back area, left side of my body. The injuries caused me to be unable to walk properly.

# Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20180301/2021

Police Station Of Origin:  
Punggol N.P.C  
21A Tebing Lane SINGAPORE 828837  
Tel No: 1800-6049999

3 of 3

Report No. T/20180301/2021

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:

F /

Sgt 2 LIM JIN YEOW, BENNY

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

01/03/2018 10:06

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



## Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 - 17:00  
UEN: S965500200 / GST Reg. No.: M400017735

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

#### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MMA418031140 Vehicle Registration No: FU 629 E  
Name(as shown in NRIC) : MUHAMMAD RIZETTON NRIC/FIN/Passport No : S5746263 A  
(\*Vehicle Driver/ Vehicle Owner\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 90147200  
Email Address : \_\_\_\_\_  
Date of Accident : 28/08/2018 Time of Accident : 18:30  
Place of Accident : Alone's Road Road outside SHC Mall near Kiosk for 17  
Insurance Company: XIN L

#### (B) ADDITIONAL INFORMATION/AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

T/P Vehicle number from SHC 836 T To SHC 836 U  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

  
Reporting Centre Personnel's Signature  
Name: Rashid Yusoff  
NRIC/FIN No.: 06603/0018  
Date: