

## 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	05/04/2018 10:48
Date Of Accident	03/04/2018 07:15
Exact Location Of Accident	AYE TWDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ8406J
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#### Insured/Policyholder

Name Of Registered Owner	MUHAMMAD RAFNEEZAN BIN NOORDIN
NRIC No	S8709808G
Email Address	EJ.KERRY.KING@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81026918
Alternative Phone No	OTHERS-81026918

#### Vehicle Particulars

Manufacturer	HONDA
Model	CBR1000RR
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MC/00388826
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD RAFNEEZAN BIN NOORDIN
NRIC No	S8709808G
Date Of Birth	10/04/1987
Occupation	OUTDOOR
Date Of Driving Pass	10/02/2015
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81026918
Fax Number	
Contact Number	OTHERS-81026918
Email Address	EJ.KERRY.KING@GMAIL.COM

Address	BLK 395 YISHUN RING RD #05-1695
Postcode	760395
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	
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	TRAFFIC POLICE DIVISION HQ
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180404/7003

#### 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	SLP3032L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DING SEE HUI(CHEN SHIHUI)
NRIC/Passport Number	S7303917G
Contact Number	97475003
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD RAFNEEZAN BIN NOORDIN
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FBJ8406J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan


### SKETCH PLAN

#### IMPORTANT NOTICE

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

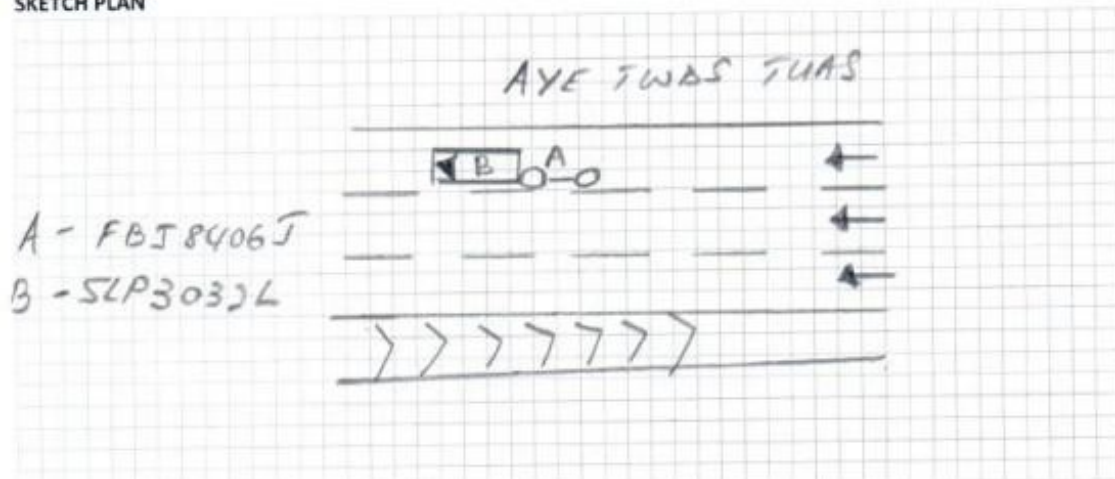
  
Policyholder's Signature  
Date & Time: 05/04/18

\_\_\_\_\_  
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

*Pls refer to the police report: T/20180404/7003*

### DECLARATION

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

*[Signature]*  
Policyholder's Signature  
Date & Time: 05/04/18

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

*[Signature]* 05/04/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

COUSLET Engineering Services, Sdn. Bhd.

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# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180404/7003

2 of 3

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

Report No. T/20180404/7003

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RAFNEEZAN BIN NOORDIN	ID No.	S8709808G
Related Vehicle	FBJ8406J (Motorcycle)	Contact No.	81026918
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/04/2018	Date Discharge	03/04/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious

### Brief Details.

It was around 0710 to 0715 when I was travelling 60 - 70km/h around the bend. And I was behind this dark blue KIA Niro around 1/2 - 1 car length. Suddenly he jammed the brake. So do I but didn't manage to stop on time. Which resulting in hitting his car at bottom left of the rear that left deep scratches mark. As for my bike, seriously damage and in unrideable condition. My injuries are abrasions and fractured toe.



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo







Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180404/7003

1 of 3

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408866  
Tel No: 65470000

Report No. T/20180404/7003

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/04/2018 11:34		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD RAHNEEZAN BIN NOORDIN			Address: APT BLK 385 YISHUN RING ROAD #05-1855 SINGAPORE 760385		
ID Type / ID No. : NRIC NO / S8709808G			Contact No. Home/Office:		Mobile: 81026918
Nationality: SINGAPORE CITIZEN			Email: aj.kerry.king@gmail.com		
Sex: Male	Age: 30	Date of Birth: 10/04/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/04/2018 07:16	Type of Location: Bend
Location:  AYER RAJAH EXPRESSWAY				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
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
FBJ8406J	Motorcycle	HONDA	2012 CBR1000RR	Black	Seriously Damaged	1

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ8406J	DIRECT ASIA INSURANCE (SINGAPORE) PTE. LTD.	MC003088826	22/05/2017	21/05/2018



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180404/7003

2 of 3

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

Report No: T/20180404/7003

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD RAFNEEZAN BIN NOORDIN	ID No.	58709808G
Related Vehicle	FDJ8406J (Motorcycle)	Contact No.	81026918
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	03/04/2018	Date Discharge	03/04/2018
No. of Days granted Medical Leave	14	Degree of Injury	Serious

### Brief Details:

It was around 0710 to 0715 when I was traveling 60 - 70km/h around the bend. And I was behind this dark blue KIA Niro around 1/2 - 1 car length. Suddenly he jammed the brake. So do I but didn't manage to stop on time. Which resulting in hitting his car at bottom left of the rear that left deep scratches mark. As for my bike, seriously damage and in undrivable condition. My injuries are abrasions and fractured toe.

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20180404/7003

3 of 3

Report No: T/20180404/7003

### 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:

Authentication Stamp:  
np183

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

Date/Time:  
04/04/2018 11:34

Classification Of Case: