

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	25/05/2018 17:52
Date Of Accident	19/05/2018 15:15
Exact Location Of Accident	ALONG JALAN AHMAD IBRAHIM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE2550R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NUR AIDIL BIN ROSLI
NRIC No	S9408984J
Email Address	MUHAMMAD_NUR_AIDIL@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-92968714
Alternative Phone No	OTHERS-92968714

Vehicle Particulars

Manufacturer	YAMAHA
Model	NOUVO ELEGANCE-133CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5092324505
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NUR AIDIL BIN ROSLI
NRIC No	S9408984J
Date Of Birth	20/03/1994
Occupation	INDOOR
Date Of Driving Pass	03/06/2013
Driving Experience	4 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92968714
Fax Number	
Contact Number	OTHERS-92968714
EEmail Address	MUHAMMAD_NUR_AIDIL@HOTMAIL.COM

Address	BLK 717 JURONG WEST STREET 71 #04-105
Postcode	640717
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	1
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	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

PLEASE REFER TO POLICE REPORT T/20180519/2149

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	PZ2098D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
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 NUR AIDIL BIN ROSLI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBE2550R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.


Policyholder's Signature
Date & Time: 25/05/2018 16:00hrs

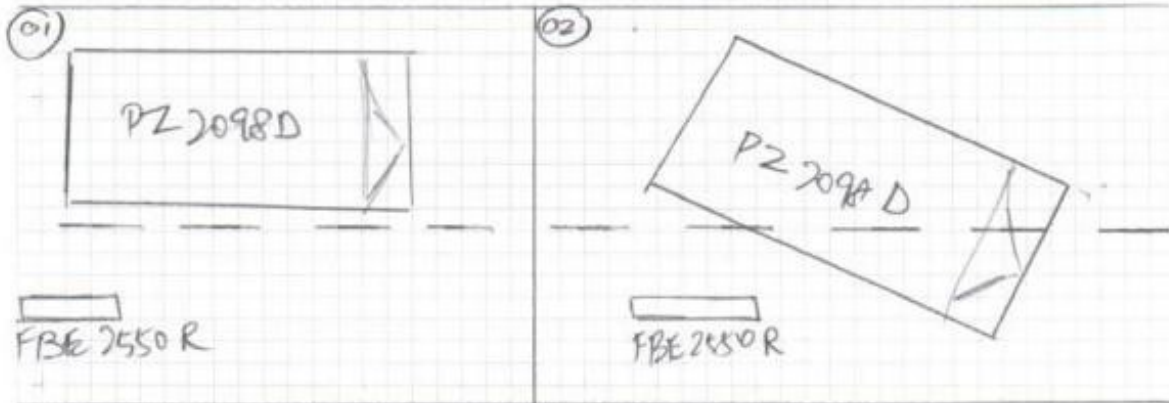
Driver's Signature
(If driver is not the policyholder)
Date & Time:


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

Accident Sketch Plan

SKETCH PLAN

Along JACAN AHMAD Ibrahim



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
1/20180519/2149

DECLARATION

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

Policyholder's Signature
Date & Time: 25/05/2018
16:05 HRS
16:05 HRS

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

Reporting Centre Personnel's Signature
Name: 25/05/2018
NRIC/FIN No.: RELI WATERS

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180519/2149

1 of 3

Report No. T/20180519/2149

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/05/2018 22:03		Vide Report No.:		Station Diary No.: 88	
Informant's Particulars					
Name of Informant: MUHAMMAD NUR AIDIL BIN ROSLI			Address: APT BLK 717 JURONG WEST STREET 71 #04-105 SINGAPORE 640717		
ID Type / ID No.: NRIC NO / S9408984J			Contact No.: Home/Office: Mobile: 92968714		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 20/03/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: ICA Officer			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 19/05/2018 15:15	Type of Location: Straight Road
Location: Along Road 1 TUAS WEST DRIVE				
Tuas Checkpoint Staff Exit point				
Weather: Drizzling	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Light		
Type of Collision: Abrupt Change of Lane				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBE2550R	Motorcycle	YAMAHA	NOUVO ELEGANCE	Black		0
PZ2098D	Bus/Coach/Minibus				No Damage	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBE2550R	NTUC Income Insurance Co-Operative Limited	5092324505	30/06/2017	26/07/2018

POLICE REPORT



**SINGAPORE
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T/20180519/2149

2 of 3

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

Report No. T/20180519/2149

CONTINUATION OF REPORT

Brief Details.

On 19/05/2018 at 1515hrs, I was exiting Tuas Checkpoint via the Staff Exit as I just ended my work. I was riding my vehicle, a Red Yamaha bearing the registration number of FBE2550R, on the right lane at that point of time and there was another vehicle in front of me, a Bus bearing the registration number of PZ2098D. The bus was driving on the left lane. However, the bus started to turn into my lane abruptly, and in order to avoid collision, I jammed the brake of my motorcycle and as a result, my motorcycle skidded and flew into the bush area at the right while I flew forward beside the bus. I then signaled to the bus driver asking him why did he change lane abruptly, he then signaled that there is a tree branch at the front.

I wish to add that there was no traffic police when I was at scene but ambulance was at scene. I was then conveyed to Ng Teng Fong for checkup and was given 08 days MC from 19/05/2018 to 26/05/2018. I also wanted to add that both vehicle did not collide with each other. I am lodging this report under instruction of Traffic Police and also for my insurance claim purpose

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180519/2149

3 of 3

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

Report No. T/20180519/2149

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 TAN LITEK

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

19/05/2018 22:03

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

SN 127



Signature :

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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