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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	22/05/2018 14:16
Date Of Accident	21/05/2018 19:00
Exact Location Of Accident	ALONG SLE EXITING TO BKE (EXIT 11)
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	AY2B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED BAHTIAR B MD ZAINI
NRIC No	S8110046B
Email Address	FIRE_BLADE81@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98367359
Alternative Phone No	OTHERS-98367359
Vehicle Particulars	
Manufacturer	SUZUKI
Model	HAYABUSA 1300-1.3 (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5034438817-09
Cover Note Number	
Driver	

Name of Driver MOHAMED BAHTIAR B MD ZAINI

NRIC No S8110046B

Date Of Birth 15/04/1981

Occupation INDOOR

Date Of Driving Pass 09/10/2001

Driving Experience 16 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98367359

Fax Number

Contact Number OTHERS-98367359

EMail Address FIRE BLADE81@YAHOO.COM

Address BLK 20 JALAN MEMBINA

#20-38

Postcode 164020

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

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Insurance Company of Driver's Own Vehicle

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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? NO
Was any injured conveyed to hospital by ambulance?

Was any other material or property damaged? YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.

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 TIONG BAHRU NEIGHBOURHOOD POLICE POST

Police Station Address ROAD: BLK 128 KIM TIAN ROAD #01-123/ 125, POSTCODE: 160128,

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2739999 - FAX NO: 62785651

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180522/2053

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 FBK892K Vehicle Make/Model/Colour KAWASAKI

Details Of Properties

Vehicle Category MOTORCYCLE
Name of Driver JORDAN JOSHUA

NRIC/Passport Number S9134579Z Contact Number 88621848

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Passenger 1 NAME:

GENDER: :

2

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 liability.
- 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. 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)

Lunderstand, 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
- 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.

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			
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ECLARATION			
We declare the foregoing particular	s are true in every respect.		/
1		gen	22/05/2018
ate & time: 00/05/18	Driver's Signature (If driver is not the policyholder Date & Time:		ntre Personnel's Signature

POLICE REPORT





1 of 3

Report No. T/20180522/2053

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2018 12:28			Vide Report No.: J/20180521/0180	Station Diary No.:	
Informa	nt's Particu	ulars	E CONTRACTOR OF THE PARTY OF TH		
MOHAM	Informant: ED BAHTIA		Address: APT BLK 20 JALAN MEM	BINA #20-38 SINGAPORE 164020	
MOHAMED ZAINI ID Type / ID No.: NRIC NO / S8110046B			Contact No.: Home/Office: Mobile: 98367359		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 37	Date of Birth: 15/04/1981	Type of Informant: Rider		
Race: Indonesian			Language: English	Institution / School Name:	
Occupation: Engineer			Driving Licence Information Class: 2,3	on: Date of Expiry:	

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/05/2018 19:00	Type of Location Flyover	
Location: Along Road 1 SELETAR EXELECT TO BK	(PRESSWAY				
Weather: Roa Clear Dry		Road Surface: Dry		Road Speed Limit:	
Hamo How.		Traffic Control: Not Controlled		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			8	Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
AY2B	Motorcycle	SUZUKI	GSX1300RK	Grey		0
FBK892K	Motorcycle					1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
AY2B	NTUC Income Insurance Co-Operative Limited	5034438817-09	23/01/2018	22/01/2019	

POLICE REPORT



T/20180522/2053

2 of 3

Report No. T/20180522/2053

Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128

Tel No: 1800-2739999

CONTINUATION OF REPORT

Details of Perso		A TOP OF	THE PERSON			
Any Pedestrian In No. of Pedestrian			Use of F	Pedestrian	Cross	ing: NA
Rider	is injured. NIL	Carroll Wall	00001			
Name	MOHAMED BAHTIAR	BIN MOH	HAMED	ID No		S8110046B
Related Vehicle	AY2B (Motorcycle)			Conta	ct No.	98367359
Hospital/Clinic	NIL			Class Drivin Licent Expiry	g	Class: 2,3 Date of Expiry: NIL
Date Treatment	NIL Date D			ischarge	NIL	
	nted Medical Leave NIL D			of Injury	NIL	
Rider					S San	
Name	JORDAN JOSHUA		ID No		S9134579Z	
Related Vehicle	FBK892K (Motorcycle)		Contact No.		88621848	
Hospital/Clinic	NIL			Class Drivin Licen Expin	g	Class: NIL Date of Expiry: NIL
Date Treatment	NIL Date I			ischarge NIL		
No. of Days gran	ted Medical Leave	NIL	Degree	e of Injury	Serio	us

Brief Details.

On 21/5/18 at about 1900hrs, I was riding my motorcycle (AY2B) along SLE towards BKE. I was riding on the outer lane and I saw a trailer infront of me that was changing over to my lane to exit Turf Club. I slowed down almost to a halt as I wanted to give way to the trailer and subsequently, I was knocked on the rear of my motorcycle by another motorcycle (FBK892K). I managed to stabilized my motorcycle after I was knocked and I didn't fall off. However, the motorcycle (FBK892K) that knocked me skidded with his passenger and both fell on the floor. Afterwards, ambulance and traffic police came and both of them were conveyed to hospital. I was told by the traffic police to lodge a accident report ASAP. I did not sustain any injuries from this accident. That's all.

POLICE REPORT





Police Station Of Origin: Tiong Bahru NPP 128 Kim Tian Road #01-123 SINGAPORE 160128 Tel No: 1800-2739999 3 of 3 Report No. T/20180522/2053

CONTINUATION OF REPORT

Sketch Plan

NP168

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: A / Sgt 2 DARREN NG CHUAN ZHEN	Signature Of Informant
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2018 12:28
Officer In Charge Of Case: TP / GIT /	Classification Of Case:
Contact No.:	





















