

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	17/04/2018 17:09
Date Of Accident	14/04/2018 10:40
Exact Location Of Accident	JUNC LOYANG AVE & CRANWELL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ4178T
Insured/Policyholder	
Name Of Registered Owner	ROSLI BIN AB AZIS
NRIC No	S2635845J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82561502
Alternative Phone No	OFFICE-82561502

Vehicle Particulars

Manufacturer	SUZUKI
Model	HAYABUSA1300
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	REPORTING ONLY
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	5066241035-03
Cover Note Number	

Driver

Name of Driver	MUHAMAD NOR BIN SAMAT
NRIC No	S8802443E
Date Of Birth	24/01/1988
Occupation	INDOOR
Date Of Driving Pass	11/10/2011
Driving Experience	6 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93684846
Fax Number	
Contact Number	OFFICE-93684846
Email Address	NOEMAIL

Address	BLK 293B COMPASSVALE CRESCENT #03-55
Postcode	542293
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	RELATIVE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

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?	YES
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	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180414/2112.

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	UNKNOWN
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	UNKNOWN
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)	

DETAILS OF INJURED PERSON 1

Name	MUHAMAD NOR BIN SAMAT
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBJ4178T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN


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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.

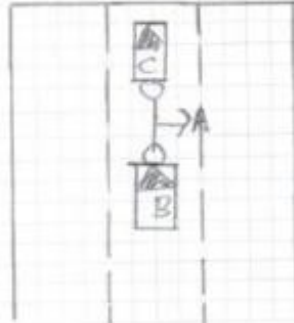
Policyholder's Signature
Date & Time:


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



A: FBJ4178J

R: Unknown

C: Unknown


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180414/2112.

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/20180414/2112

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180414/21

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 16:26	Vide Report No.:	Station Diary No.: 132
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Informant's Particulars			
Name of Informant: MUHAMAD NOR BIN SAMAT		Address: APT BLK 293B COMPASSVALE CRESCENT #03-55 SINGAPORE 542293	
ID Type / ID No.: NRIC NO / S8802443E		Contact No.: Home/Office: Mobile: 93684846	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 30	Date of Birth: 24/01/1988	Type of Informant: Rider
Race: Boyanesse		Language:	Institution / School Name:
Occupation: CARGO COORDINATOR		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/04/2018 10:40	Type of Location X-Junction
Location: Along Road 1 LOYANG AVENUE				
Along Loyang Avenue towards Pasir Ris near Changi Air Base				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Moderate
Type of Collision: Between moving and stationary vehicles -Head to Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passeng
FBJ4178T	Motorcycle	SUZUKI		Multi-Colored	Seriously Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180414/2112

2 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180414/2112

CONTINUATION OF REPORT

Rider			
Name	MUHAMAD NOR BIN SAMAT	ID No.	S8802443E
Related Vehicle	FBJ4178T (Motorcycle)	Contact No.	93684846
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	14/04/2018	Date Discharge	14/04/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 14/04/18 at about 10.40am, I was riding my motorcycle (Yellow and black colour, "Suzuki Hayabusa", vehicle number: FBJ4178T) along Loyang Avenue heading towards Pasir Ris and observed that the traffic light has turned to amber. Thus, I slowed down and stopped my vehicle at the junction.

After my vehicle was in a complete stop, the vehicle (Tipper truck-Unknown vehicle number and description) suddenly bumped against the rear portion of my vehicle. Due to the impact, my vehicle then jerked forward and bumped against the front vehicle (White colour "Volkswagen", Unknown vehicle number). Due to that, I skidded and fell near the front vehicle around one car's length away.

Subsequently, the male Chinese drivers from the tipper truck and the front vehicle approached to make a check on me. Due to the incident, I have sustained pain on the back portion of my left ankle and there were burnt marks. One of the drivers then assisted to call for ambulance. Awhile later, the ambulance and the Traffic Police officers came to the location. I was then conveyed to Changi General Hospital and was advised to undergo a medical review at Singapore General Hospital due to the burnt marks. Earlier, I was given 3 days of medical leave from 14/04/2018 till 16/04/2018 (Medical Certificate number: "EMD201872319").

During the incident, the driver from the front vehicle has told me that his vehicle does have an inbuilt camera and we then exchange contact number. Thus, I could contact him to request for the footages. I would like to add that my tablet (Black colour "Alcatel") was cracked due to the impact of the incident.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180414/2112

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180414/21

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:

F /

Staff Sgt JULIANA BINTE JUMARI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN SUDIN

Contact No.: 65476367

Signature Of Informant:

Date/Time:

14/04/2018 16:26

Classification Of Case:

Authentication Stamp

NP168



Medical Cert

ORIGINAL

MEDICAL CERTIFICATE

EMD201872319

Name MUHAMMAD NOR BIN SAMAT		NRIC No. S8802443E
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>14-Apr-2018</u> to <u>16-Apr-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 14-Apr-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  DEEPU ALKER NANJUNDASWAMY, 63526Z

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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