

## 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	21/03/2018 15:38
Date Of Accident	19/03/2018 12:30
Exact Location Of Accident	ALONG SIXTH AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE7072X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD RIDZUAN BIN ISHAK
NRIC No	S9417592E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90065007
Alternative Phone No	OFFICE-90065007

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	5098589751
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD RIDZUAN BIN ISHAK
NRIC No	S9417592E
Date Of Birth	15/05/1994
Occupation	OUTDOOR
Date Of Driving Pass	02/09/2015
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90065007
Fax Number	
Contact Number	OFFICE-90065007
Email Address	NOEMAIL

Address	BLK 367 CLEMENTI AVENUE 2 #04-519
Postcode	120367
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 - CROSS JUNCTION
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	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

REFER TO POLICE REPORT - T/20180319/2195.

#### 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	SLH8602B
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)


DETAILS OF INJURED PERSON 1	
Name	MOHAMMAD RIDZUAN BIN ISHAK
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBE7072X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	


## Accident Sketch Plan

### SKETCH PLAN

#### 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 liability.
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.

  
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

REFER TO POLICE REPORT

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


REFER TO POLICE REPORT

### 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/20180319/2195

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

1 of 3

Report No. T/20180319/2195

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/03/2018 22:56	Vide Report No.:	Station Diary No.: 237
--	------------------	---------------------------

### Informant's Particulars

Name of Informant: MOHAMMAD RIDZUAN BIN ISHAK			Address: APT BLK 367 CLEMENTI AVENUE 2 #04-519 SINGAPORE 120367		
ID Type / ID No.: NRIC NO / S9417592E			Contact No.: Home/Office: Mobile: 90065007		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 15/05/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: DELIVERY RIDER			Driving Licence Information: Class: 2B Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/03/2018 12:30	Type of Location: Straight Road
Location: Along Road 1 SIXTH AVENUE				
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 On				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE7072X	Motorcycle	YAMAHA	T135	Red	Slightly Damaged	1
SLH8602B	Car				Slightly Damaged	1

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE7072X	NTUC Income Insurance Co-Operative Limited	5098589751	03/03/2018	02/03/2019

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180319/2195

2 of 3

Police Station Of Origin:

Clementi N.P.C

20 Clementi Avenue 5 SINGAPORE 129858

Tel No: 1800-8729999

Report No. T/20180319/2195

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD RIDZUAN BIN ISHAK	ID No.	S9417592E
Related Vehicle	FBE7072X (Motorcycle)	Contact No.	90065007
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	19/03/2018	Date Discharge	19/03/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

### Brief Details.

On the above mentioned date, time and location, I was riding my bike along sixth avenue. As was riding straight, a vehicle from the opposite lane wanted to make a right turn. As he was making the turn, I was riding straight and I then collided with the said vehicle.

Ambulance then arrived at the accident scene and I was convey to NUH for further medical treatment. I was then given 4 days MC. There is no camera installed in my bike however I noticed an in car camera on the said vehicle.

Police Report



SINGAPORE  
POLICE FORCE



T/20180319/2195

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

3 of 3

Report No. T/20180319/2195

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan



A = FBET.072X

B = SLH 8602B

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 3 SAIFULBAHRI BIN SHA'ARI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/03/2018 22:56

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NORASHIKIN BINTE DAUD

Contact No.: 65476439

Classification Of Case:

SN 37

Authentication Stamp

NP168



SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo

