

## 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	05/06/2018 19:49
Date Of Accident	10/05/2018 08:45
Exact Location Of Accident	CTE AFTER BRADDELL RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT5518P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ASRIN BIN JAMIL
NRIC No	S7938292B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96526750
Alternative Phone No	OFFICE-96526750

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFYJ
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	REPORTING ONLY
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	5092500943
Cover Note Number	

### Driver

Name of Driver	ASRIN BIN JAMIL
NRIC No	S7938292B
Date Of Birth	01/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	22/04/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96526750
Fax Number	
Contact Number	OFFICE-96526750
Email Address	NOEMAIL

Address	BLK 365 YISHUN RING ROAD #09-1548
Postcode	760365
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?	YES
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180515/2027. AS SPOKEN TO THERESA-NTUC OFFICER. DRIVER CAN SEND ME THE PHOTOS BY EMAIL.

#### 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	SJF1253E
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) 1

**DETAILS OF INJURED PERSON 1**

Name ASRIN BIN JAMIL

Approximate Age

Injuries Sustain FRACTURES ON HANDS

Injured person in which vehicle? FT5518P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN


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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.

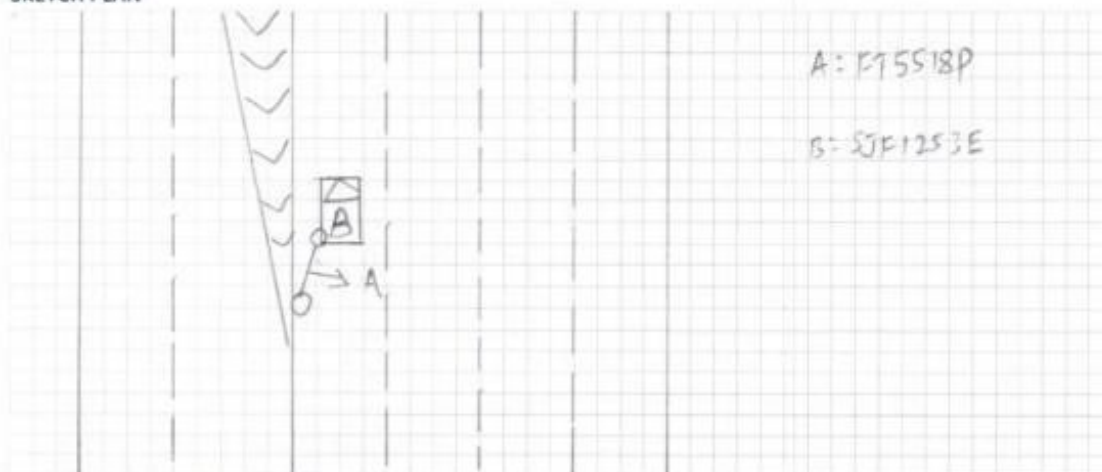
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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 - 7/20180515/2022.

## 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**



T/20180515/2027

1 of 3

Report No. T/20180515/2027

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/05/2018 10:56	Vide Report No.:	Station Diary No.: 39
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### Informant's Particulars

Name of Informant: ASRIN BIN JAMIL			Address: APT BLK 365 YISHUN RING ROAD #09-1548 SINGAPORE 760365		
ID Type / ID No.: NRIC NO / S7938292B			Contact No.:		Mobile: 96526750
			Home/Office:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 01/12/1979	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: AIRPORT RAM SERVICEMAN			Driving Licence Information: Class:		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 10/05/2018 08:40	Type of Location: Straight Road
Location:  CENTRAL EXPRESSWAY  Towards Upper Serangoon Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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	Driver or Passenger
FT5518P	Motorcycle	HONDA	CB400SFYJ	Black		0
SJF1253E	Car					0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT5518P	NTUC Income Insurance Co-Operative Limited	5092500943	07/07/2017	07/07/2018



# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180515/2027

Police Station Of Origin;  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180515/2027

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ASRIN BIN JAMIL	ID No.	S7938292B
Related Vehicle	NIL	Contact No.	96526750
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.

On the 10/05/2018 at about 0840hrs I was riding my motorcycle FT5518P on lane 3 along CTE towards upper Serangoon road. As I was approaching the ERP gantry I realized I did not insert my cash card into the In-Vehicle Unit. Thus I decided to stop at the road shoulder to insert my cashcard. I then moved off and I tried to cut into the lane but I did not see that there was a car SJF1253E in front of me. As a result I collided at the side of the car and I lost control and I fell down.

I sustained fractures on both of my hands and I was given 7 days of MC. The driver of vehicle SJF1253E called for ambulance and I was sent to the hospital.

I do not have the driver's particulars, I was only given the other parties contact number and he can be reached at 1542154.

I have no vehicle camera installed.

Police Report



SINGAPORE  
POLICE FORCE



T/20180515/2027

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20180515/2027

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:

F /

Sgt 2 KEITH GARRET ILETO LIM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/05/2018 10:56

Officer In Charge Of Case:

TP / GIT /

Staff Sgt LEE GUANG HUI

Contact No.: 65476138

Classification Of Case:

Authentication Stamp

NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo

