

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	09/04/2018 15:32
Date Of Accident	06/04/2018 13:00
Exact Location Of Accident	HOLLAND ROAD TOWARDS ULU PANDAN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FX1631A
Insured/Policyholder	
Name Of Registered Owner	GULAM MOHAMED S/O EUSOF
NRIC No	S1151601G
Email Address	MD.YUSUF.GULAM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90277588
Alternative Phone No	OTHERS-81394975

Vehicle Particulars

Manufacturer	HONDA
Model	WAVE
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
Fleet Policy	NO
Policy Number	5075358749-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD YUSUF BIN GULAM MOHAMED
NRIC No	S9427199A
Date Of Birth	02/08/1994
Occupation	INDOOR
Date Of Driving Pass	16/03/2016
Driving Experience	2 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90277588
Fax Number	
Contact Number	OTHERS-81394975
Email Address	MD.YUSUF.GULAM@GMAIL.COM

Address	BLK 30A HOLLAND CLOSE #09-211
Postcode	271030
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CLOUDY
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	COMMONWEALTH NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 COMMONWEALTH CRESCENT (ANNEX) , POSTCODE: 140111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4749999 - FAX NO: 64715297
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180406/2154

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	SLU9681Y
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG CHIN TSE
NRIC/Passport Number	S1622301H
Contact Number	96773912
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD YUSUF BIN GULAM MOHAMED
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FX1631A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Sketch Plan

SKETCH PLAN

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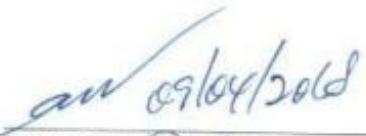
8. Consent under the Personal Data Protection Act (PDPA)

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:

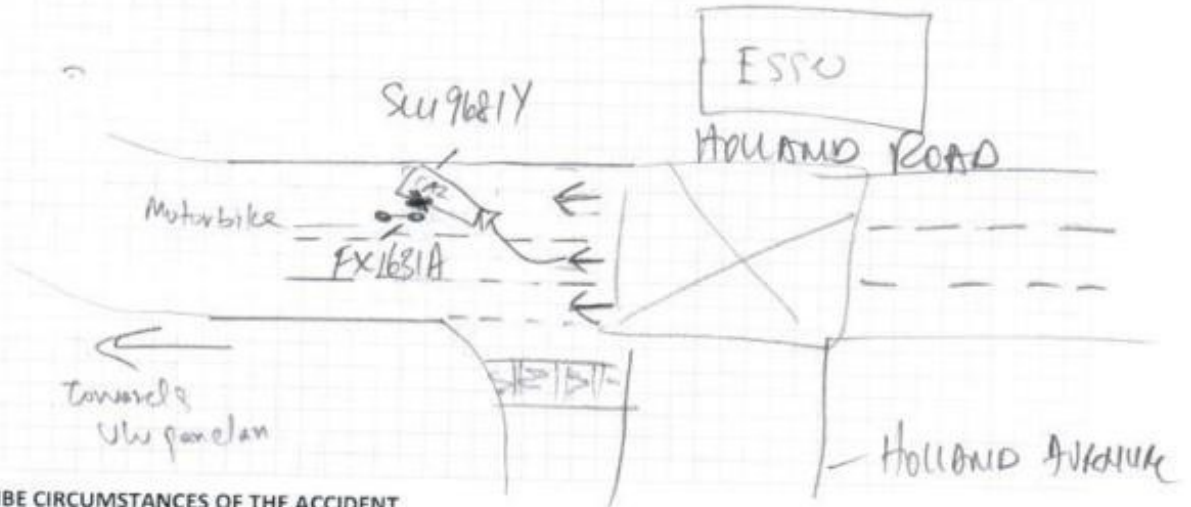
 9/4/2018
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 09/04/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

HOLLAND ROAD TOWARDS ULU PANDAN ROAD



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refer to Police Report
7/20/2018/2154

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20180406/2154

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

1 of 3

Report No. T/20180406/2154

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/04/2018 19:42		Vide Report No.:		Station Diary No.: 34	
Informant's Particulars					
Name of Informant: MUHAMMAD YUSUF BIN GULAM MOHAMED			Address: APT BLK 30A HOLLAND CLOSE #09-211 SINGAPORE 271030		
ID Type / ID No.: NRIC NO / S9427199A			Contact No.:		Mobile: 81394975
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 23	Date of Birth: 02/08/1994	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: Student			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: 06/04/2018 13:00	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 HOLLAND ROAD ULU PANDAN ROAD Lamp Post Number: 145				
Weather: Cloudy		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FX1631A	Motorcycle				Seriously Damaged	0
SLU9681Y	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20180406/2154

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

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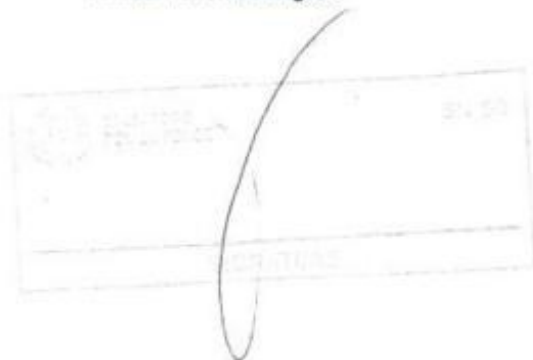
Report No. T/20180406/2154

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD YUSUF BIN GULAM MOHAMED	ID No.	S9427199A
Related Vehicle	FX1631A (Motorcycle)	Contact No.	81394975
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	06/04/2018	Date Discharge	06/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 06/04/2018 at about 1300hrs, I was travelling in my motor vehicle registration plate number FX1631A from Holland Rd towards Ulu Pandan Rd near the junction. At the junction when the traffic was clear, i was slowly driving off from the slip road and that was when i turn left towards the main road and middle lane of the road. After turning out, i immediately see from the rear mirror that there was a vehicle with registration plate number SLU9681Y right behind me, he had honk me and i tried to avoid but was unable to avoid the collision as he was coming towards me at a very fast speed. I side swipe him on the right. Hence, both vehicles collided and i fell to my right. The vehicle then stop and immediately came to my assistance. The damages caused to my motor vehicle was headlight hazard light broken, front vehicle tire got detached from the handle, the suspension came out and my rear box was broken as well. The other vehicle had scratches and dent on the front door and passenger door sides. We then exchanged particulars and agreed to resolved this accident through insurance claims. I am lodging this police report in compliance of the Road traffic act as i was given 3 days of Medical Certificate. I do not have any in vehicle video footages.



[Handwritten signature]

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20180406/2154

Police Station Of Origin:
Commonwealth NPP
111 Commonwealth Crescent (Annex) #01-
288A SINGAPORE 140111
Tel No: 1800-4749999

3 of 3

Report No. T/20180406/2154

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:

D /

Sgt 1 GABRIEL CHAN WEE KEEN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

06/04/2018 19:42

Classification Of Case:

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

