

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	12/03/2018 12:26
Date Of Accident	09/03/2018 19:35
Exact Location Of Accident	TAMPINES AVE 5 INFRONT OUR TAMPINES HUB
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX5429S
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZHAFIR BIN MUHAMMAD NAZAR
NRIC No	S9228123Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90070721
Alternative Phone No	OFFICE-90070721

Vehicle Particulars

Manufacturer	HONDA
Model	CB400 SF2J 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5083743510-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL
NRIC No	S9345216Z
Date Of Birth	29/11/1993
Occupation	INDOOR
Date Of Driving Pass	06/11/2017
Driving Experience	0 YEAR AND 4 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90070721
Fax Number	
Contact Number	OFFICE-90070721
Email Address	NOEMAIL

Address	BLK 317 TAMPINES STREET 33 #04-58
Postcode	520317
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	TAMPINES EAST NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 263 TAMPINES STREET 21 #01-128 , POSTCODE: 520263 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7839999 - FAX NO: 67832500
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180309/2194.

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	SLV1999D
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	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FX5429S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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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.

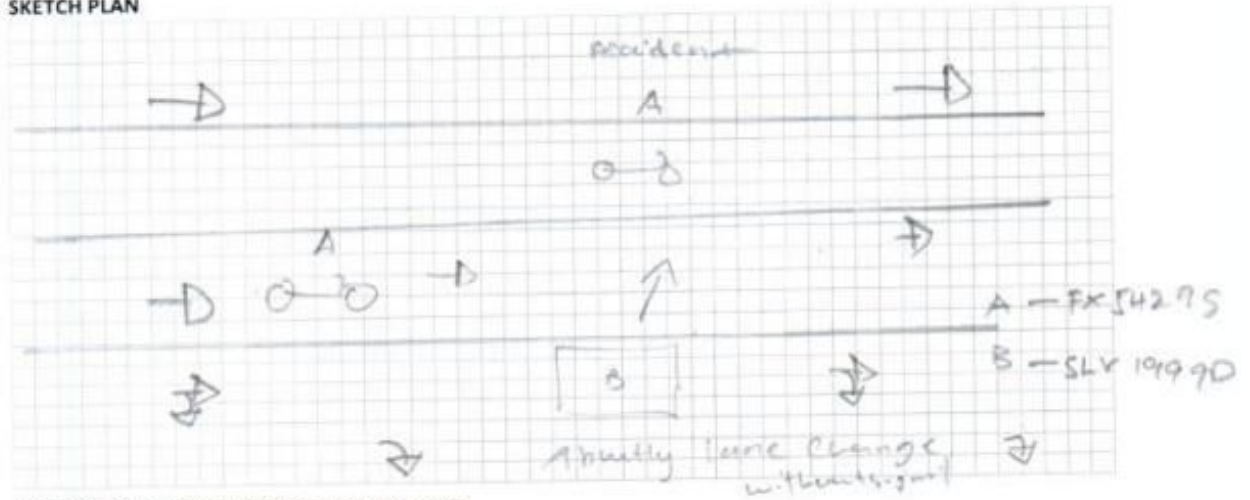
Policyholder's Signature
Date & Time:


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

Pls Refer to the Police Report
T/20180309/2194

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 Person's Signature
Name:
NRIC/FIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180309/2194

1 of 3

Report No. T/20180309/2194

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 09/03/2018 22:01	Vide Report No.:	Station Diary No.: 63
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Informant's Particulars

Name of Informant: MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL	Address: APT BLK 317 TAMPINES STREET 33 #04-58 SINGAPORE 520317
ID Type / ID No.: NRIC NO / S9345216Z	Contact No.: Home/Office: Mobile: 90070721
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 24 Date of Birth: 29/11/1993	Type of Informant: Rider
Race: Indian	Language: Institution / School Name:
Occupation: NATIONAL SERVICEMAN	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: 09/03/2018 19:35	Type of Location: Straight Road
Location: Along Road 1 TAMPINES AVENUE 5				
Along Tampines Ave 5 in front of Our Tampines Hub				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX5429S	Motorcycle				Totally Damaged	0
SLV1999D	Car				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



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T/20180309/2194

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

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Report No. T/20180309/2194

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SHAMIL BIN MOHAMAD IQHBAL	ID No.	S9345216Z
Related Vehicle	FX5429S (Motorcycle)	Contact No.	90070721
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	SUuWanQi	ID No.	S8413120B
Related Vehicle	SLV1999D (Car)	Contact No.	96488111
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 09/03/2018 at about 1930hrs I was travelling along tampines ave 5 towards tampines ave 10 on the 2nd lane on my motorcycle, FX5429S. A vehicle, SLV1999D abruptly cut in front of me without signaling. She then applied emergency brake. I could not stop in time and tried to swerve to the left and hit onto the left rear of her vehicle. I fell onto the ground, got up and walk over to her vehicle and she told me to wait as she moved her vehicle to the side of the road.

She then told me that in front of her was a van and the van did a emergency brake thus she had to do so also. I confronted her about her changing her lanes without signaling and she denied the claim. I called for ambulance which arrived shortly together with traffic police.

My motorcycle was towed to the nearest carpark as it totally could not start.. I suffered abrasion, swelling and deep cuts on my right arms and slight abrasion on my left knee. The ambulance gave me dressing I was not conveyed. The opposite party was not injured at the point of accident. Her vehicle suffered, dent on the left rear bumper and back lights broken.

There was a male passerby who was standing near to the smoking corner in front of Tampines Hub, I went forward made a check if he saw the incident and he said yes and he was willing to be my witness. He left me a number, HP:96407373. I did not manage to get his name.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180309/2194

3 of 3

Report No. T/20180309/2194

Police Station Of Origin:
Tampines East NPP
263 Tampines Street 21 #01-138
SINGAPORE 520263
Tel No: 1800-7839999

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 ANABELLE TEY SOO LIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt IRMAN BIN MOHAMAD SAID
Contact No.: 65476365

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
09/03/2018 22:01

Classification Of Case:



SIGNATURE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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