

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	19/03/2018 14:19
Date Of Accident	18/03/2018 13:55
Exact Location Of Accident	PIE (CHANGI) AFTER CTE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7274D
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN TAHAR
NRIC No	S9112898E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94338134
Alternative Phone No	OFFICE-94338134

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
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	REPORTING ONLY
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	5089910640
Cover Note Number	

Driver

Name of Driver	MUHAMMAD TAHFIZ BIN TAHAR
NRIC No	S9820228E
Date Of Birth	27/06/1998
Occupation	INDOOR
Date Of Driving Pass	22/03/2017
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-92220463
Fax Number	
Contact Number	OFFICE-92220463
Email Address	NOEMAIL

Address	BLK 352 UBI AVENUE 1 #06-985
Postcode	400352
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180319/2078.

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	SLH3299B
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 TAHFIZ BIN TAHAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ7274D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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

Handwritten sketch plan on a grid background. The sketch shows a vertical line representing a road. On the left side of the road, there is a box labeled 'B' with a car icon inside. An arrow points from the box towards the right side of the road, labeled 'A'. To the left of the box, the text '(b) (b) 31d' is written vertically. To the right of the road, the following text is written:

A: FB57274D
B: SLA 3299B


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180319/2078.

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/20180319/2078

1 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180319/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 13:47	Vide Report No.:	Station Diary No.: 23
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Informant's Particulars

Name of Informant: MUHAMMAD TAHFIZ BIN TAHAR			Address: APT BLK 352 UBI AVENUE 1 #06-985 SINGAPORE 400352		
ID Type / ID No.: NRIC NO / S9820228E			Contact No.: Home/Office: Mobile: 92220463		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 27/06/1998	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name: TEMASEK POLYTECHNIC	
Occupation: Student			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

General Information of the Incident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 18/03/2018 13:55	Type of Location: EXPRESSWAY
Location: Along Road 1 Traveling Toward Road 2 CENTRAL EXPRESSWAY PAN ISLAND EXPRESSWAY CTE(CITY) TOWARDS PIE(CHANGI) Lamp Post Number: 654F				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBJ7274D	Motorcycle				Seriously Damaged	0
SLH3299B	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7274D	NTUC Income Insurance Co-Operative Limited	5089910640	07/04/2017	05/04/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180319/2078

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Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180319/2078

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD TAHFIZ BIN TAHAR	ID No.	S9820228E
Related Vehicle	FBJ7274D (Motorcycle)	Contact No.	92220463
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/03/2018	Date Discharge	18/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	KANEASAMI	ID No.	S7087867D
Related Vehicle	SLH3299B (Car)	Contact No.	85002416
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 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 travelling from CTE(CITY) exiting towards PIE(CHANGI) on the fifth lane. The traffic was congested at that point of time as such I was travelling at a slow speed behind a vehicle (SLH3299B). While travelling, I intended to switch to the fourth lane subsequently I checked my right side mirror and my blindspot before switching lane. As I was checking my blindspot, I did not realise that the vehicle in front had slow down as such the moment I turned to face front, I did not manage to brake in time. My front side vehicle hit onto the back left bumper of the said vehicle. I sustained light bruises on my right leg, pain on the right shoulder. No police came to scene. I was not conveyed by ambulance. I went to Changi General Hospital for my injuries and was given 3 days of MC.

While discussing with the vehicle owner, I proceed to my vehicle to check on my vehicle damages and I spotted one vehicle stopped directly behind my vehicle on the road shoulder and the passenger of the said vehicle came out to talk to us about his company with directing of insurance claiming and towing of vehicle. I was given his name card as written below;

M-GARAGE (24hrs service)
Ken Lim (+6592317941)

I overheard the vehicle owner that I had hit on made an agreement with them however I was unsure of what they had agreed on. Subsequently while waiting for my brother to come over to my aid, both the said vehicle and the vehicle(SLH3299B) drove off.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180319/2078

3 of 4

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9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180319/2078

CONTINUATION OF REPORT

I wish to state that I am lodging the report for insurance claiming purposes.

Police Report



SINGAPORE
POLICE FORCE



T/20180319/2078

4 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180319/2078

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 IRSYAD BIN ABDUL
KADER

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/03/2018 13:47

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE

Medical Cert

ORIGINAL

MEDICAL CERTIFICATE

EMD201852949

Name MUHAMMAD TAHFIZ BIN TAHAR		NRIC No. S9820228E
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>18-Mar-2018</u> to <u>20-Mar-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<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 Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 18-Mar-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  LIM HUI PHENG , 05365A

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

