

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	27/04/2018 12:03
Date Of Accident	15/04/2018 23:20
Exact Location Of Accident	NICOLL DR NEAR SAFRA SOUTH FERRY TERMINAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FH1420B
Insured/Policyholder	
Name Of Registered Owner	MOHD YUSOFF B AMAT
NRIC No	S1610131A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97322519
Alternative Phone No	OTHERS-97322519

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	OTW TO WORK
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	5061704439-04
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASYRAF BIN MOHD YUSOFF
NRIC No	S9114746G
Date Of Birth	03/05/1991
Occupation	OUTDOOR
Date Of Driving Pass	10/12/2009
Driving Experience	8 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83211151
Fax Number	
Contact Number	
EEmail Address	MD-ASYRAF@HOTMAIL.COM

Address	BLK 133 GEYLANG EAST AVE 1 #10-205
Postcode	380133
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	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?	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	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180426/2172

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	FY5662D
Vehicle Make/Model/Colour	HONDA CB400SF4J
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 ASYRAF BIN MOHD YUSOFF
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FH1420B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FY5662D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

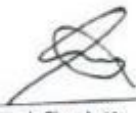
IMPORTANT NOTICE

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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.

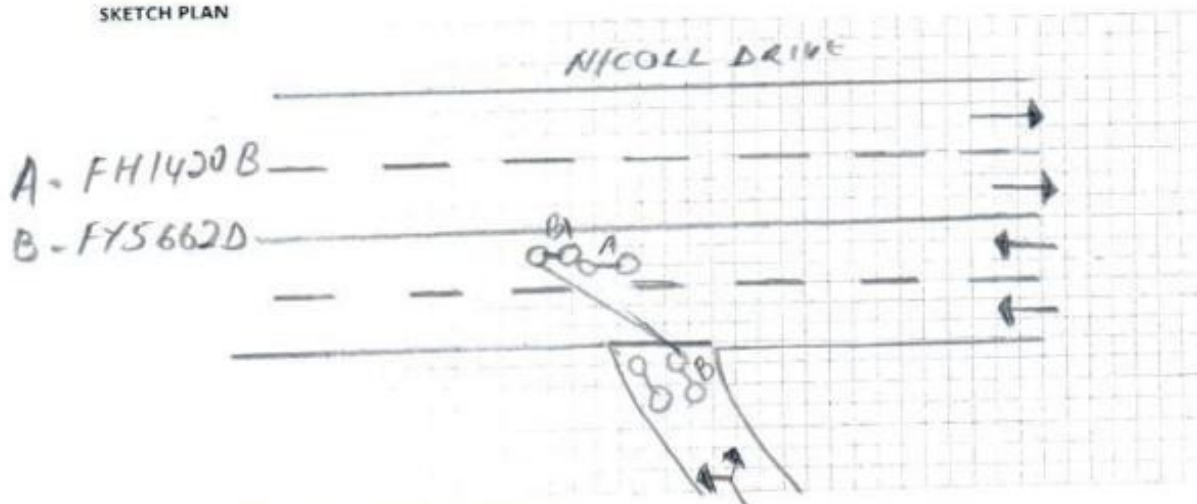
Policyholder's Signature
Date & Time:


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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20180426/2172

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180426/2172

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20180426/2172

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ASYRAF BIN MOHD YUSOFF	ID No.	S9114746G
Related Vehicle	FH1420B (Motorcycle)	Contact No.	83211151
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	16/04/2018	Date Discharge	18/04/2018
No. of Days granted Medical Leave	33	Degree of Injury	Serious

Brief Details.

On 15/04/18 at about 2320hrs, I was riding my motorcycle to work at roughly about 30 - 40km/h. While I was making my way there, there were two rider who came out of the carpark. Both of them were talking to each other and did not notice that my bike was nearing them. They then did not check their blindspot and went out of the carpark. Once they saw my bike it was already too late to jam break and I collided into the rear of the motorcycle (FY5662D). Both of us flew out of our bike. Shortly after, TP and ambulance arrived to our location. Both of us was then conveyed to the hospital. There is no camera installed on my bike.

I was given 33 days MC for left foot wound debridement and closure due to the accident. I wish to state I lodged a traffic accident report now because my left foot was in pain and infection causing fever.

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



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180426/2172

1 of 3

Police Station Of Origin:
MacPherson NPP
54 Pelt Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7448899

Report No: T/20180426/2172

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2018 22:01	Video Report No.: P/20180415/0073	Station Diary No.: 44
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Informant's Particulars			
Name of Informant: MUHAMMAD ASYRAF BIN MOHD YUSOFF		Address: APT BLK 133 GEYLANG EAST AVENUE 1 #10-205 SINGAPORE 380133	
ID Type / ID No.: NRIC NO / S9114746G		Contact No.: Home/Office: Mobile: 83211151	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 26	Date of Birth: 03/05/1991	Type of Informant: Rider
Race: Indonesian		Language:	Institution / School Name:
Occupation: AIRCRAFT REFUEILER		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 15/04/2018 23:20	Type of Location: Straight Road
Location: Along Road 1 NICOLL DRIVE				
Near Safra South Ferry Terminal				
Weather: Clear		Road Surface: Dry	Road Speed Limit	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

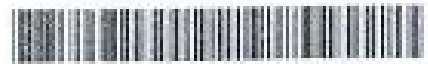
Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FH1420B	Motorcycle	YAMAHA	RXZ	Blue	Slightly Damaged	0
FY5952D	Motorcycle	HONDA	CB400SF4J	Black	Slightly Damaged	0

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180428/2172

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Phip Road #01-62/64 SINGAPORE
370054
Tel No: 1800-7449999

Report No: T/20180428/2172

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ASYRAF BIN MOHD YUSOFF	ID No.	S9114748G
Related Vehicle	FH1420B (Motorcycle)	Contact No.	83211151
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	15/04/2018	Date Discharge	18/04/2018
No. of Days granted Medical Leave	33	Degree of Injury	Serious

Brief Details.

On 15/04/18 at about 2320hrs, I was riding my motorcycle to work at roughly about 30 - 40km/h. While I was making my way there, there were two rider who came out of the carpark. Both of them were talking to each other and did not notice that my bike was nearing them. They then did not check their blindspot and went out of the carpark. Once they saw my bike it was already too late to jam break and I collided into the rear of the motorcycle (FY5662D). Both of us flew out of our bike. Shortly after, TP and ambulance arrived to our location. Both of us was then conveyed to the hospital. There is no camera installed on my bike.

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Police Report



SINGAPORE
POLICE FORCE



T/20180425/2172

3 of 3

Report No. T/20180425/2172

Police Station Of Origin:
MacPherson NPP
54 Pipl Road #01-82/84 SINGAPORE
370054
Tel No. 1800-7442999

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 65474685 stating the report number as reference.

Signature Of Officer Recording This Report:
G /
Sgt 2 MELSON CHEW WEI JIE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Ins0 NORHIDAWATI BINTE AHMAD
Contact No.: 65476310

Authentication Stamp
401168



Signature Of Informant:

Date/Time:
26/04/2018 22:01

Classification Of Case

SIGNATURE