

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 | 04/05/2018 11:03 |
| Date Of Accident | 26/04/2018 06:40 |
| Exact Location Of Accident | SENGKANG EAST RD TWDS BUANGKOK GREEN |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | FS2314K |
| Insured/Policyholder | |
| Name Of Registered Owner | LIM JIE SHENG JASON |
| NRIC No | S9115050F |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-87274928 |
| Alternative Phone No | OTHERS-87274928 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | CB400 |
| 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 | 5095556349 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------------|
| Name of Driver | MD KHADRI BIN CHE MOHD KHATAM |
| NRIC No | S1796905F |
| Date Of Birth | 06/09/1967 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 12/06/2001 |
| Driving Experience | 16 YEARS AND 10 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90719837 |
| Fax Number | |
| Contact Number | |
| Email Address | KHADCN@YAHOO.COM |

| | |
|---|-----------------------------------|
| Address | BLK 208C PUNGGOL PLACE #07-930 |
| Postcode | 823208 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - - - |
| Insurance Company of Driver's Own Vehicle | - - - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| 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) | 2 |
| Passenger 1 | NAME: : MUHAMMAD KHALIIF SHAFIQ GENDER: : MALE |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | PUNGGOL N.P.C |
| Police Station Address | ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: - FAX NO: |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180427/2021 & T/20180426/2131

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 | SDJ7405U |
| 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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number PC490M
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 3

Vehicle Registration Number SJQ1022Y
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 MD KHADRI BIN CHE MOHD KHATAM
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FS2314K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD KHALIIF SHAFIQ
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FS2314K
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Accident Sketch Plan

SKETCH PLAN

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.
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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:

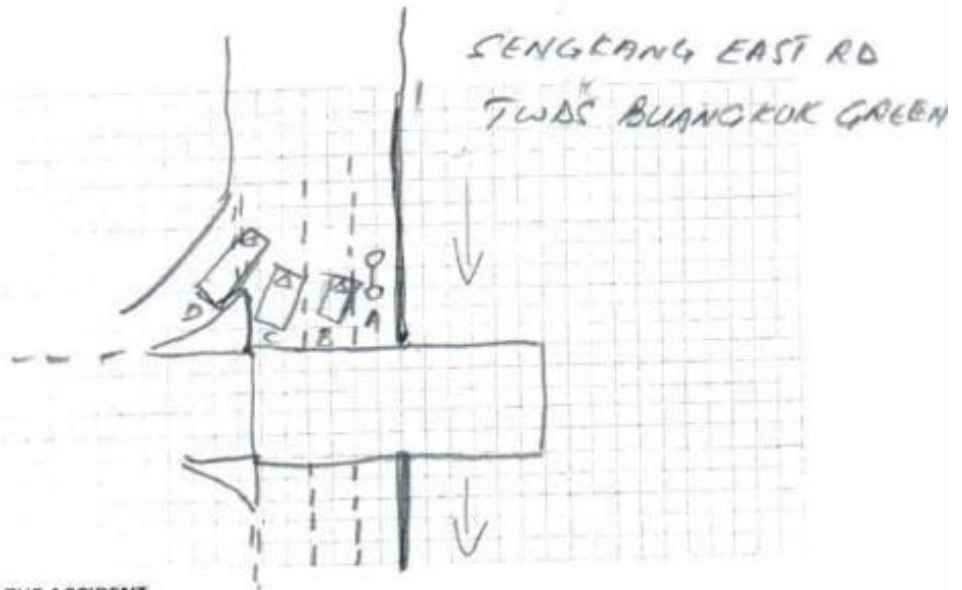
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Accident Sketch Plan

SKETCH PLAN

A - FS2314S
B - SDJ74054
C - PC490M
D - SJQ 1022Y



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report.

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**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No. 1800-2959999



T/20180426/2131

2 of 2

Report No. T/20180426/2131

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------------|--|---------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MD KHADRI BIN CHE MOHD KHATAM | ID No. | S1796905F |
| Related Vehicle | FS2314K (Motorcycle) | Contact No. | 90719837 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | 26/04/2018 | Date Discharge | 26/04/2018 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |
| Pillion | | | |
| Name | Muhammad Khalif Shafiq B Mohd K | ID No. | T0534150C |
| Related Vehicle | FS2314K (Motorcycle) | Contact No. | 98512669 |
| Hospital/Clinic | KK WOMEN'S AND CHILDREN'S HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/04/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |

Brief Details.

On 26th April 2018 at about 6.40am, I was travelling along Buangkok green on my motorcycle with my son as my pillion towards the junction at Hougang avenue 4 on the right most lane. When just passing the junction, a silver Volkswagen car bearing registration plate SJQ1022Y from Hougang avenue 4 drove into Buangkok green without seeing the incoming traffic along Buangkok green. It then caused one blue Kinglong bus bearing the registration plate PC490M and one maroon car bearing registration plate SDJ7405U to swerve right from their lanes. Thus, the maroon car's rear right side hit the side of my motorcycle, causing it to skid off towards the left. Subsequently traffic police arrived and both me and my son were conveyed to hospitals respectively. I am lodging this report for record purposes and to claim insurance and medical expenses.

Individual Statement



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999



T/20180427/2021

1 of 2

Report No: T/20180427/2021

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------------|
| Date/Time Report Made: 27/04/2018 11:07 | Vide Report No.: T/20180426/2131 | Station Diary No.: 31 |
|--|-------------------------------------|--------------------------|

Informant's Particulars

| | | | |
|---|------------|--|-----------------------------|
| Name of Informant: MD KHADRI BIN CHE MOHD KHATAM | | Address: APT BLK 208C PUNGGOL PLACE #07-930 SINGAPORE 823208 | |
| ID Type / ID No.: NRIC NO / S1796905F | | Contact No.: Home/Office: Mobile: 90719837 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 50 | Date of Birth: 06/09/1967 | Type of Informant: Rider |
| Race: Javanese | | Language: | Institution / School Name: |
| Occupation: CAMERA MAN | | Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry: | |

General Information of the Accident

| | | | | |
|---|------------------------------|--------------------|--|-------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 26/04/2018 06:40 | Type of Location: |
| Location: Junction of Road 1 and Road 2 BUANGKOK GREEN HOUGANG AVENUE 4 slightly after the junction | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision: | | | Anyone conveyed by ambulance: No | |

Brief Details.

I am making this report to amend the report T/20180426/2131. I wish to state that it was the side of a maroon car (SDJ7405U) hit on my motorcycle.

I wish to add that the driver of silver Volkswagen (SJK1022Y) wanted to give me \$50/- to settle the accident with me but I refused and told her that I will make a Police report.

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**



T22180426/2131

1 of 3

Report No. T22180426/2131

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228882
Tel No. 1800-2969999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/04/2018 18:00 Vide Report No.: Station Diary No.: 510

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|----------------------------|
| Name of Informant: MO KHADRI BIN CHE MOHD KHATAM | | | Address: APT BLK 208C PUNGGOL PLACE #07-930 SINGAPORE 873208 | | |
| ID Type / ID No: NRIC NO / S1796905F | | | Contact No.: Home/Office: Mobile: 90719837 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 50 | Date of Birth: 08/09/1967 | Type of Informant: Rider | | |
| Race: Javanese | | | Language: | | Institution / School Name: |
| Occupation: CAMERA MAN | | | Driving Licence Information: Class: 2B,2A,3 | | Date of Expiry: |

General Information of the Accident

| | | | | |
|--|------------------------------|-----------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 26/04/2018 05:40 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 BUANGKOK GREEN HOUGANG AVENUE 4 Slightly after the junction. | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: | Traffic Volume: Heavy | |
| Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|------|-------|-------|----------------------|-----------------|
| FS2314K | Motorcycle | | | | Seriously Damaged | 2 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
|-------------|--|---------------|-----------|-------------|
| FS2314K | NTUC Income Insurance Co-Operative Limited | | | |

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2958999



T20180426/2131

2 of 2

Report No: T20180426/2131

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------------|--|---------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MD KHADRI BIN CHE MOHD KHATAM | ID No. | S1796905F |
| Related Vehicle | FS2314K (Motorcycle) | Contact No. | 90719837 |
| Hospital/Clinic | KHOO TECK PUAT HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A,3 Date of Expiry: NIL |
| Date Treatment | 26/04/2018 | Date Discharge | 26/04/2018 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Serious |
| Pillion | | | |
| Name | Muhammad Khalif Shafiq B Mohd K | ID No. | T0534150C |
| Related Vehicle | FS2314K (Motorcycle) | Contact No. | 98512669 |
| Hospital/Clinic | KK WOMEN'S AND CHILDREN'S HOSPITAL | Class of Driving Licence & Expiry Date | Class: NIL Date of Expiry: NIL |
| Date Treatment | 26/04/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | NIL | Degree of Injury | Serious |

Brief Details.

On 26th April 2018 at about 6.40am, I was travelling along Buangkok green on my motorcycle with my son as my pillion towards the junction at Hougang avenue 4 on the right most lane. When just passing the junction, a silver Volkswagen car bearing registration plate SJK1022Y from Hougang avenue 4 drove into Buangkok green without seeing the incoming traffic along Buangkok green. It then caused one blue Kinglong bus bearing the registration plate PC480M and one maroon car bearing registration plate SDJ7405U to swerve right from their lanes. Thus, the maroon car's rear right side hit the side of my motorcycle, causing it to skid off towards the left. Subsequently traffic police arrived and both me and my son were conveyed to hospitals respectively. I am lodging this report for record purposes and to claim insurance and medical expenses.

Police Report



POLICE FORCE

to: T20180426

Police Station Of Origin:
Kampong Java N.P.C
21 Kampong Java Road SINGAPORE
228892
Tel No: 1800-2959999



T20180426/2131

3 of 3

Report No: T20180426/2131

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:
E /
Sgt 3 ERWIN SUTRISNO BIN NADIMOH

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
26/04/2018 18:00

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No: 65476200

Classification Of Case:

Authentication Stamp
NP188

SN 107

SIGNATURE

Police Report



**SINGAPORE
POLICE FORCE**



T/20180427/2021

1 of 2

Report No: T/20180427/2021

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|-------------------------|
| Date/Time Report Made: 27/04/2018 11:07 | Vide Report No.: T/20180426/2131 | Station Diary No: 31 |
|--|-------------------------------------|-------------------------|

Informant's Particulars

| | | | | |
|--|------------|------------------------------|---|----------------------------|
| Name of Informant: MD KHADRI BIN CHE MOHD KHATAM | | | Address: APT BLK 208C PUNGGOL PLACE #07-830 SINGAPORE 823208 | |
| ID Type / ID No. NRIC NO / S1796905F | | | Contact No. Home/Office: | Mobile: 90719837 |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 50 | Date of Birth: 05/09/1967 | Type of Informant: Rider | |
| Race: Javanese | | | Language: | Institution / School Name: |
| Occupation: CAMERA MAN | | | Driving Licence Information: Class: 2B, 2A, 3 Date of Expiry: | |

General Information of the Accident

| General Information of the Accident | | | | |
|---|------------------------------|------------------|---|----------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 28/04/2018 06:40 | Type of Location: |
| Location: Junction of Road 1 and Road 2 BUANGKOK GREEN HOUGANG AVENUE 4 slightly after the junction | | | | |
| Weather: | | Road Surface: | Road Speed Limit: | |
| Traffic Flow: | | Traffic Control: | Traffic Volume: | |
| Type of Collision | | | | Anyone conveyed by ambulance: No |

Brief Details.

I am making this report to amend the report T/20180426/2131. I wish to state that it was the side of a maroon car (SDJ7405U) hit on my motorcycle.

I wish to add that the driver of silver Volkswagen (SJO1022Y) wanted to give me \$50/- to settle the accident with me but I refused and told her that I will make a Police report.

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 628837
Tel No: 1800-6049999



T/20180427/0021

2 of 2

Report No. T/20180427/0021

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 TAN WEILONG, JONATHAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
27/04/2018 11:07

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt RAZIZ BIN TAHAR
Contact No.: 65476200

Classification Of Case:

Authentication Stamp
NP183

Singapore Police Force