

## 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	07/03/2018 17:34
Date Of Accident	03/03/2018 13:00
Exact Location Of Accident	ALONG WEST COAST WALK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ2398G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SHAHEED BIN ABDUL MALIK
NRIC No	S9736463Z
Email Address	SHAHEED_246@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98501151
Alternative Phone No	OTHERS-98501151

### Vehicle Particulars

Manufacturer	HONDA
Model	CBR150R-150CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5093400666
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAHEED BIN ABDUL MALIK
NRIC No	S9736463Z
Date Of Birth	07/10/1997
Occupation	OUTDOOR
Date Of Driving Pass	25/07/2017
Driving Experience	0 YEAR AND 7 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98501151
Fax Number	
Contact Number	OTHERS-98501151
Email Address	SHAHEED_246@HOTMAIL.COM

Address	BLK 362 CLEMENTI AVENUE 2 #06-393
Postcode	120362
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 ON COLLISION
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?	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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180306/2173 (TYPE OF COLLISION IS HEAD TO SIDE)

#### 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	SLE4929B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAULUS IRWANTO HIDAYAT
NRIC/Passport Number	S2670316F
Contact Number	98766474
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD SHAHEED BIN ABDUL MALIK
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FZ2398G
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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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.

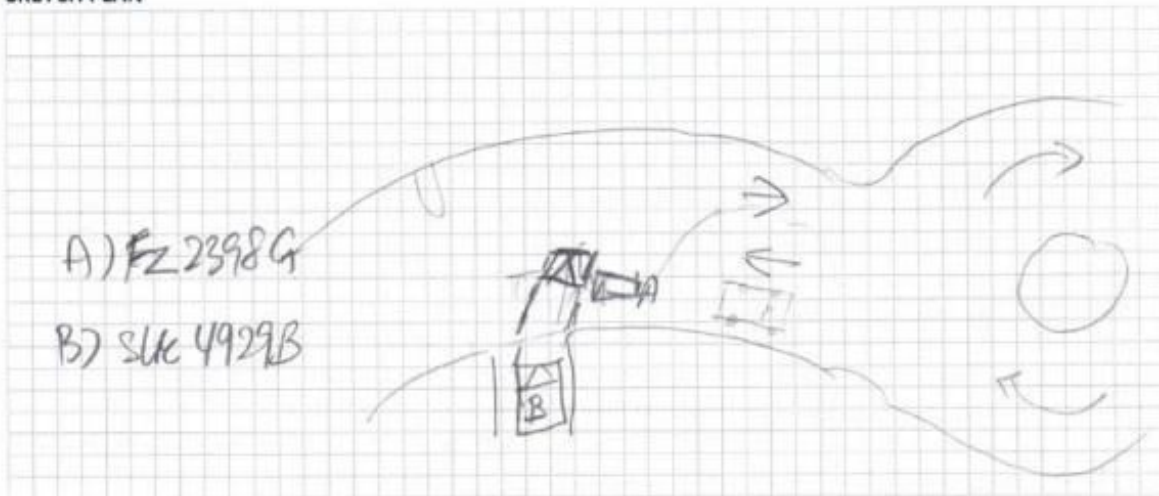
 07/03/2018  
Policyholder's Signature  
Date & Time:

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

 07/03/2018  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


Handwritten text across the section: "P.S. REFER TO POLICE REPORT 7/2018 0306/2173"

### DECLARATION

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

 07/03/2018  
Policyholder's Signature  
Date & Time:

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

 08/03/2018  
Reporting Centre Personnel's Signature  
Name: ROSLI WARTAM  
NRIC/FIN No.:



### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180306/2173

1 of 4

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180306/2173

#### REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/03/2018 19:05		Vide Report No.:		Station Diary No.: 148
<b>Informant's Particulars</b>				
Name of Informant: MUHAMMAD SHAHEED BIN ABDUL MALIK		Address: APT BLK 362 CLEMENTI AVENUE 2 #06-393 SINGAPORE 120362		
ID Type / ID No.: NRIC NO / S9736463Z		Contact No.: Home/Office:		Mobile: 98501151
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 20	Date of Birth: 07/10/1997	Type of Informant: Rider	
Race: Indian		Language: English	Institution / School Name: SINGAPORE POLYTECHNIC	
Occupation: Student		Driving Licence Information: Class: 2B,3		Date of Expiry:

#### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/03/2018 13:00	Type of Location: Bend
Location: Along Road 1 WEST COAST WALK				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

#### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ2398G	Motorcycle	HONDA	CBR150R M	Grey	Seriously Damaged	0
SLE4929B	Car				Slightly Damaged	0

#### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ2398G	NTUC Income Insurance Co-Operative Limited	5093400666	12/08/2017	11/08/2018

# Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20180306/2173

2 of 4

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999

Report No. T/20180306/2173

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD SHAHEED BIN ABDUL MALIK	ID No.	S9736463Z
Related Vehicle	FZ2398G (Motorcycle)	Contact No.	98501151
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/03/2018	Date Discharge	06/03/2018
No. of Days granted Medical Leave	13	Degree of Injury	Slight
<b>Driver</b>			
Name	PAULUS IRWANTO HIDAJAT	ID No.	S2670316F
Related Vehicle	SLE4929B (Car)	Contact No.	98766474
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 03/03/2018 at about 1300hrs, I was riding along West Coast Walk towards West Coast Road. As the car which is in front of me stop, I then overtake the said car. Out of a sudden, a car appeared right in front of me. I had no time to apply emergency brake and collided into the right side of the said car.

At that point of time, I suffered strains on my neck and suffer several scratches on my arms. The said driver assisted me and we exchanged particulars. Both of us agreed on a private settlement.

On 05/03/2018, I then engaged a tow truck to send my motorcycle to a workshop to give me a quotation on the cost of the repairs. Once I received the quotation, I then called the driver who then informed that he could not afford for to pay for the repair. He could only afford to pay S\$300/- which I rejected.

On 06/03/2018, I went to NTFGH where I was given 13 days of MC and I suffered a hairline fracture on my collarbone.

I have decided to claim from the other party's insurance.

**Sketch Plan #5**



**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999



T/20180306/2173

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Report No. T/20180306/2173

**CONTINUATION OF REPORT**



Sketch Plan #6



SINGAPORE  
POLICE FORCE

Police Station Of Origin:  
Clementi N.P.C  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No: 1800-8729999



T/20180306/2173

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Report No. T/20180306/2173

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:

D /

Sgt 2 MUHAMMAD SYAHMI BIN SENIN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Signature Of Informant:

Date/Time:

06/03/2018 19:05

Classification Of Case:

Authentication Stamp

NP188

SINGAPORE  
POLICE FORCE

SN 37

SIGNATURE

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



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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: S66550020G / 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 : MA400032270 Vehicle Registration No: F22888G  
Name (as shown in NRIC) : MUHAMMAD SHAHID NRIC/FIN/Passport No : S97364632  
(\*Vehicle Driver/Vehicle Owner\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No. : 98501151  
Email Address : \_\_\_\_\_  
Date of Accident : 03/03/2018 Time of Accident : 13:00  
Place of Accident : Along West Coast Walk  
Insurance Company : NIC

#### (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:

To Insure Injury Personal

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rashid W. H. M. A. B.  
NRIC/FIN No.: 07/03/2018  
Date: