

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 | 30/05/2018 18:21 |
| Date Of Accident | 24/05/2018 17:30 |
| Exact Location Of Accident | ALONG ENSKU 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 | GARFIELDFFY@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 | 28/05/2014 |
| Driving Experience | 3 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81704930 |
| Fax Number | |
| Contact Number | OTHERS-81704930 |
| Email Address | GARFIELDFFY@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 | |
| 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)
Passenger 1

2
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

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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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 LOR. SERAI PINANG



A) FT4897B
B) SJU 6245S

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
7/20180530/2110

DECLARATION

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

Signature
Date & Time

30/5/2018

GNARMC SketchPlanForm_V2

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

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

30/5/2018

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180530/2110

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

1 of 4

Report No. T/20180530/2110

REPORT OF A TRAFFIC ACCIDENT

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180530/2110

2 of 4

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

| 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 | |

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180530/2110

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

3 of 4

Report No. T/20180530/2110

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.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180530/2110

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

4 of 4

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

201-46

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #18-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours : Monday to Friday, 09:00 - 17:00
 UEN: S66550020G / GST Reg. No.: M400017735

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: MINA48070355 Vehicle Registration No: FT 4897B
 Name (as shown in NRIC): AHMAD SAUFI BIN MUBIN NRIC/FIN/Passport No: _____
 (*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 87204930
 Email Address: _____
 Date of Accident: 24/05/2018 Time of Accident: 17:30
 Place of Accident: ALONG EUSUKU AMAN RD TURN RIGHT TO LOR SERAH
 Insurance Company: MTC

(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:

DATE OF DRIVING PASS TO 28/05/2014

Policyholder / Driver's Signature
 Date:

Reporting Centre Personnel's Signature
 Name: Roshni Muthus
 NRIC/FIN No.: _____
 Date: 07/06/2018