

## 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	28/05/2018 15:14
Date Of Accident	25/05/2018 18:00
Exact Location Of Accident	DUNEARN RD NEAR KING ALBERT PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA7187U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD SYAFIQ B MOHD AMIN
NRIC No	S9503020C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91132743
Alternative Phone No	OFFICE-91132743

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135
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	5082573087-01
Cover Note Number	-

### Driver

Name of Driver	MUHD SYAFIQ B MOHD AMIN
NRIC No	S9503020C
Date Of Birth	21/01/1995
Occupation	OUTDOOR
Date Of Driving Pass	05/05/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91132743
Fax Number	
Contact Number	OFFICE-91132743
Email Address	NOEMAIL

Address	BLK 449 BUKIT PANJANG RING RD #02-579
Postcode	670449
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	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 NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 42 FAJAR ROAD , <b>POSTCODE:</b> 679005 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8929999 - <b>FAX NO:</b> 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	SLD1129T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MUHD SYAFIQ B MOHD AMIN
Approximate Age	
Injuries Sustain	LEFT LEG N BACK
Injured person in which vehicle?	FBA7187U
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.

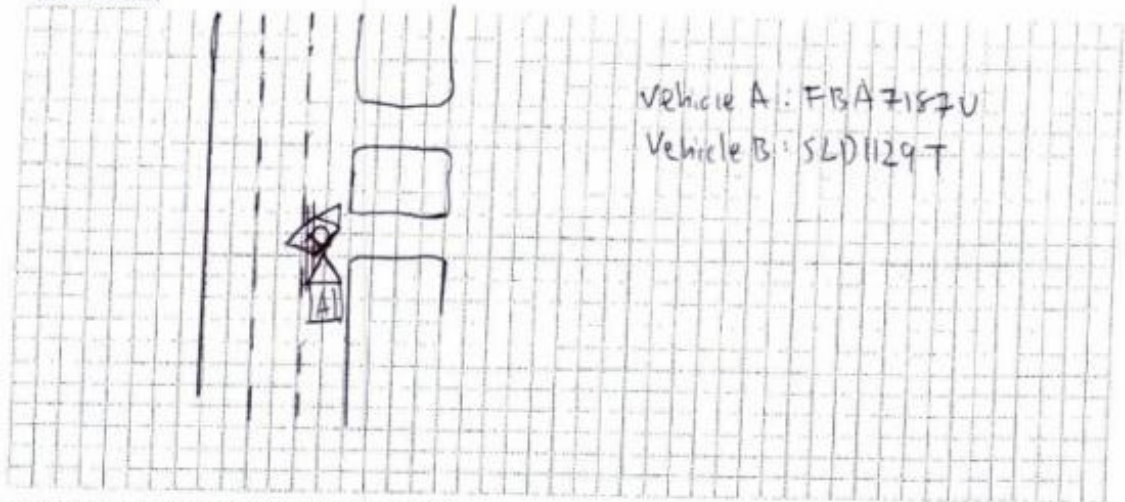
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

### 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**

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



T/20180526/2018

1 of 3

Report No: T/20180526/2018

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:  
25/05/2018 03:55

Vide Report No:

Station Diary No:  
38

### Informant's Particulars

Name of Informant:  
MUHAMMAD SYAFIQ BIN MOHD  
AMIN  
ID Type / ID No.  
NRIC NO / S9503020C  
Nationality:  
SINGAPORE CITIZEN

Address:  
APT BLK 449 BUKIT PANJANG RING ROAD #02-579  
SINGAPORE 670449  
Contact No:  
Home/Office: Mobile: 91132743  
Email:

Sex:  
Male  
Age:  
23  
Date of Birth:  
21/01/1995

Type of Informant:  
Rider

Race:  
Malay

Language:

Institution / School Name:

Occupation:  
FOOD DELIVERY RIDER

Driving Licence Information:  
Class: 2B

Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive:	Date/Time of Accident:	Type of Location:
Along Road 1 DUNEARN ROAD near King Albert Park		No	25/05/2018 18:00	Straight Road
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA7187U	Motorcycle	YAMAHA	T135	Silver	Slightly Damaged	0
SLD1129T	Car				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA7187U	NTUC Income Insurance Co-Operative Limited	5082573087-01	15/06/2017	25/07/2018

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T/20180526/2018

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Report No: T/20180526/2018

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL			
Rider		Use of Pedestrian Crossing: NA	
Name	MUHAMMAD SYAFIQ BIN MOHD AMIN	ID No.	S9503020C
Related Vehicle	FBA7187U (Motorcycle)	Contact No.	91132743
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	26/05/2018	Date Discharge	26/05/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight
<b>Driver</b>			
Name	TARIQ SHEIKH	ID No.	S2723369D
Related Vehicle	NIL	Contact No.	91114868
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.


V1) FBA7187U

V2) SLD 1129T


On the 25th May 2018 at about 1800hrs, I was riding V1 along Dunearn road near King Albert Park. I was travelling on lane 2. Further ahead, I saw V2 who was on lane 2 signaling right, however he was stationary beside a double white line. All of a sudden, when I was travelling on lane 1, V2 had suddenly turn right, causing me to hit his right rear of his vehicle. I then collapse. We did however exchange particulars. Ambulance arrived and access me to be fine. However I went to Mount Alvernia Hospital and was given 5 days MC. I am injured on my left leg and my back.



POLICE REPORT

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T/20180526/2018

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Report No. T/20180526/2018

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 AUSTIN TAN RI QUAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/05/2018 03:55
Officer In-Charge Of Case: TP / AEIT / SSI KASMAWATI BTE SAMIAN Contact No.: 65476179	Classification Of Case:

Authentication Stamp  
NP168  
Singapore Police Force



Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

