

MVA318040694 / VAC - Kari Bukit
ENTRY DATE & TIME: 28/03/2018 15:11
SUBMITTED BY: Norhaili Dila Abdul Majid

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 26/03/2018 15:18

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	26/03/2018 15:11
Date Of Accident	22/03/2018 22:15
Exact Location Of Accident	SLE TOWARDS BKE (EXIT 10)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FB2581U
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD ASYRAF BIN MOHAMED AKBAR
NRIC No	S9517937A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91784445
Alternative Phone No	OTHERS-91784445

Vehicle Particulars

Manufacturer	YAMAHA
Model	RX-K
Exact Purpose for which vehicle was being used at time of accident	
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
Fleet Policy	NO
Policy Number	5094390525 TP
Cover Note Number	

Driver

Name of Driver	MUHAMAD ASYRAF BIN MOHAMED AKBAR
NRIC No	S9517937A
Date Of Birth	30/05/1995
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2017
Driving Experience	0 YEAR AND 8 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91784445
Fax Number	
Contact Number	OTHERS-91784445
EMail Address	NOEMAIL

Address BLK 369 #10-35 TAMPINES ST 34
 Postcode 520369
 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 - 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 PASIR RIS NEIGHBOURHOOD POLICE CENTRE
 Police Station Address ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: 1800-5852999 - FAX NO: 65855261
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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 SLG7261M
 Vehicle Make/Model/Colour HONDA GRACE 1.5 DX HYBRID CVT ABS D/AIRBAG 2WD
 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	MUHAMAD ASYRAF BIN MOHAMED AKBAR
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	FB2581U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

IDAC KAKI BUKIT (VAL)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 674927

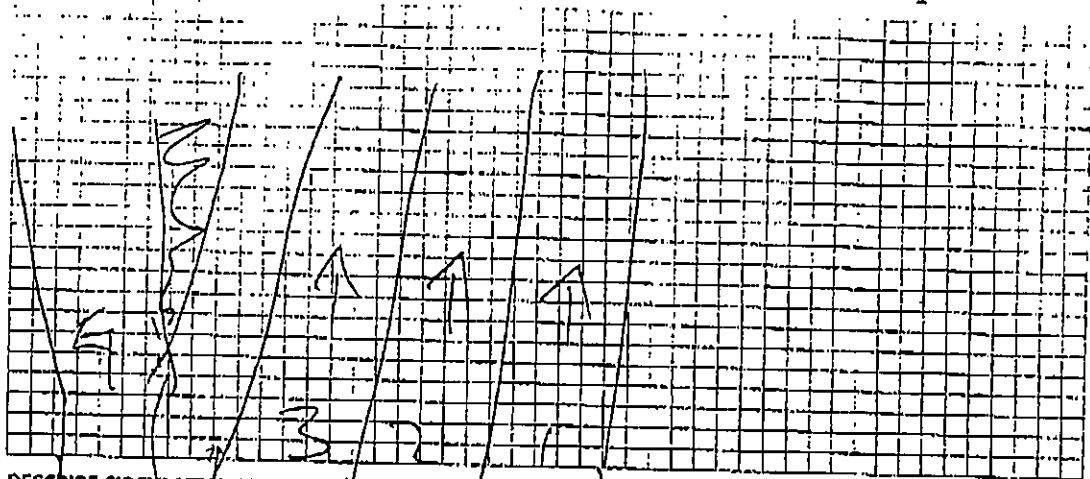
Email: it-vackb@singnet.sg
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Policyholder's Signature
Date & Time: 7 MAR 2018

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten notes in the 'DESCRIBE CIRCUMSTANCES OF THE ACCIDENT' section:

- 0
- FB 259m
- SLG 261m
- Refer to
- Police Report

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time: 26 MAR 2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

IDAC KAKI B...IT (VAC)

23 Kaki B...

Singapore

Tel: 67416697 F- 2305

Email: yackb@

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20180323/2140

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

1 of 3

Report No. T/20180323/2140

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:- 23/03/2018 16:24		Vide Report No.:		Station Diary No.: 61	
Name of Informant: MUHAMAD ASYRAF BIN MOHAMED AKBAR			Address: APT BLK 369 TAMPINES STREET 34 #10-35 SINGAPORE 520369		
ID Type / ID No.: NRIC NO / S9517937A			Contact No.: Home/Office: Mobile: 91784445		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 30/05/1995	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: National Service Full Time		Driving Licence Information: Class: 2B Date of Expiry:			

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/03/2018 22:15	Type of Location: Bend
Location: Along Road 1 SELETAR EXPRESSWAY Towards BKE at Exit 10				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

FB2581U	Motorcycle	YAMAHA	RX-K	Black	Seriously Damaged	0
SLG7261M	Car	HONDA	Grace	Silver		0

FB2581U	NTUC Income Insurance Co-Operative Limited	5094390525	19/09/2017	18/09/2018
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**SINGAPORE
POLICE FORCE**



T/20180323/2140

2 of 3

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No T/20180323/2140

CONTINUATION OF REPORT

Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Name	MUHAMAD ASYRAF BIN MOHAMED AKBAR	ID No.	S9517937A
Related Vehicle	FB2581U (Motorcycle)	Contact No.	91784445
Hospital/Clinic	KHOO TECK PHUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	23/03/2018	Date Discharge	23/03/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

On the 22/03/2018 at about 2215hrs, I was travelling along SLE towards BKE. I was riding my motorbike FB2581U at lane 1 and wanted to turn left into the filter lane at exit 10. I checked my left blind spot and spotted a car behind me however I did not managed to react and brake on time as the car was too close to my bike. As such, the right front of the car hit onto the rear of my motorbike. I fell off my motorbike and suffered abrasion on my right elbow, lower right hip and at the back of my body.

Ambulance and Traffic police was at scene however I do not wished to be conveyed as I thought that I am still able to endure the pain and make my way to the clinic myself. After we had exchanged particulars, I left to Khoo Teck Phuat hospital together with my friend. Doctor informed that I suffered a displaced distal fibular tip fracture, surrounding soft tissue swelling. I was discharged on the same and was given 10 days hospitalization leave from 23/03/2018 till 01/04/2018 and light duty from 02/04/2018 till 22/04/2018. I didn't asked for the report number from the Traffic Police

**SINGAPORE
POLICE FORCE**

T/20180323/2140

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

3 of 3

Report No. T/20180323/2140

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 AZLAN BIN ANEE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/03/2018 16:24

Officer in Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD

YUSOF

Contact No.: 65476358

Authentication Stamp

NP158

**SINGAPORE
POLICE FORCE**

SIGNATURE