

## 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 11:44
Date Of Accident	04/05/2018 07:30
Exact Location Of Accident	KRANJI EXPRESSWAY & PAN ISLAND EXPRESSWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKL4401G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RASHID BIN ALI
NRIC No	S1459194Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96183481
Alternative Phone No	OTHERS-96183481
<b>Vehicle Particulars</b>	
Manufacturer	HYUNDAI
Model	ELANTRA 1.6 AT ABS D/AB 2WD 4DR
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5062636654-04
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD ALIF BIN ABDUL RASHID
NRIC No	S8830265F
Date Of Birth	21/08/1988
Occupation	INDOOR
Date Of Driving Pass	23/07/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84445698
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 362 #02-377 TAMPINES STREET 34
Postcode	520362
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	2
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)	3
Passenger 1	NAME: : MOHAMED ALSHEIQ BIN FAIZAL AL-JOHARY GENDER: : MALE
Passenger 2	NAME: : MUHAMMAD FADLY BIN JAMIL GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	NANYANG N.P.C
Police Station Address	ROAD: 2 JURONG WEST AVE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

AS PER POLICE REPORT No.T/20180504/2021.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FX8840S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MUHAMMAD ALIF BIN ABDUL RASHID

Contact Number 84445698  
Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name MUHAMMAD ALIF BIN ABDUL RASHID  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? FX8840S  
Were seat belts worn? NO  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

SKETCH PLAN

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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.

04 MAY 2018

Policyholder's Signature  
Date & Time:

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

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4  
Singapore 415983  
Tel: 67416697 Fax: 67492305  
Email: [vackb@sinonet.com.sg](mailto:vackb@sinonet.com.sg)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report.

DECLARATION

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

Signature of Signatory  
Date & Time:

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

04 MAY 2010

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4

Report on Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: yockb@sinonet.com.sg

# Accident Sketch Plan Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180504/2021

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

1 of 3

Report No. T/20180504/2021

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 04/05/2018 10:42		Vide Report No.: J/20180504/0049		Station Diary No.: 50	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD ALIF BIN ABDUL RASHID			Address: APT BLK 362 TAMPINES STREET 34 #02-377 SINGAPORE 520362		
ID Type / ID No.: NRIC NO / S8830265F			Contact No.: Home/Office: Mobile: 84445698		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 21/08/1988	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: ICA OFFICER			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: 04/05/2018 07:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 KRANJI EXPRESSWAY PAN ISLAND EXPRESSWAY Lamp Post Number: 365				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FX8840S	Motorcycle				Slightly Damaged	0
SKL4401G	Car				Slightly Damaged	2

## Details of Person Involved

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

# Accident Sketch Plan Pg. 1



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T/20180504/2021

Police Station Of Origin:  
Nanyang N.P.C  
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649482  
Tel No: 1800-7929999

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Report No. T/20180504/2021

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	ABDUL HAKIM BIN RAMLI	ID No.	S9635491F
Related Vehicle	FX8840S (Motorcycle)	Contact No.	93570737
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	MUHAMMAD ALIF BIN ABDUL RASHID	ID No.	S8830265F
Related Vehicle	SKL4401G (Car)	Contact No.	84445698
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,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 04/05/2018, at around 0730hrs, I was driving my vehicle bearing the registration plate number SKL4401G along lane 1 of 4 KJE heading towards PIE. I saw a vehicle bearing the registration plate number FX8840S was heading towards me on my side mirror. Subsequently, the vehicle hit the rear left side of my vehicle which causes him to skid across the road. I stop at the side of the road and came out to assist on the rider namely Abdul Hakim Bin Ramli (NRIC no S9635491F), Hp no 93570737 and called for the police and ambulance.

The police and ambulance then arrived shortly and the rider was conveyed to the hospital. The police officer arrived gave me a report number J/20180504/0049. My passengers and I were not injured but the other rider suffers lacerations on his right hands and abrasion on his left knee, ankle and wrist. My vehicle's rear left headlights was cracked while the other vehicle was slightly damaged.

I am lodging this report for insurances purposes.

Accident Sketch Plan Pg. 1



SINGAPORE  
POLICE FORCE



T/20180504/2021

Police Station Of Origin:  
Nanyang N.P.C  
2 Jurong West Avenue 5 SINGAPORE  
649482  
Tel No: 1800-7929999

3 of 3

Report No: T/20180504/2021

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:

Set 2 TEO MING EN RYAN

*Teo Ming En*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP: GIT /  
SI MOHAMMED FADZLY BIN ABDUL AZIZ  
Contact No.: 65472078

Authentication Stamp

NP/08

Signature Of Informant:

*[Signature]*

Date/Time:

04/05/2018 10:42

Classification Of Case:

Singapore Police Force