

## 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	16/03/2018 09:39
Date Of Accident	14/03/2018 00:15
Exact Location Of Accident	JLN TENTERAM TWDS JLN BAHAGIA NEAR C/P ENT BLK 20
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL7432D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NTUC INCOME INSURANCE CO-OPERATIVE LIMITED
Co Reg No	S97CS0162D
Email Address	MUHAMMAD.SHAFIQ@INCOME.COM.SG
Mobile Phone No	(LOCAL) +65-98568836
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	SYM
Model	MAXSYM 400I-400CC
Exact Purpose for which vehicle was being used at time of accident	WORK
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5050486199-06
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SHAFIQ BIN IBRAHIM
NRIC No	S9220829Z
Date Of Birth	23/06/1992
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2012
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98568836
Fax Number	
Contact Number	
EEmail Address	MUHAMMAD.SHAFIQ@INCOME.COM.SG

Address	BLK 516 JELAPANG RD #01-251
Postcode	670516
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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?	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	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 SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	ADVISED OI TO SUBMIT TO MOTOR CLAIMS EMAIL
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC1446E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	GOH MIAH CHIAH
NRIC/Passport Number	S1497306J
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SHAFIQ BIN IBRAHIM
Approximate Age	26
Injuries Sustain	
Injured person in which vehicle?	FBL7432D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## 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.

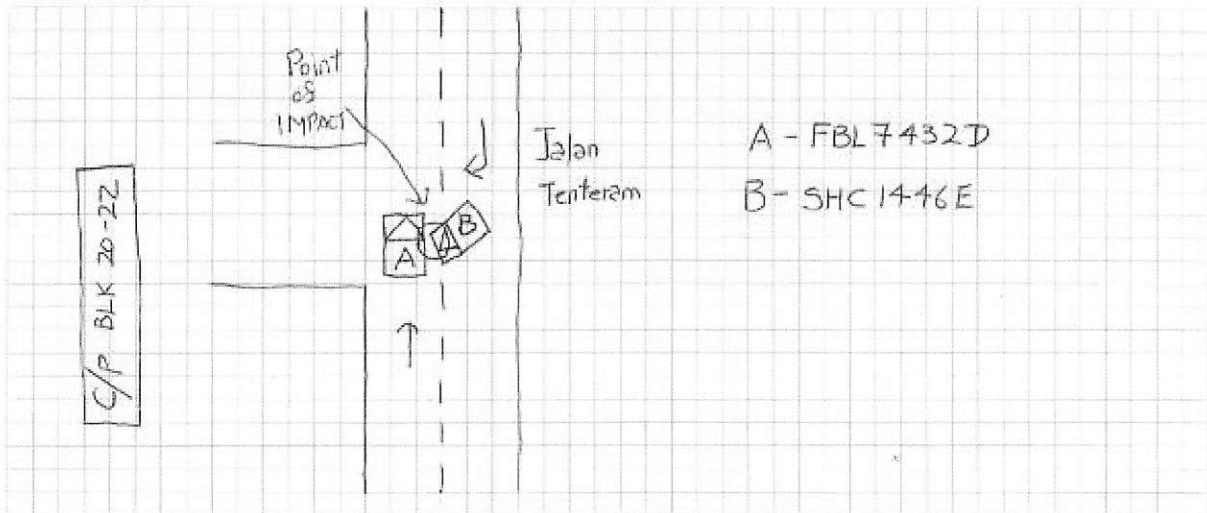
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 15/03/18  
1545HRS

  
Reporting Centre Personnel's Signature  
Name: VINCENT  
NRIC/FIN No.: S991138

# Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Report No T/20180315/7007

## 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: 15/03/18  
1550HRS

Reporting Centre Personnel's Signature  
Name: VINCENT  
NRIC/FIN No.: 5991138

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180315/7007

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

1 of 3

Report No: T/20180315/7007

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 15/03/2018 13:26		Vide Report No: E/20180314/0005		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD SHAFIQ BIN IBRAHIM			Address: APT BLK 516 JELAPANG RD #21-251 SINGAPORE 570516		
ID Type / ID No.: NRIC NO / S92206292			Contact No.: Home/Office: Mobile: 98588538		
Nationality: SINGAPORE CITIZEN			Email: sharicks@hotmail.com		
Sex: Male	Age: 25	Date of Birth: 23/05/1992	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Other insurance representatives			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/03/2018 00:15	Type of Location: Straight Road
Location:  JALAN TENTERAM  Jalan Tenteram towards Jalan Bahagia near carpark entrance of Blk 20-22 Jalan Tenteram				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBL7432D	Motorcycle	SYM	MaxSym 400i	Orange		0
SHC144EE	Car	TOYOTA	PRIUS	Blue		0

<b>Details of Vehicle Insurance</b>				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7432D	NTUC Income Insurance Co-Operative Limited			



## Police Report



**SINGAPORE  
POLICE FORCE**



T201803157007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408855  
Tel No: 65470000

2 of 3

Report No: T201803157007

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD SHAFIQ BIN IBRAHIM	ID No.	S9220829Z
Related Vehicle	FBL7432D (Motorcycle)	Contact No.	98566836
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	14/03/2018	Date Discharge	14/03/2018
No. of Days granted Medical Leave	31	Degree of Injury	Slight
<b>Driver</b>			
Name	GOH MIAH CHIAH	ID No.	S1497305J
Related Vehicle	SHC1446E (Car)	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details:

I was travelling along Jalan Tentaram towards Jalan Bahagia and when I was approaching near the carpark entrance of Blk 20-22 Jalan Tentaram, a taxi SHC1446E, from the opposite direction suddenly made a right turn towards the carpark entrance and collided onto my right side. I was conveyed to TTSH due to my injury. The taxi driver had also admitted liability at scene and there was an eyewitness, Muhammad Nurwan Bin Mazlan @ 86611344.

Police Report



**SINGAPORE  
POLICE FORCE**



T1201803157007

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 85470000

3 of 3

Report No: T1201803157007

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
LEE GUANG HUI  
Contact No: 85478138

Authentication Stamp  
NF165

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
15/03/2018 13:28

Classification Of Case: