

## 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	28/03/2018 14:52
Date Of Accident	27/03/2018 17:40
Exact Location Of Accident	PIE (CHANGI) AFTER CTE EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB622X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD AMIN BIN ABDUL RAHMAN
NRIC No	S8421767J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83324479
Alternative Phone No	OFFICE-83324479

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X 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	5064077064-03
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD AMIN BIN ABDUL RAHMAN
NRIC No	S8421767J
Date Of Birth	06/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	15/04/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83324479
Fax Number	
Contact Number	OFFICE-83324479
Email Address	NOEMAIL

Address	BLK 489C CHOA CHU KANG AVENUE 5 #04-217
Postcode	683489
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	SIDE SWIPE
Weather Conditions	DRIZZLING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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	KALLANG NEIGHBOURHOOD POLICE POST
Police Station Address	<b>ROAD:</b> BLK 105 TOWNER ROAD #01-400 , <b>POSTCODE:</b> 321105 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2996999 - <b>FAX NO:</b> 63912397
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180328/2076.

#### 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	FBC4471H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJQ6069E

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 MOHAMMAD AMIN BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBB622X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

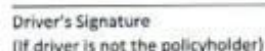
#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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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.

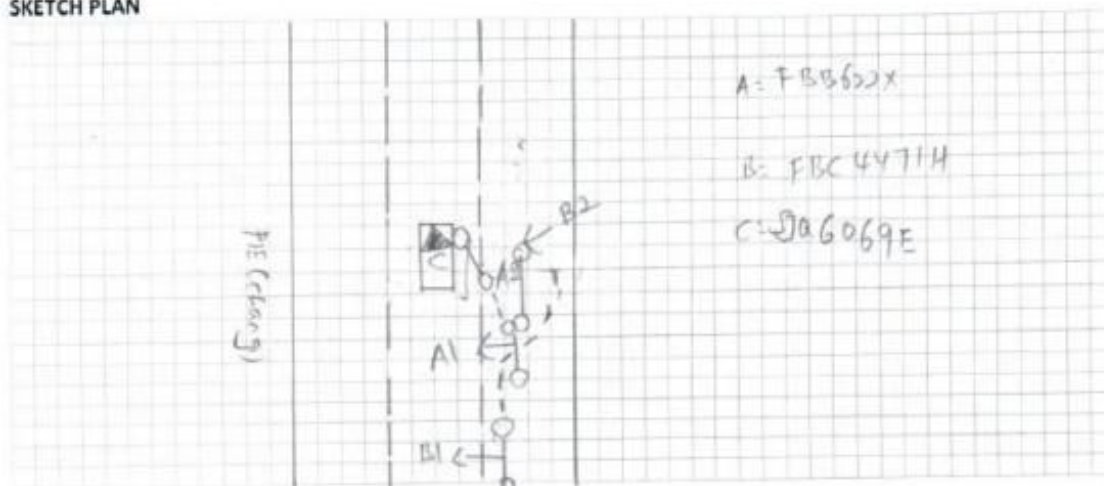
  
Policyholder's Signature  
Date & Time:

  
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180328/2076.

## 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/20180328/2076

1 of 3

Police Station Of Origin:  
Kallang NPP  
125 Towner Road #01-400 SINGAPORE  
321105  
Tel No: 1800-2996999

Report No. T/20180328/2076

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/03/2018 12:57	Vide Report No.:	Station Diary No.: 19
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### Informant's Particulars

Name of Informant: MOHAMMAD AMIN BIN ABDUL RAHMAN			Address: APT BLK 489C CHOA CHU KANG AVE 5 #04-217 SINGAPORE 683489		
ID Type / ID No.: NRIC NO / S8421767J			Contact No.: Home/Office: Mobile: 83324479		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 06/08/1984	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name: PUB
Occupation: SAFETY OFFICER			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/03/2018 17:40	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY  PIE towards changi, after CTE Exit Lane 1				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB622X	Motorcycle	HONDA	CB400X M	Red	Slightly Damaged	0
FBC4471H	Motorcycle				Seriously Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB622X	NTUC Income Insurance Co-Operative Limited	5064077064-03	19/05/2017	12/05/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180328/2076

2 of 3

Report No. T/20180328/2076

Police Station Of Origin:  
Kallang NPP  
105 Towner Road #01-400 SINGAPORE  
321105  
Tel No. 1800-2996999

## 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	MOHAMMAD AMIN BIN ABDUL RAHMAN	ID No.	S8421767J
Related Vehicle	FBB622X (Motorcycle)	Contact No.	83324479
Hospital/Clinic	STARCARE CLINIC AND SURGERY PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	28/03/2018	Date Discharge	28/03/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Rider</b>			
Name	DENY PRIATNA	ID No.	S8364732I
Related Vehicle	FBC4471H (Motorcycle)	Contact No.	97553206
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 27/03/2018, I was riding along PIE towards changi, after CTE Exit on Lane 1, it was drizzling.

At about 1740hrs, FBC4471H wanted to overtake my bike and the bike in front of me. B1 tried to overtake me on the right hand side when a car in front of him braked. B1 then jam braked and skidded towards his left side and hit me on my front right side. Both of us then fell onto the floor. There was scratches to the right side of my bike, foot brake lever is broke, windshield was broke, alignment of my handlebars was out and scratches to my exhaust. I could not remember the damages on his bike but his bike was towed away by EMAS soon after.

Both of us exchanged particulars and left the scene without police or ambulance.

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180328/2076

Police Station Of Origin:  
Kallang NPP  
105 Towner Road #01-400 SINGAPORE  
321105  
Tel No: 1800-2996999

3 of 3

Report No. T/20180328/2076

## 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:

A /

Sgt 2 SHAWN ANG YI XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

28/03/2018 12:57

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING, STEPHANIE

Contact No.: 65476414

Classification Of Case:

Authentication Stamp

NP168



## Medical Cert

### STARCARE CLINIC AND SURGERY PTE LTD

Blk 207 Bukit Batok Street 21 #01-101 Singapore 650207

Tel: 65616878 Fax: 65617696

### Medical Certificate

Date : 28 Mar 2018

MC No. : 0000037918

This is to certify that :


Name : MOHD AMIN BIN A. DUL RAHMAN

NRIC : S8421767J

is Unfit for Work/School for 3 days

from 28/03/2018 to 30/03/2018 inclusive.

DR LOKE FOO SHIN, KELLY  
MBBS (Spec)



DR KELLY LOKE

Accident Photo



Accident Photo



Accident Photo





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