

## 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             | 20/04/2018 12:46         |
| Date Of Accident           | 17/04/2018 21:05         |
| Exact Location Of Accident | BKE TWDS PIE NEAR 6.6 KM |
| Country/State of Loss      | SINGAPORE                |

### DETAILS OF OWN VEHICLE

|                             |         |
|-----------------------------|---------|
| Vehicle Registration Number | FY7738G |
|-----------------------------|---------|

#### Insured/Policyholder

|                          |                                |
|--------------------------|--------------------------------|
| Name Of Registered Owner | MUHAMMAD YUSUF BIN ABDUL KARIM |
| NRIC No                  | S9449128B                      |
| Email Address            | MD_RONALDO_09@HOTMAIL.COM      |
| Mobile Phone No          | (LOCAL) +65-91860914           |
| Alternative Phone No     | OTHERS-91860914                |

#### Vehicle Particulars

|  |                |
|--|----------------|
| Manufacturer   | HONDA          |
| Model  | PHANTOM 200M   |
| 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 FIRE AND/OR THEFT          |
| Fleet Policy              | NO                                     |
| Policy Number             | 5090602864                             |
| Cover Note Number         |  |

#### Driver

|                      |                                |
|----------------------|--------------------------------|
| Name of Driver       | MUHAMMAD YUSUF BIN ABDUL KARIM |
| NRIC No              | S9449128B                      |
| Date Of Birth        | 30/12/1994                     |
| Occupation           | OUTDOOR                        |
| Date Of Driving Pass | 24/02/2015                     |
| Driving Experience   | 3 YEARS AND 1 MONTH            |
| Gender               | MALE                           |
| Mobile Number        | (LOCAL) +65-91860914           |
| Fax Number           |                                |
| Contact Number       | OTHERS-91860914                |
| Email Address        | MD_RONALDO_09@HOTMAIL.COM      |

|   |                                 |
|---|---------------------------------|
| Address   | BLK 52 LENGKOK BAHRU<br>#03-299 |
| Postcode  | 150052                          |
| 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                       | QUEENSTOWN N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> 1800-4719999 - <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/20180418/2102

#### 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 | SJW7945M    |
| 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  | MUHAMMAD YUSUF BIN ABDUL KARIM |
| Approximate Age                                     |                                |
| Injuries Sustain                                    | BODY                           |
| Injured person in which vehicle?                    | FY7738G                        |
| Were seat belts worn?                               |                                |
| Was this injured conveyed to hospital by ambulance? | YES                            |
| Address   |                                |
| Postcode  |                                |

## 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:

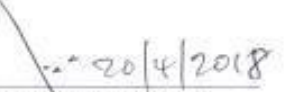
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

  
\_\_\_\_\_  
Driver's Signature

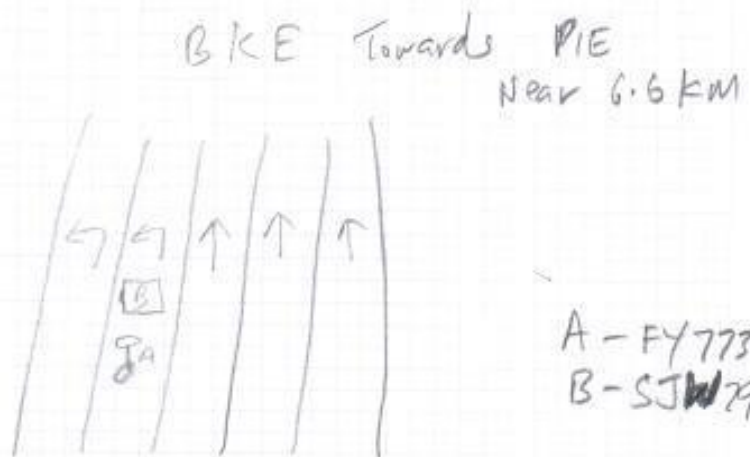
(If driver is not the policyholder)  
Date & Time:

  
\_\_\_\_\_  
Reporting Centre Personnel's Signature

Name:  
NRIC/FIN No.:

## Sketch Plan #2

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pl's Refer to the Police Report  
T/20180418/2102

### 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/20180418/2102

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20180418/2102

#### CONTINUATION OF REPORT

|                                   |                                |  |  |
|-----------------------------------|--------------------------------|--|--|
| <b>Details of Person Involved</b> |                                |  |  |
| Any Pedestrian Involved: No       |                                |  |  |
| No. of Pedestrians Injured: NIL   |                                | Use of Pedestrian Crossing: NA         |  |
| <b>Rider</b>                      |                                |  |  |
| Name                              | MUHAMMAD YUSUF BIN ABDUL KARIM | ID No.                                 | S9449128B                                |
| Related Vehicle                   | FY7738G (Motorcycle)           | Contact No.                            | 91860914                                 |
| Hospital/Clinic                   | NG TENG FONG GENERAL HOSPITAL  | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3A<br>Date of Expiry: NIL |
| Date Treatment                    | 17/04/2018                     | Date Discharge                         | 18/04/2018                               |
| No. of Days granted Medical Leave | 14                             | Degree of Injury                       | Slight                                   |

#### Brief Details.

On 17/04/2018 at about 2105hrs, I was riding my bike FY7738G on BKE towards PIE at 6.6km mark. While riding on the 4th lane in a 5 lane 90km/hr highway, I was travelling at about 70km/hr, I saw there was a car about 1 car length in front of me changing lane onto the 3rd lane. I slowed down and turned my head slightly down to looked at my speedometer. When I look up, I suddenly saw there was another car SJW 7945M appearing fast in front of me. The car was stationery and it had hazard lights switched on. I immediately applied my brakes and tried to swerve my bike towards the left to avoid the stationery car. My bike's crashbar hit into the car's rear left, causing it to have a dent and the rear windows broke. After the impact, I flew off my bike and onto lane 5.

I was able to note that the vehicle did not have any hazard sign put up behind the broken down vehicle. I immediately moved to the road shoulder and another rider came over and told me he called for police and ambulance.

I was conveyed to Ng Teng Fong Hospital and given 14 days hospital leave from 17/04/2018 to 30/04/2018. I suffered the following injuries, Fingers fracture, nails and skin on fingers hanging, and abrasion on both side of hips, both elbows, both knees and upper right face.

My bike was towed by TP.



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/20180418/2102

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

1 of 3  
Report No. T/20180418/2102

## REPORT OF A TRAFFIC ACCIDENT

|   |            |                              |   |                          |                            |
|---|------------|------------------------------|---|--------------------------|----------------------------|
| Date/Time Report Made:<br>18/04/2018 17:15              |            | Vide Report No.:             |   | Station Diary No.:<br>61 |                            |
| <b>Informant's Particulars</b>                          |            |                              |   |                          |                            |
| Name of Informant:<br>MUHAMMAD YUSUF BIN ABDUL<br>KARIM |            |                              | Address:<br>APT BLK 52 LENGKOK BAHRU #03-299 SINGAPORE 150052     |                          |                            |
| ID Type / ID No.:<br>NRIC NO / S9449128B                |            |                              | Contact No.:<br>Home/Office: Mobile: 91860914                     |                          |                            |
| Nationality:<br>SINGAPORE CITIZEN                       |            |                              | Email:  |                          |                            |
| Sex:<br>Male  | Age:<br>23 | Date of Birth:<br>30/12/1994 | Type of Informant:<br>Rider                                       |                          |                            |
| Race:<br>Indian   |            |                              | Language:   |                          | Institution / School Name: |
| Occupation:<br>DELIVERY RIDER                           |            |                              | Driving Licence Information:<br>Class: 2B,2A,2,3A Date of Expiry: |                          |                            |

## General Information of the Accident

|   |                                 |                                    |   |   |
|---|---------------------------------|------------------------------------|---|---|
| Type of Accident:   | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>17/04/2018 21:05 | Type of Location:<br>Straight Road      |
| Location:<br>Along Road 1<br>BUKIT TIMAH EXPRESSWAY<br>ALONG BKE TOWARDS PIE NEAR 6.6KM |                                 |                                    |   |   |
| Weather:<br>Clear   |                                 | Road Surface:<br>Dry               |   | Road Speed Limit:                       |
| Traffic Flow:<br>One Way  |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Heavy                |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear                            |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

## Details of Vehicle Involved

| Vehicle No. | Type       | Make  | Model           | Color  | Condition            | No of Passenger |
|-------------|------------|-------|-----------------|--------|----------------------|-----------------|
| FY7738G     | Motorcycle | HONDA | PHANTOM<br>200M | Silver | Seriously<br>Damaged | 0               |
| SJW7945M    | Car        |       |                 |        | Seriously<br>Damaged | 1               |

## Details of Vehicle Insurance

| Vehicle No. | Insurance Company                             | Insurance No | Effective  | Expiry Date |
|-------------|---|--------------|------------|-------------|
| FY7738G     | NTUC Income Insurance Co-Operative<br>Limited | 5090602884   | 23/04/2017 | 22/04/2018  |



## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180418/2102

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No: T/20180418/2102

### CONTINUATION OF REPORT

|                                   |                                |  |  |
|-----------------------------------|--------------------------------|--|--|
| <b>Details of Person Involved</b> |                                |  |  |
| Any Pedestrian Involved: No       |                                |  |  |
| No. of Pedestrians Injured: NIL   |                                | Use of Pedestrian Crossing: NA         |  |
| <b>Rider</b>                      |                                |  |  |
| Name                              | MUHAMMAD YUSUF BIN ABDUL KARIM | ID No.                                 | S94491288                                |
| Related Vehicle                   | FY7738G (Motorcycle)           | Contact No.                            | 91880914                                 |
| Hospital/Clinic                   | NG TENG FONG GENERAL HOSPITAL  | Class of Driving Licence & Expiry Date | Class: 2B,2A,2,3A<br>Date of Expiry: NIL |
| Date Treatment                    | 17/04/2018                     | Date Discharge                         | 18/04/2018                               |
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## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180418/2102

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20180418/2102

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 2 TAN TUAN WANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

18/04/2018 17:15

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MOHAMED RIZWAN BIN IBRAHIM

Contact No: 65470000

Classification Of Case:

Authentication Stamp

NP168