

## 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             | 01/06/2018 14:08               |
| Date Of Accident           | 24/05/2018 19:00               |
| Exact Location Of Accident | AIRPORT ROAD NEAR KPE ENTRANCE |
| Country/State of Loss      | SINGAPORE                      |

### DETAILS OF OWN VEHICLE

|                             |                               |
|-----------------------------|-------------------------------|
| Vehicle Registration Number | FBB3988X                      |
| <b>Insured/Policyholder</b> |                               |
| Name Of Registered Owner    | BIN ZAINAL ABIDIN, ZULKARNAIN |
| NRIC No                     | S8628420J                     |
| Email Address               | ZULKARNAIN3988@GMAIL.COM      |
| Mobile Phone No             | (LOCAL) +65-92381872          |
| Alternative Phone No        | OTHERS-92381872               |

### Vehicle Particulars

|  |             |
|--|-------------|
| Manufacturer   | HONDA       |
| Model  | CB400       |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage          | THIRD PARTY FIRE AND/OR THEFT             |
| Fleet Policy              | NO  |
| Policy Number             | MC/00150394/04                            |
| Cover Note Number         |   |

### Driver

|                      |                               |
|----------------------|-------------------------------|
| Name of Driver       | BIN ZAINAL ABIDIN, ZULKARNAIN |
| NRIC No              | S8628420J                     |
| Date Of Birth        | 22/09/1986                    |
| Occupation           | OUTDOOR                       |
| Date Of Driving Pass | 27/01/2014                    |
| Driving Experience   | 4 YEARS AND 3 MONTHS          |
| Gender               | MALE                          |
| Mobile Number        | (LOCAL) +65-92381872          |
| Fax Number           |                               |
| Contact Number       | OTHERS-92381872               |
| Email Address        | ZULKARNAIN3988@GMAIL.COM      |

|   |                                   |
|---|-----------------------------------|
| Address   | BLK 453D FERNVALE ROAD<br>#06-539 |
| Postcode  | 794453                            |
| 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 | -<br>-<br>-                       |
| Insurance Company of Driver's Own Vehicle           | -<br>-<br>-                       |

#### 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)   | 1   |

#### Details of Police Action

|   |  |
|---|--|
| Was the accident reported to the police?  | YES  |
| If Yes, Please state which Police Station |  |
| Police Station Name                       | GEYLANG N.P.C  |
| Police Station Address                    | <b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE |
| Police Station Contact                    | <b>TEL NO:</b> - <b>FAX NO:</b>  |
| Was notice of intended Prosecution given? | NO   |
| If Yes, against whom?                     |  |

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180525/2075

#### 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 Witness 1

|               |          |
|---------------|----------|
| Name          | DERICK   |
| Phone Number  | 96775350 |
| Email Address |          |

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                             |             |
|-----------------------------|-------------|
| Vehicle Registration Number | SJQ1257L    |
| 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 BIN ZAINAL ABIDIN, ZULKARNAIN

Approximate Age

Injuries Sustain SERIOUS

Injured person in which vehicle? FBB3988X

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE

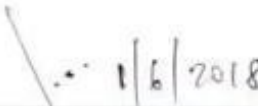
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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4. The issue and acceptance of this Form by insurance companies is not an admission 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:

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

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

# Sketch Plan #2

## SKETCH PLAN

A - FBB3988X  
B - SJQ1257L

AIRPORT ROAD  
Near KPE  
Entrance

KPE

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20180525/2075

## 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.:

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180525/2075

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20180525/2075

#### CONTINUATION OF REPORT

| Details of Person Involved        |                              |  |                                       |
|-----------------------------------|------------------------------|--|---------------------------------------|
| Any Pedestrian Involved: No       |                              |  |                                       |
| No. of Pedestrians Injured: NIL   |                              | Use of Pedestrian Crossing: NA         |                                       |
| Rider                             |                              |  |                                       |
| Name                              | ZULKARNAIN BIN ZAINAL ABIDIN | ID No.                                 | S8628420J                             |
| Related Vehicle                   | FBB3988X (Motorcycle)        | Contact No.                            | 92381872                              |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL      | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | 24/05/2018                   | Date Discharge                         | 24/05/2018                            |
| No. of Days granted Medical Leave | 21                           | Degree of Injury                       | Serious                               |

#### Brief Details.

On 24/05/2018 at around 1900hrs, I was riding on the 2nd lane of airport road towards Paya Lebar Airbase. While I was riding, I saw a vehicle from the opposite direction waiting in the U-Turn point waiting to turn into my side of the road. I continue going straight and suddenly the said vehicle at the U turn point turned out. instead of the U turning into the 2nd lane, the vehicle cut across and straight into the 3rd lane. This caused me to hit into the left rear door of the vehicle.



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



Accident Photo





Accident Photo





Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180525/2075

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180525/2075

## REPORT OF A TRAFFIC ACCIDENT

|  |                  |                          |
|--|------------------|--------------------------|
| Date/Time Report Made:<br>25/05/2018 14:05 | Vide Report No.: | Station Diary No.:<br>68 |
|--|------------------|--------------------------|

### Informant's Particulars

|  |            |                              |  |  |                            |
|--|------------|------------------------------|--|--|----------------------------|
| Name of Informant:<br>ZULKARNAIN BIN ZAINAL ABIDIN |            |                              | Address:<br>APT BLK 453D FERNVALE ROAD #06-539 SINGAPORE<br>794453 |  |                            |
| ID Type / ID No.:<br>NRIC NO / S8628420J           |            |                              | Contact No.:<br>Home/Office:                                       |  | Mobile: 92381872           |
| Nationality:<br>SINGAPORE CITIZEN                  |            |                              | Email:   |  |                            |
| Sex:<br>Male                                       | Age:<br>31 | Date of Birth:<br>22/09/1986 | Type of Informant:<br>Rider  |  |                            |
| Race:<br>Malay                                     |            |                              | Language:  |  | Institution / School Name: |
| Occupation:<br>Container Handling Specialist       |            |                              | Driving Licence Information:<br>Class: 2B,2A,3                     |  | Date of Expiry:            |

### General Information of the Accident

|  |                                 |                                    |   |   |
|--|---------------------------------|------------------------------------|---|---|
| General Information of the Accident                          |                                 |                                    |   |   |
| Type of Accident:  | Injury<br>Conveyed By Ambulance | Drink<br>Drive:<br>No              | Date/Time of<br>Accident:<br>24/05/2018 19:00 | Type of Location:<br>Straight Road      |
| Location:<br>Along Road 1<br>AIRPORT ROAD                    |                                 |                                    |   |   |
| Near KPE Entrance  |                                 |                                    |   |   |
| Weather:<br>Clear  |                                 | Road Surface:<br>Dry               |   | Road Speed Limit:                       |
| Traffic Flow:<br>One Way                                     |                                 | Traffic Control:<br>Not Controlled |   | Traffic Volume:<br>Moderate             |
| Type of Collision:<br>Between Moving Vehicles - Head To Rear |                                 |                                    |   | Anyone conveyed by<br>ambulance:<br>Yes |

### Details of Vehicle Involved

| Vehicle No. | Type       | Make  | Model | Color | Condition            | No of Passenger |
|-------------|------------|-------|-------|-------|----------------------|-----------------|
| FBB3988X    | Motorcycle | HONDA | CB400 | Black | Seriously<br>Damaged | 0               |
| SJQ1257L    | Car        |       |       |       | Slightly<br>Damaged  | 2               |

### Details of Vehicle Insurance

| Vehicle No. | Insurance Company                              | Insurance No   | Effective  | Expiry Date |
|-------------|--|----------------|------------|-------------|
| FBB3988X    | DIRECT ASIA INSURANCE<br>(SINGAPORE) PTE. LTD. | MC/00150394/04 | 22/09/2013 | 21/09/2018  |

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180525/2075

Police Station Of Origin:

Geylang N.P.C

132 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

2 of 3

Report No. T/20180525/2075

## CONTINUATION OF REPORT

|                                   |                              |  |                                       |
|-----------------------------------|------------------------------|--|---------------------------------------|
| <b>Details of Person Involved</b> |                              |  |                                       |
| Any Pedestrian Involved: No       |                              |  |                                       |
| No. of Pedestrians Injured: NIL   |                              | Use of Pedestrian Crossing: NA         |                                       |
| <b>Rider</b>                      |                              |  |                                       |
| Name                              | ZULKARNAIN BIN ZAINAL ABIDIN | ID No.                                 | S8628420J                             |
| Related Vehicle                   | FBB3988X (Motorcycle)        | Contact No.                            | 92381872                              |
| Hospital/Clinic                   | CHANGI GENERAL HOSPITAL      | Class of Driving Licence & Expiry Date | Class: 2B,2A,3<br>Date of Expiry: NIL |
| Date Treatment                    | 24/05/2018                   | Date Discharge                         | 24/05/2018                            |
| No. of Days granted Medical Leave | 21                           | Degree of Injury                       | Serious                               |

### Brief Details.

On 24/05/2018 at around 1900hrs, I was riding on the 2nd lane of airport road towards Paya Lebar Airbase. While I was riding, I saw a vehicle from the opposite direction waiting in the U-Turn point waiting to turn into my side of the road. I continue going straight and suddenly the said vehicle at the U turn point turned out. instead of the U turning into the 2nd lane, the vehicle cut across and straight into the 3rd lane. This caused me to hit into the left rear door of the vehicle.



# Police Report



SINGAPORE  
POLICE FORCE



T/20180525/2075

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180525/2075

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 SYED SYAHID BIN OSMAN IDROS

*[Signature]*

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SSI TAN CHIN YONG

Contact No.: 65476178



SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

Signature Of Informant:

*[Signature]*

Date/Time:

25/05/2018 14:05

Classification Of Case: