Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/05/2018 18:45

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 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.

ACCIDENT STATEMENT	
Date Of Report	30/05/2018 18:21
Date Of Accident	24/05/2018 17:30
Exact Location Of Accident	ALONG ENGKU AMAN RD TURN RIGHT TO LOR SIREH PINANG
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FT4897B
Insured/Policyholder	
Name Of Registered Owner	AHMAD SAUFI IRYANI BIN MASRAN
NRIC No	S9341233H
Email Address	GARFIELDFYY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81704930
Alternative Phone No	OTHERS-81704930
Vehicle Particulars	
Manufacturer	KTM
Model	200 EGS-193CC (M)
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	5091896593
Cover Note Number	
Driver	
Name of Driver	AHMAD SAUFI IRYANI BIN MASRAN
NRIC No	S9341233H
Date Of Birth	17/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1993
Driving Experience	24 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81704930
Fax Number	
Contact Number	OTHERS-81704930
EMail Address	GARFIELDFYY@GMAIL.COM

Address	BLK 72 REDHILL ROAD #04-41
Postcode	150072
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	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?	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)	2
Passenger 1	NAME: : NUR SABRINA GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	QUEENSTOWN N.P.C
Police Station Address	**ROAD**: 3 QUEENSWAY #01-03 , **POSTCODE:** 149073 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4719999 - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180530/2110

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	SJU6245S
Vehicle Make/Model/Colour	KIA CERATO FORTE 1.6
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	RAHMAT
NRIC/Passport Number	S0035411B
Contact Number	92952604
Address	

Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2
Passenger 1	NAME: : GENDER: :

DETAILS OF INJURED PERSON 1

Name	AHMAD SAUFI IRYANI BIN MASRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT4897B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NUR SABRINA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FT4897B
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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 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)**

   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:

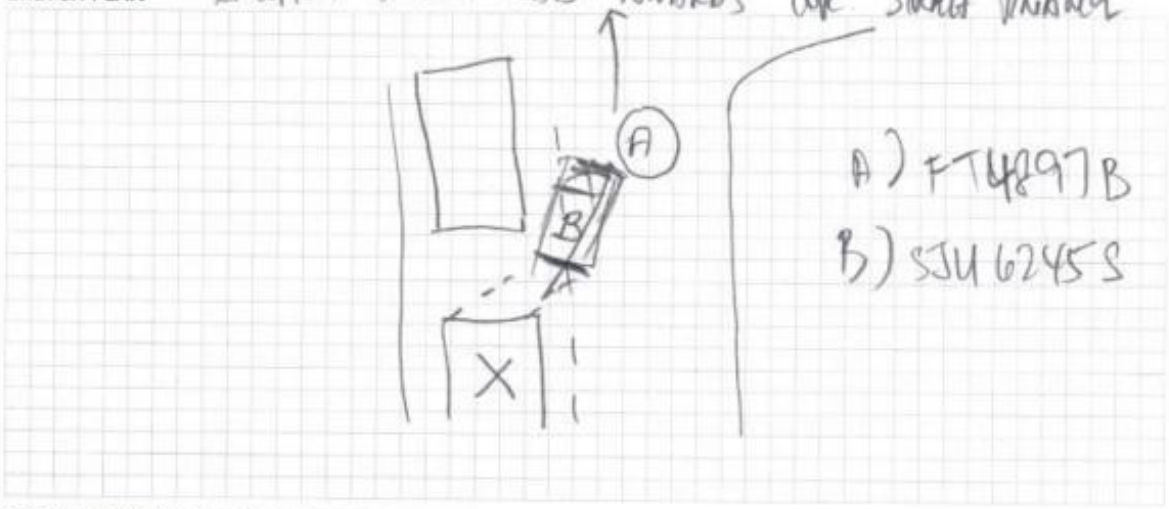
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: 30/5/2018	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 ENGKU AMAN ROAD TOWARDS JLN SUNGAI PINANG



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT 1/20180530/2110

DECLARATION

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

Policyholder's Signature
Date & Time: 30/5/2018

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

30/05/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20180530/2110

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180530/2110

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
30/05/2018 16:57		42

Informant's Particulars

Name of Informant: AHMAD SAUFI IRYANI BIN MASRAN			Address: APT BLK 72 REDHILL ROAD #04-41 SINGAPORE 150072	
ID Type / ID No.: NRIC NO / S9341233H			Contact No.: Home/Office: Mobile: 81704930	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 17/10/1993	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: PARAMEDIC			Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 24/05/2018 17:30	Type of Location: Car Park
Location: Along Road 1 Traveling Toward Road 2 ENGKU AMAN ROAD LORONG SIREH PINANG along Engku Aman Road turning right into Lorong Sireh Pinang, the carpark.				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT4897B	Motorcycle	KTM	200 EGS	Orange	Slightly Damaged	1
SJU6245S	Car	KIA	CERATO FORTE 1.6(A) SX ABS D/AB 2WD 4DR	Blue	Slightly Damaged	1

SINGAPORE POLICE FORCE

T/20180530/2110

Report No. T/20180530/2110

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT4897B	NTUC Income Insurance Co-Operative Limited	5091896593	13/06/2017	03/08/2018

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Pillion					
Name	NUR SABRINA		ID No.	S9810808D	
Related Vehicle	FT4897B (Motorcycle)		Contact No.	94518605	
Hospital/Clinic	SHALOM CLINIC & SURGERY		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	05		Degree of Injury	Slight	
Rider					
Name	AHMAD SAUFI IRYANI BIN MASRAN		ID No.	S9341233H	
Related Vehicle	FT4897B (Motorcycle)		Contact No.	81704930	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	06		Degree of Injury	Slight	
Driver					
Name	RAHMAT		ID No.	S0035411B	
Related Vehicle	SJU6245S (Car)		Contact No.	92952604	
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	

SINGAPORE POLICE FORCE

T/20180530/2110

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

CONTINUATION OF REPORT

Brief Details.

On 24/05/2018 at about 1730 hrs, I was riding my motorcycle (FT4897B) along Engku Aman Road turning right into Lorong Sireh Pinang, the carpark. I had a pillion. The traffic was moving slowly as it was congested. I was waiting behind a car before turning right into the carpark.

Suddenly, I felt a big impact from the left rear of my motorcycle. A car (SJU6245S) had collided onto my motorcycle. Subsequently, my pillion and I fell to the right side and onto the road. The right side front bumper hit onto my pillion's knee and my knee. The right side mirror of the car hit onto my handlebar which cause me to lose control of my motorcycle.

The driver did not stop upon collision and drove off. My pillion got up and with the help of passerby managed to stop the car at the slip road of Haig Road. We subsequently exchanged handphone number and I managed to get his particulars.
The damages to my motorcycle are scratches on handlebar and the frame. My motorcycle could not start after the collision which I believed due to the damaged gear and gear lever.

On the same day, I went to Changi General Hospital for medical treatment. I sustained swollen left knee and ankle. I was given 6 days of MC. On 25/05/2018,my pillion went to Shalom Clinic & Surgery as she sustained swollen right knee and also hip injury and was given 5 days of MC.

No Ambulance or Traffic Police at scene. No government property damaged.

SINGAPORE POLICE FORCE

T/20180530/2110

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20180530/2110

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: D / Sgt 2 HIDAYAT BIN SELAMAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 30/05/2018 16:57
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp NP168	

Accident Photo

Accident Photo

Accident Photo

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