

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	10/04/2018 16:03
Date Of Accident	03/04/2018 02:00
Exact Location Of Accident	TPE AT THE SLIP RD OF EXIT 10
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB2514L
Insured/Policyholder	
Name Of Registered Owner	AHMAD KAMSANI BIN SAIMAN
NRIC No	S1445660J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91802640
Alternative Phone No	OTHERS-91802640

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ-6N
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	5097645170
Cover Note Number	

Driver

Name of Driver	AHMAD KAMSANI BIN SAIMAN
NRIC No	S1445660J
Date Of Birth	26/12/1957
Occupation	INDOOR
Date Of Driving Pass	01/04/1976
Driving Experience	42 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91802640
Fax Number	
Contact Number	OTHERS-91802640
Email Address	NOEMAIL

Address	BLK 514 WOODLANDS DRIVE #04-109
Postcode	730514
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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180410/2049

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	SJY5169P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ALVIN
NRIC/Passport Number	
Contact Number	87501772
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	AHMAD KAMSANI BIN SAIMAN
Approximate Age	
Injuries Sustain	LOWER BACK
Injured person in which vehicle?	FBB2514L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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)**

(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.

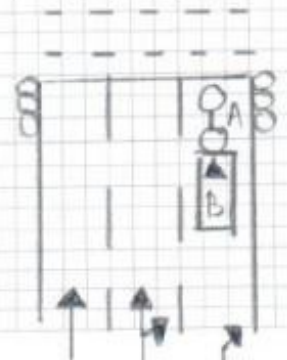
 10/04/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

TYPE AT THE SLIP RD OF EXIT 10

A - FBB2514L
B - SJY5169P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20180410/2049

DECLARATION

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

Ken Sani 10.4.18
Policyholder's Signature
Date & Time:

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

Syuan 10/04/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180410/2049

2 of 4

Report No. T/20180410/2049

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB2514L	NTUC Income Insurance Co-Operative Limited	5097645170	24/01/2018	25/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AHMAD KAMSANI BIN SAIMAN		ID No.	S1445660J
Related Vehicle	FBB2514L (Motorcycle)		Contact No.	91802640
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL
Driver				
Name	Alvin		ID No.	NIL
Related Vehicle	SJY5169P (Car)		Contact No.	87501772
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 the 03/08/2018 at about 0200hrs, I was riding along TPE at Exit 10 heading home I then stopped at the T-junction as the traffic light was red. A while later, I was hit from behind by a grab car driver bearing license plate number "SJY5169P". Due to the impact, I was pushed forward but I did not fall as I managed to control my bike.

We then stopped at a bus stop nearby and exchanged particulars and subsequently went on our ways. Due to the incident, I suffered injuries on my lower back but I have yet to seek any medical assistance as of now.

I would like to inform that the rear seat of my motorcycle was dented due to the incident and my carrier box at the back also became loose due to the impact during the incident. I am lodging this report for insurance claim purposes.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



1/20180410/2048

1 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7478989

Report No: 1/20180410/2048

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/04/2018 12:46	Video Report No.:	Station Diary No.: 9
--	-------------------	-------------------------

Informant's Particulars

Name of Informant: AHMAD KAMSANI BIN SAIMAN			Address: APT BLK 514 WOODLANDS DRIVE 14 #04-109 SINGAPORE 730514	
ID Type / ID No.: NRIC NO / S1445660J			Contact No.: Home/Office:	Mobile: 91802840
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 60	Date of Birth: 26/12/1957	Type of Informant: Rider	
Race: Javanese			Language:	Institution / School Name:
Occupation: Mechanic			Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

General Information of the Accident

General Information of the Accident:				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/04/2018 02:00	Type of Location T-Junction
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY				
At the slip road of Exit 10				
Weather: Clear	Road Surface: Dry		Road Speed Limit:	
Traffic Flow: One Way	Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic	
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
FBB2514L	Motorcycle	YAMAHA	FZ-6N	Orange		0
SJY5169P	Car	TOYOTA	PRIUS HYBRID 1.8L A	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
-------------	-------------------	--------------	-----------	-------------

Police Report



**SINGAPORE
POLICE FORCE**



T/20180410/2049

2 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunus Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No: T/20180410/2049

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBB2514L	NTUC Income Insurance Co-Operative Limited	5097845170	24/01/2018	25/01/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AHMAD KAMSANI BIN SAIMAN		ID No.	S1445660J
Related Vehicle	FBB2514L (Motorcycle)		Contact No.	91802640
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL
Driver				
Name	Alvin		ID No.	NIL
Related Vehicle	SJY5189P (Car)		Contact No.	87501772
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 the 03/08/2018 at about 0200hrs, I was riding along TPE at Exit 10 heading home I then stopped at the T-junction as the traffic light was red. A while later, I was hit from behind by a grab car driver bearing license plate number "SJY5189P". Due to the impact, I was pushed forward but I did not fall as I managed to control my bike.

We then stopped at a bus stop nearby and exchanged particulars and subsequently went on our ways. Due to the incident, I suffered injuries on my lower back but I have yet to seek any medical assistance as of now.

I would like to inform that the rear seat of my motorcycle was dented due to the incident and my carrier box at the back also became loose due to the impact during the incident. I am lodging this report for insurance claim purposes.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180410/2049

3 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No. T/20180410/2049

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20180410/2049

4 of 4

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2887 SINGAPORE
400009
Tel No: 1800-7479999

Report No: T/20180410/2049

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 /

Sgt 2 ANG YI FENG, ELSON

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/04/2018 12:46

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt TANG SIEW PING

Contact No.: 65476430

Classification Of Case:

Authentication Stamp

NPICB



SIGNATURE