

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 willful 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	23/05/2018 17:11
Date Of Accident	22/05/2018 15:00
Exact Location Of Accident	JUNCTION OF TELOK KURAU AND ST PATICK RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA7368P
Insured/Policyholder	
Name Of Registered Owner	TORQUE LOGISTIC SERVICES LLP
Co Reg No	T14LL2858K
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83221431
Alternative Phone No	OFFICE-83221431
Vehicle Particulars	
Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	
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	5074509171-02
Cover Note Number	5074509171-02
Driver	
Name of Driver	AHMAD QADRI BIN ARSAD
NRIC No	S9235159I
Date Of Birth	04/10/1992
Occupation	INDOOR
Date Of Driving Pass	21/03/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97738705
Fax Number	
Contact Number	
Email Address	AHMADQRADRI624@GMAIL.COM

Address BLK 624 BEDOK RESERVOIR RD #01-1552
 Postcode S470624
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured PAID DRIVER
 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 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? 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 NPP
 Police Station Address ROAD: 629 BEDOK RESERVOIR ROAD #01-1620 , POSTCODE: 470629 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment? YES
 Was there any video captured by Car Camera? YES
 Remarks/ Reasons: UPOUN REQUEST
 Was there any audio recorded? NO

Details of Witness 1

Name
 Phone Number 81450699
 Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLU7729H
 Vehicle Make/Model/Colour MAZDA 3 BLUE
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver
 NRIC/Passport Number

Contact Number 84186441
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name AHNAD QADRI BIN ARSAD
Approximate Age 25
Injuries Sustain REFER TO MEDICAL REPORT
Injured person in which vehicle? FBA7368P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address BLK 624 BEDOK RESERVOIR RD #01-1552
Postcode S470624

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

IMPORTANT NOTE : Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

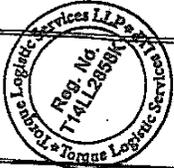
(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MFTFL2067264 Vehicle Registration No : FBA7368P
Name(as shown in NRIC): Ahmad Qadri Bin Arsad
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
NRIC/Passport No : S92351591
Address : Bedok Reservoir Road Bk 624 #01-1552
Contact (Tel) : _____ (H/P) : 97738705
(Email) : ahmadqadri624@gmail.com
Date of Accident : 22/5/18 Time of Accident : 13:00
Place of Accident : Tebk Kurau Rd / St. Patrick Rd
Insurance Company : _____

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Refer to Poltra Report



[Handwritten Signature]

Signature of Vehicle Owner / Driver

Date: 23/05/18

YI Ape

SKETCH PLAN

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 willful 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 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.

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 :

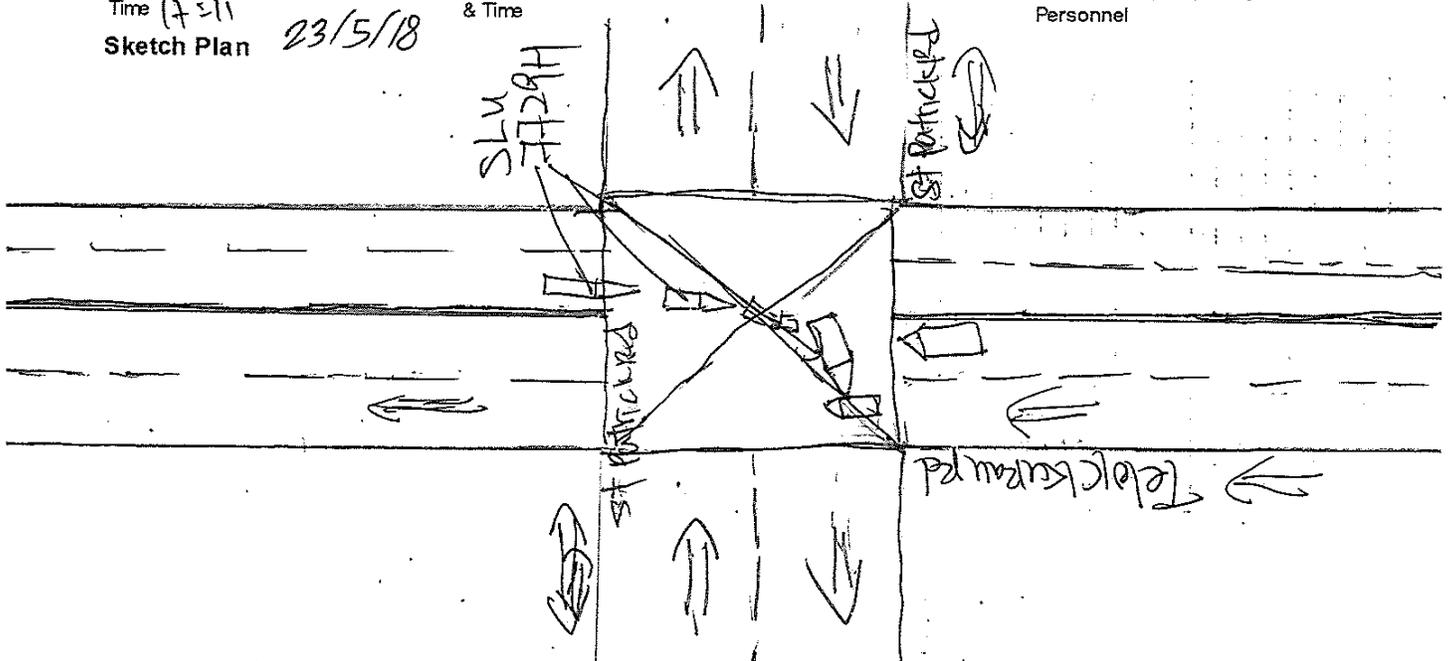
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (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.



Policyholder's Signature / Date & Time
Time 7:11
Sketch Plan 23/5/18

Driver's Signature (if driver is not the policyholder) / Date & Time
23/5/18

Witnessed by Reporting Centre Personnel



Police Report



**SINGAPORE
POLICE FORCE**



T20180522/2150

Police Station Of Origin:
Eunos NPP
628 Bedok Reservoir Road #01-1628
SINGAPORE 470629
Tel No: 1800-4439999

1 of 3

Report No. T20180522/2150

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/05/2018 20:43	Video Report No.:	Station Diary No.: 66
--------------------------------------------	-------------------	--------------------------

Informant's Particulars

Name of Informant: AHMAD QADRI BIN ARSAD		Address: APT BLK 624 BEDOK RESERVOIR ROAD #01-1552 SINGAPORE 470624	
ID Type / ID No. NRIC NO / S92361591		Contact No. / Home/Office: Mobile: 97738705	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 04/10/1992	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/05/2018 15:00	Type of Location: X-Junction
Location: Along Road 1 TELOK KURAU ROAD Junction of telok Kurau Road and St Patrick Road				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBA7368P	Motorcycle			Blue	Slightly Damaged	0
SLU7729H	Car			Blue		0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: Nil.	

Police Report



SINGAPORE
POLICE FORCE



T20180522/2150

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

2 of 3
Report No. T/20180522/2150

CONTINUATION OF REPORT

Rider			
Name	AHMAD QADRI BIN ARSAD	ID No.	S02351591
Related Vehicle	FBA7366P (Motorcycle)	Contact No.	97738705
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	22/05/2018	Date Discharge	22/05/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 22/05/2018 at about 1500hrs, I was riding a motorcycle bearing registration plate number FBA7366P along Telok Kuaru Road towards the direction of Changi Road. Suddenly at the junction of Telok Kuaru Road and St Patrick Road, a vehicle bearing registration plate number SLU7729H from opposite direction cut across my name and collided into me. I tried to brake how failed to brake in time. I wished to state that the vehicle is driving from opposite direction of Telok Kuaru road and wanting to turn into St Patrick Road when the accident happened. After the collision, I tried to stand up but my right knee was painful. The driver of SLU7729H(Female/ Chinese/ 30+ Years old) came out and passed me her contact number. After the number being passed to me, she informed that she urgently need to send the daughter back home before coming back again. She then drove off without checking the my condition. After she had left, I boarded a taxi and went to Hospital straight as I felt pain on my leg.

While I at the hospital waiting to see the doctor, I received a call from Traffic Police informing that my motorcycle has been tow away by them and to contact them on 23/05/2018 to collect the motorcycle. The traffic Police officer also informed me to lodge a police report regarding the accident. The doctor at Tan Tock Seng Hospital had given me 3 days of MC (serial number: TTSH18117950) from 22/05/2018 to 24/05/2018 after I was being discharged.

I am lodging this report to claim insurance against the party

Police Report



SINGAPORE
POLICE FORCE



T/20180522/2150

Police Station Of Origin:
Eunos NPP
629 Bedok Reservoir Road #01-1620
SINGAPORE 470629
Tel No: 1800-4439899

3 of 3
Report No. T/20180522/2150

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 GOH JIAN WEI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 22/05/2018 20:43
Officer In Charge Of Case TP / GIT / Sr Staff Sgt ONG YONG HOCK Contact No.: 85476438	Classification Of Case:
Authentication Stamp 	