

## 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	13/06/2018 19:31
Date Of Accident	11/06/2018 09:45
Exact Location Of Accident	TPE TWDS PIE AFTER PUNGOL EAST FLYOVER
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK3653P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	JURINO BIN HARITH
NRIC No	S8320622E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93662541
Alternative Phone No	OFFICE-93662541

### Vehicle Particulars

Manufacturer	HONDA
Model	VFR800X ABS 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5082170915-01
Cover Note Number	

### Driver

Name of Driver	JURINO BIN HARITH
NRIC No	S8320622E
Date Of Birth	07/07/1983
Occupation	INDOOR
Date Of Driving Pass	10/02/2009
Driving Experience	9 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93662541
Fax Number	
Contact Number	OFFICE-93662541
Email Address	NOEMAIL

Address	BLK 471A FERNVALE STREET #09-99
Postcode	791471
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 - CHANGE/CROSS LANE
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	CHANGI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 9 SIMEI STREET 2 , <b>POSTCODE:</b> 529914 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5872999 - <b>FAX NO:</b> 65872900
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20180611/2067.

#### 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	FBM319P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD SHAJIDILAH
NRIC/Passport Number	S9047382D
Contact Number	86661796
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver) 1

**DETAILS OF INJURED PERSON 1**

Name JURINO BIN HARITH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBK3653P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name MOHD SHAJIDILAH  
Approximate Age  
Injuries Sustain BODY  
Injured person in which vehicle? FBM319P  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? YES  
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: 12/8/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:



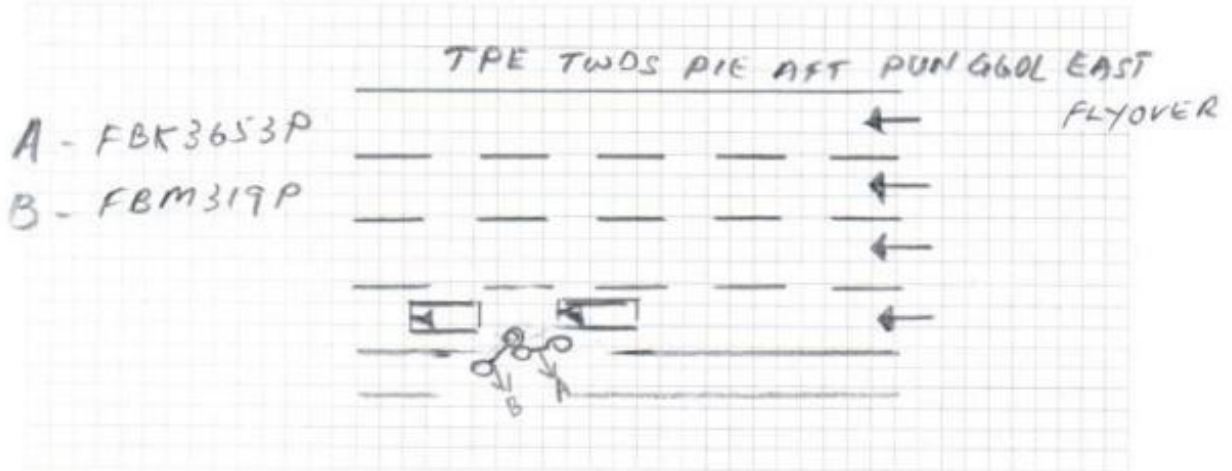
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer to the police report: T/20180611/2067

## DECLARATION

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

*[Signature]*

Policyholder's Signature

Date & Time: 12/6/2018

Driver's Signature

(If driver is not the policyholder)

Date & Time:

*[Signature]*

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180611/2067

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

1 of 3  
Report No: T/20180611/2067

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/06/2018 13:48	Vide Report No.:	Station Diary No.: 23
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### Informant's Particulars

Name of Informant: JURINO BIN HARITH	Address: APT BLK 471A FERNVALE STREET #09-99 SINGAPORE 791471		
ID Type / ID No.: NRIC NO / S8320622E	Contact No.:	Mobile: 93662541	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 34	Date of Birth: 07/07/1983	Type of Informant: Rider
Race: Malay	Language:	Institution / School Name:	
Occupation: Police officer	Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 11/06/2018 09:45	Type of Location: Straight Road
Location: Along Road 1 TAMPINES EXPRESSWAY				
Along TPE towards PIE, after Punggol East Flyover				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume:		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK3653P	Motorcycle	HONDA	VFR800X ABS M	Black	Seriously Damaged	0
FBM319P	Motorcycle				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK3653P	NTUC Income Insurance Co-Operative Limited	5082170915-01	13/07/2017	12/07/2018

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20180611/2067

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180611/2067

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	JURINO BIN HARITH	ID No.	S8320622E
Related Vehicle	FBK3653P (Motorcycle)	Contact No.	93662541
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Rider</b>			
Name	MOHD SHAJIDILLAH	ID No.	S9047382D
Related Vehicle	FBM319P (Motorcycle)	Contact No.	86661796
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 above mentioned date, time and location, I was riding on the most left lane near the road shoulder. The traffic was heavily congested and slow moving due to an accident. While I was riding, a motorcycle (FBM319P) came out of a blind spot in front of me and did not check his left, I swerved towards the road shoulder to prevent an accident, however, I was unable to brake in time, resulting in the accident. Both motorcycles fell and both riders were conveyed by ambulance to CGH.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180611/2067

Police Station Of Origin:  
Changi N.P.C  
9 Simei Street 2 SINGAPORE 529914  
Tel No: 1800-5872999

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Report No. T/20180611/2067

### 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 THIVIYASHINI D/O PANNIRSELVAM

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
11/06/2018 13:48

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt IRMAN BIN MOHAMAD SAID  
Contact No.: 65476365

Classification Of Case:

Authentication Stamp  
NP168

# Medical Cert



Changi  
General Hospital  
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

EMD2018112458

Name JURINO BIN HARITH		NRIC No. S8320622E
This is to certify that the above-named is unfit for duty for a period of <u>7</u> days from <u>11-Jun-2018</u> to <u>17-Jun-2018</u> inclusive.		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: _____	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: _____	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments:		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 11-Jun-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  ZHOU HONGYI, 62688J

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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