

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	18/05/2018 09:11
Date Of Accident	01/05/2018 18:15
Exact Location Of Accident	YIO CHU KANG RD TWDS SERANGOON CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9620A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ARIF BIN ABDUL RAHMAN
NRIC No	S8924633D
Email Address	ARIFABDRAHMAN@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-86064474
Alternative Phone No	OFFICE-86064474

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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	REPORTING ONLY
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	5076439109-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ARIF BIN ABDUL RAHMAN
NRIC No	S8924633D
Date Of Birth	20/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	23/02/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86064474
Fax Number	
Contact Number	OFFICE-86064474
Email Address	ARIFABDRAHMAN@HOTMAIL.COM

Address	BLK 287A COMPASSVALE CRESCENT #05-151
Postcode	541287
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 - HEAD TO REAR
Weather Conditions	AFTER RAINING
Road Surface	WET

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	SENGKANG NPC
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 , POSTCODE: 545025 , 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/20180502/2122

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	SHC8506U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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 ARIF BIN ABDUL RAHMAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBJ9620A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

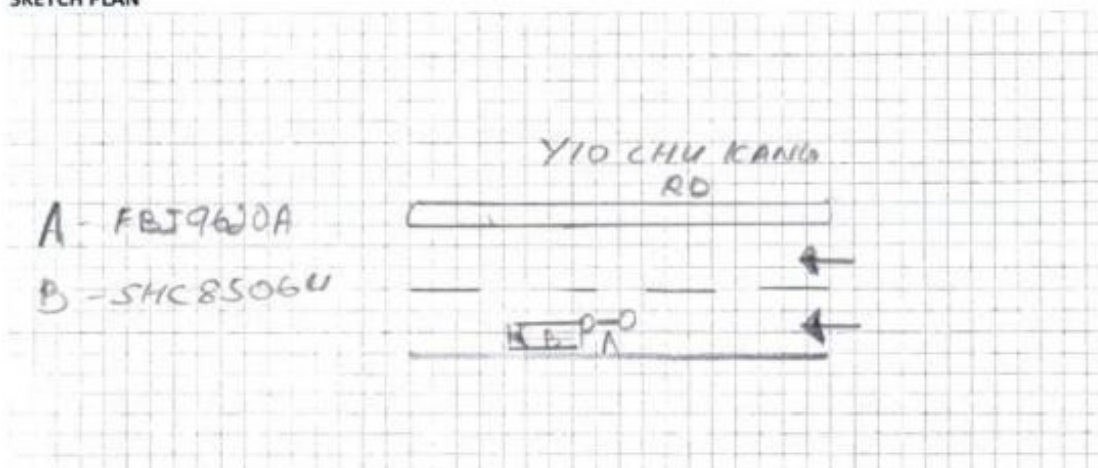

Policyholder's Signature
Date & Time: 16/05/18

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


Reporting Centre Personnel's Signature
Name: 18/05/18
NRIC/FIN No.:

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls refer to the police report : 7/20180502/2122

DECLARATION

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

[Signature] 16/05/18
 Policyholder's Signature
 Date & Time:

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

[Signature] 18/05/18
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

GAUTREC SPENCER/04/01/18_01

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Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180502/2122

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180502/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ARIF BIN ABDUL RAHMAN	ID No.	S8924633D
Related Vehicle	FBJ9620A (Motorcycle)	Contact No.	86064474
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	01/05/2018	Date Discharge	01/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the stated date,time and location, I was involved in accident.

I was riding my my motorcycle (fbj9620a) along yio chu kang road. I was riding on the first lane when I saw a vehicle stopped on the first lane. I believe that it was alighting some passengers.

I tried to avoid the vehicle and as such I skidded and the front part of my vehicle collided with the rear of the taxi.

I am not very sure of the incident as I couldn't recall much.

I was conveyed by ambulance to Tan Tock Seng Hospital and received 3 days mc. I suffered lacerations on my left knee which required stitching.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180502/2122

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8899

Report No. T/20180502/2122

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/05/2018 15:50	Vide Report No.:	Station Diary No.: 100
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Informant's Particulars

Name of Informant: MUHAMMAD ARIF BIN ABDUL RAHMAN			Address: APT BLK 287A COMPASSVALE CRESCENT #05-151 SINGAPORE 541287		
ID Type / ID No.: NRIC NO / S8924633D			Contact No.: Home/Office: Mobile: 86054474		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 28	Date of Birth: 20/07/1989	Type of Informant: Rider		
Race: Malay			Language:	Institution / School Name:	
Occupation: fire personnel scdf			Driving Licence Information: Class: 2B,3,4		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: 01/05/2018 18:15	Type of Location: Straight Road
Location: Along Road 1 YIO CHU KANG ROAD near to serangoon stadium, towards Serangoon Central				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9620A	Motorcycle	YAMAHA	FZ 16 MANUAL	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ9620A	NTUC Income Insurance Co-Operative Limited	5076439109-02	12/01/2018	11/01/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20180502/2122

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180502/2122

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ARIF BIN ABDUL RAHMAN	ID No.	S8824633D
Related Vehicle	FBJ9620A (Motorcycle)	Contact No.	86064474
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	01/05/2018	Date Discharge	01/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180502/2122

3 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180502/2122

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 /
Sgt 2 MUHAMMAD HAIKAL BIN LATIFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
02/05/2018 15:50

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

SHOTS

Authentication Stamp
NP188

Singapore Police Force