

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	15/05/2018 18:04
Date Of Accident	14/05/2018 17:30
Exact Location Of Accident	JUNC UPP BUKIT TIMAH RD & UPP BUKIT TIMAH VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV9575L
Insured/Policyholder	
Name Of Registered Owner	AZHAR BIN AJIMAN
NRIC No	S1819361B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90287534
Alternative Phone No	OFFICE-90287534

Vehicle Particulars

Manufacturer	HONDA
Model	TA200
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	0088722229-14
Cover Note Number	

Driver

Name of Driver	AZHAR BIN AJIMAN
NRIC No	S1819361B
Date Of Birth	12/02/1967
Occupation	OUTDOOR
Date Of Driving Pass	20/05/1988
Driving Experience	29 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90287534
Fax Number	
Contact Number	OFFICE-90287534
E-Mail Address	NOEMAIL

Address	BLK 557 WOODLANDS DRIVE 53 #05-65
Postcode	730557
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 - CROSS JUNCTION
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?	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 NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4439999 - FAX NO: 62444376
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180515/2074.

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	SJP9509M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	QUEK YE, SHAUN
NRIC/Passport Number	
Contact Number	91385404
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	AZHAR BIN AJIMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FV9575L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN


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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:

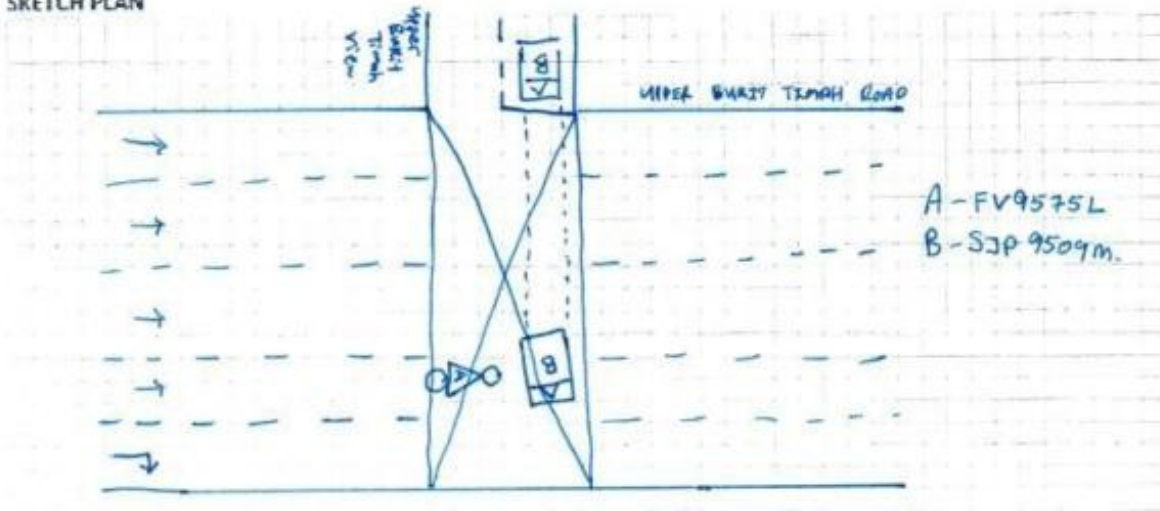

Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

Upper Bukit Timah Road Towards Woodlands Road.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per police report No. T/20180515/2074.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180515/2074

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

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Report No. T/20180515/2074

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2018 13:54	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars			
Name of Informant: AZHAR BIN AJIMAN		Address: APT BLK 557 WOODLANDS DRIVE 53 #05-65 SINGAPORE 730557	
ID Type / ID No.: NRIC NO / S1819361B		Contact No.: Home/Office: Mobile: 90287534	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 51	Date of Birth: 12/02/1967	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: FIELD ENGINEER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/05/2018 17:30	Type of Location: Straight Road
Location: Along Road 1 UPPER BUKIT TIMAH ROAD				
Inside the yellow box along Upper Bukit Timah Road and Upper Bukit Timah View.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:		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
FV9575L	Motorcycle	HONDA	TA200-	Blue	Slightly Damaged	1
SJP9509M	Car	VOLKSWAGO N	SCIROCCO 1.4L AT TSI 1372Q5	Black	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report



**SINGAPORE
POLICE FORCE**



T/20180515/2074

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

Report No. T/20180515/2074

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FV9575L	NTUC Income Insurance Co-Operative Limited	0088722229-14	12/12/2017	11/12/2018

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	AZHAR BIN AJIMAN		ID No.	S1819361B
Related Vehicle	FV9575L (Motorcycle)		Contact No.	90287534
Hospital/Clinic	NATIONAL HEALTHCARE GROUP POLYCLINICS (WOODLANDS)		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/05/2018		Date Discharge	15/05/2018
No. of Days granted Medical Leave	03		Degree of Injury	Slight
Driver				
Name	QUEK YE, SHAUN		ID No.	S9033085C
Related Vehicle	SJP9509M (Car)		Contact No.	91385404
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	NIL

Brief Details.

On 14th May 2018 at about 1730hrs, I was riding my motorcycle (Honda Phantom Silver, FV9575L) along Upper Bukit Timah Road towards Woodlands Road. I was riding alone, weather was clear, road surface was dry.

When I was reaching the yellow box of Upper Bukit Timah Road and Upper Bukit Timah View, a car (Volkswagen Scirocco Black, SJP9509M) suddenly exited out from Upper Bukit Timah View towards Upper Bukit Timah Road in the direction of Woodlands Road. I did not have the time to react as the car suddenly came out from Upper Bukit Timah view, as such my motorcycle collided with the rear right body of the Volkswagen car, near to its right rear wheel. I subsequently fell onto the road as a result of the accident.

My motorcycle's front fork was bend inwards as a result of the accident. The car's rear right body near to the rear right wheel also was bend inwards due to the accident.

Police Report



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T/20180515/2074

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Report No. T/20180515/2074

CONTINUATION OF REPORT

I slowly stood up and talked to the driver of the Volkswagen car. We exchanged particulars and took photos of the accident scene. There is a tow truck who is nearby at the accident scene as such, the truck helped brought my motorcycle to the workshop. I felt pain behind my neck and the right part of my body as such, I went home to rest. This morning, the pain still remained as such; I went to Woodlands Polyclinic to see a doctor. I then received medications and 3 days MC.

Police Report



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Report No. T/20180515/2074

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 NUR 'ASRI BIN AGUS	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 15/05/2018 13:54
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

