

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	14/05/2018 13:56
Date Of Accident	11/05/2018 18:20
Exact Location Of Accident	CCK AVE 1 TWDS CCK AVE 6 AT CCK AVE 7 JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE5907B
Insured/Policyholder	
Name Of Registered Owner	ABDUL QAYYUM BIN ABDUL KARIM
NRIC No	S9732511A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83994352
Alternative Phone No	OTHERS-83994352

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK 135
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5087378288-01
Cover Note Number	

Driver

Name of Driver	ABDUL HALIM BIN ABDUL KARIM
NRIC No	S9918361F
Date Of Birth	11/06/1999
Occupation	OUTDOOR
Date Of Driving Pass	23/01/2018
Driving Experience	0 YEAR AND 3 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84995672
Fax Number	
Contact Number	
EEmail Address	HALIM_KARIM@ICLOUD.COM

Address	BLK 447 BUKIT PANJANG RING RD #06-541
Postcode	670447
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180512/2056

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLU9500L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MUHAMMAD RAZID BIN JAMALUDDIN
NRIC/Passport Number	S9015563F
Contact Number	87503570
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ABDUL HALIM BIN ABDUL KARIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBE5907B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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:

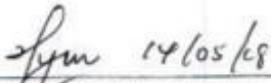
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer [collectively the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

 14/05/18

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

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180512/2056

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180512/2056

CONTINUATION OF REPORT

Rider			
Name	ABDUL HALIM BIN ABDUL KARIM	ID No.	S9918361F
Related Vehicle	FBE5907B (Motorcycle)	Contact No.	84995672
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD RAZID BIN JAMALLUDIN	ID No.	S9015563F
Related Vehicle	SLU9500L (Car)	Contact No.	87503570
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 11/05/2018 at about 1820hrs, I was travelling along Choa Chu Kang Ave 1 on my motorcycle, FBE 5907B, Yamaha Red colored Spark 135. The traffic light was green and as such I proceeded to drive straight ahead. Suddenly, out of nowhere, another vehicle, SLU9500L, Blue BMW, was turning right towards Keat Hong Link. I did not managed to stop in time and as such, my front knocked onto its left rear door.

We both then alighted our vehicles and exchanged particulars. I did not feel any discomfort at the point to time and as such I did not call for any ambulance. However, shortly after, I started to feel pain on my right shoulder and proceeded to NTGH to consult a doctor. I was given 3 days MC.

I have the video recording of the accident saved inside my phone.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180512/2006

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677736
Tel No: 1800-8929999

Report No: T/20180512/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/05/2018 12:28	Video Report No.:	Station Diary No.: 68
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Informant's Particulars			
Name of Informant: ABDUL HALIM BIN ABDUL KARIM		Address: APT BLK 447 BUKIT PANJANG RING ROAD #08-541 SINGAPORE 670447	
ID Type / ID No.: NRIC NO / S9918361F		Contact No.: Home/Office: Mobile: 84995872	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 18	Date of Birth: 11/08/1999	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: DESPATCH DRIVER		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive No	Date/Time of Accident: 11/05/2018 18:20	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 CHOA CHU KANG AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 50 Km/h
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBE5907B	Motorcycle	YAMAHA	Sperk135	Red	Seriously Damaged	0
SLU8500L	Car	BMW		Blue	Slightly Damaged	1

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

Police Report



**SINGAPORE
POLICE FORCE**



T/20180513/2056

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-6929999

2 of 3

Report No: T/20180513/2056

CONTINUATION OF REPORT

Rider			
Name	ABDUL HALIM BIN ABDUL KARIM	ID No.	S9818361F
Related Vehicle	FBE5907B (Motorcycle)	Contact No.	84995672
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	11/05/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	MUHAMMAD RAZID BIN JAMALLUDIN	ID No.	S9015563F
Related Vehicle	SLU9500L (Car)	Contact No.	87503570
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 11/05/2018 at about 1620hrs, I was travelling along Choa Chu Kang Ave 1 on my motorcycle, FBE 5907B, Yamaha Red colored Spark 135. The traffic light was green and as such I proceeded to drive straight ahead. Suddenly, out of nowhere, another vehicle, SLU9500L Blue BMW, was turning right towards Keat Hong Link. I did not managed to stop in time and as such, my front knocked onto its left rear door.

We both then alighted our vehicles and exchanged particulars. I did not feel any discomfort at the point to time and as such I did not call for any ambulance. However, shortly after, I started to feel pain on my right shoulder and proceeded to NTGH to consult a doctor. I was given 3 days MC.

I have the video recording of the accident saved inside my phone.

Police Report



SINGAPORE
POLICE FORCE



T/20180512/2056

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

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Report No. T/20180512/2056

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: J / Sgt 2 LIN WEILIANG, JOEL 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 12/05/2018 12:28
Officer In Charge Of Case: TP / AEIT / Sgt 2 YEO KIA HUAT Contact No.: 65476325 	Classification Of Case:
Authentication Stamp NP188	