

## 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	23/04/2018 18:18
Date Of Accident	21/04/2018 20:30
Exact Location Of Accident	JUNC OF BEDOK NORTH ST 1 & BEDOK NORTH AVE 2
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB7021J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMAD HAZIQ BIN MOHAMED JALIL
NRIC No	S9010205B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-86470799
Alternative Phone No	OTHERS-86470799

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK 135
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	5034233769-09
Cover Note Number	

### Driver

Name of Driver	MUHAMAD HAZIQ BIN MOHAMED JALIL
NRIC No	S9010205B
Date Of Birth	26/03/1990
Occupation	OUTDOOR
Date Of Driving Pass	01/01/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86470799
Fax Number	
Contact Number	OTHERS-86470799
Email Address	NOEMAIL

Address	BLK 131 BEDOK RESERVOIR RD #04-1331
Postcode	470131
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	EUNOS NPP
Police Station Address	<b>ROAD:</b> 629 BEDOK RESERVOIR ROAD #01-1620 , <b>POSTCODE:</b> 470629 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <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/20180422/2065

#### 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	SLM5334T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	HOO SEE WAH ANTHONY
NRIC/Passport Number	S7010841J
Contact Number	81886686
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMAD HAZIQ BIN MOHAMED JALIL
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBB7021J
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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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)**

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: 23/4/2018

23/4/2018

Driver's Signature

(If driver is not the policyholder)

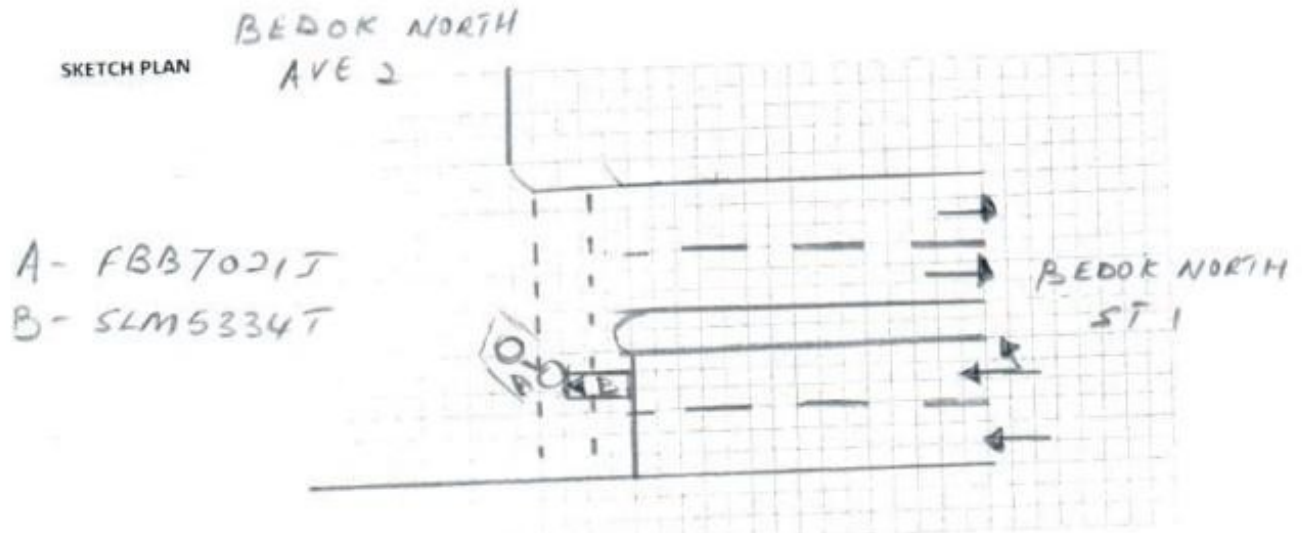
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: 7/20180400/2065

## DECLARATION

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

Policyholder's Signature

Date & Time: 23042018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20180422/2065

2 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180422/2065

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	MUHAMAD HAZIQ BIN MOHAMED JALIL	ID No.	S9010205B
Related Vehicle	FBB7021J (Motorcycle)	Contact No.	86470799
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Date Treatment	22/04/2018	Date Discharge	22/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Hoo See Wah Anthony	ID No.	S7010841J
Related Vehicle	NIL	Contact No.	81886686
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 21st April 2018 at about 2030hrs, I was riding my motorcycle bearing registration plate number FBB7021J along Bedok North Street 1. Approaching the T- Junction of Bedok North Street 1 and Bedok North Avenue 2, I kept right intending to turn right. The traffic light was green. However, there was oncoming vehicle. As such, I stopped and waited for oncoming vehicle to clear before I proceed. Subsequently, a car bearing registration plate number SLM5334T suddenly bang onto my rear. The impact was quite strong. I fell down together with my bike. Due to the accident, my bike sustained damages on the rear headlight. The rear bike frame was dented. The front portion of the bike ( Internal Panel ) was also damaged as it came out. No ambulance came to scene. The other party does not sustain any injuries.

As I felt pain on my shoulder, I went to Intemedical 24hr clinic on 22nd April 2018 and was given 5 days mc. My left leg near the ankle sustained bruises too. I do not have any footages of the accident. I believe the other party have an in car camera. That's all.

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/20180422/2055

1 of 3

Police Station Of Origin:

Eunos NPP

628 Bedok Reservoir Road #01-1620

SINGAPORE 470629

Tel No: 1800-4439999

Report No. T/20180422/2055

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2018 15:17	Video Report No.:	Station Diary No.: 25
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### Informant's Particulars

Name of Informant: MUHAMAD HAZIQ BIN MOHAMED JALIL			Address: APT BLK 131 BEDOK RESERVOIR ROAD #04-1331 SINGAPORE 470131		
ID Type / ID No.: NRIC NO / S9010205B			Contact No.: Home/Office: Mobile: 86470799		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 28/03/1990	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: DELIVEROO			Driving Licence Information: Class: 2B,2A		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 21/04/2018 20:30	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK NORTH STREET 1 BEDOK NORTH AVENUE 2 T junction of Bedok North Street 1 and Bedok North Avenue 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - I lead To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBB7021J	Motorcycle	YAMAHA	Spark 135	Blue	Seriously Damaged	0
SLM5334T	Car	HONDA	Grace hybrid	Black	Slightly Damaged	0

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180422/2065

2 of 3

Police Station Of Origin:  
Eunos NPP  
629 Bedok Reservoir Road #01-1620  
SINGAPORE 470629  
Tel No: 1800-4439999

Report No. T/20180422/2065

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	MUHAMAD HAZIQ BIN MOHAMED JALIL	ID No.	S9010205B
Related Vehicle	FBB7021J (Motorcycle)	Contact No.	88470798
Hospital/Clinic	INTEMEDICAL 24HR CLINIC	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Date Treatment	22/04/2018	Date Discharge	22/04/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	Hoo See Wah Anthony	ID No.	S7010841J
Related Vehicle	NIL	Contact No.	81885685
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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**SINGAPORE  
POLICE FORCE**

Police Station Of Origin:  
Eunos NPP  
62B Bedok Reservoir Road #01-1620  
SINGAPORE 470620  
Tel No: 1800-4439999



T/20180422/2065

3 of 3

Report No. T/20180422/2065

### 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 AHMAD BIN HASHIM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
22/04/2018 15:17

Officer In Charge Of Case:  
TP / AEIT /  
SI DZUL HAIRIE BIN RAMLI  
Contact No.: 65476220

Classification Of Case:

Authentication Stamp  
NP183