

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	18/06/2018 16:18
Date Of Accident	14/06/2018 17:50
Exact Location Of Accident	ALONG JOO CHIAT RD NEAR KHALID MOSQUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBA8629E
Insured/Policyholder	
Name Of Registered Owner	MOHAMED FAISAL BIN ABDUL RAHMAN
NRIC No	S8002149F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98005369
Alternative Phone No	OFFICE-98005369

Vehicle Particulars

Manufacturer	SUZUKI
Model	DRZ400SMK7
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	5048205451-06
Cover Note Number	

Driver

Name of Driver	MOHAMED FAISAL BIN ABDUL RAHMAN
NRIC No	S8002149F
Date Of Birth	20/01/1980
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2000
Driving Experience	17 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98005369
Fax Number	
Contact Number	OFFICE-98005369
Email Address	NOEMAIL

Address	BLK 742 PASIR RIS STREET 71 #08-21
Postcode	510742
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: : ASHRAFF BIN AB SAMAD GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MARINA BAY N.P.C
Police Station Address	ROAD: 1 PRINCE EDWARD LINK , POSTCODE: 078872 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180614/2189.

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	SFG55J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARREN GOH YEE WEI
NRIC/Passport Number	S9148741A
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MOHAMED FAISAL BIN ABDUL RAHMAN

Approximate Age

Injuries Sustain HANDS, KNEE AND RIBCAGE

Injured person in which vehicle? FBA8629E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name ASHRAFF BIN AB SAMAD

Approximate Age

Injuries Sustain ABRASION ON LEFT FINGERS AND RIGHT KNEE

Injured person in which vehicle? FBA8629E

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

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:

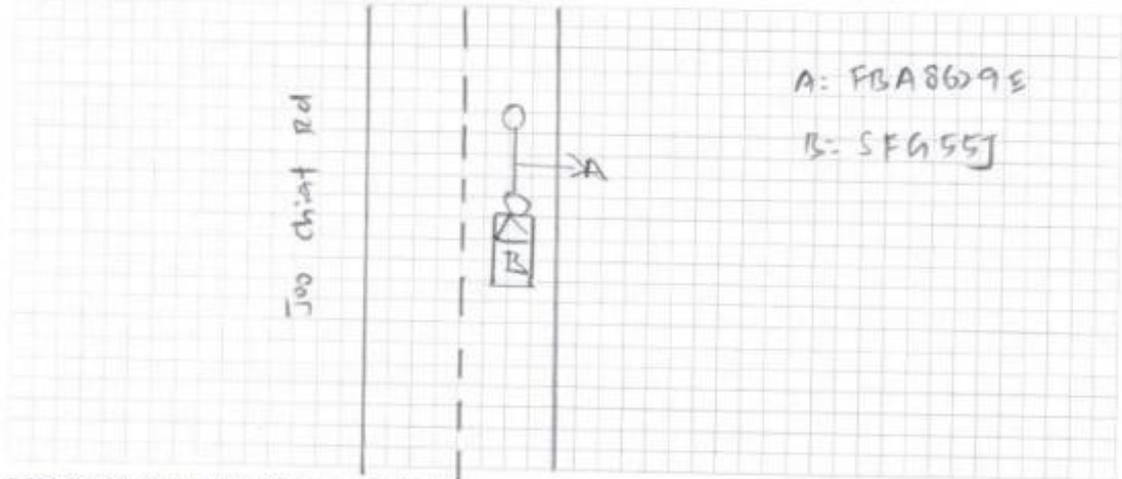
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



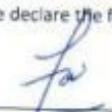
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - T/20180614/2159.

(The rest of the form is crossed out with a diagonal line.)

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.:

Form 547 (2009/2010) Rev. 01

Police Report



**SINGAPORE
POLICE FORCE**



T/20180614/2189

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

1 of 4

Report No. T/20180614/2189

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2018 22:41		Vide Report No.:		Station Diary No.: 47	
Informant's Particulars					
Name of Informant: MOHAMED FAISAL BIN ABDUL RAHMAN			Address: APT BLK 742 PASIR RIS STREET 71 #08-21 SINGAPORE 510742		
ID Type / ID No.: NRIC NO / S8002149F			Contact No.:		Mobile: 98005369
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 38	Date of Birth: 20/01/1980	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: SOUND TECHNICIAN			Driving Licence Information: Class: 2B,2A		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 14/06/2018 17:50	Type of Location: Straight Road
Location: Along Road 1 JOO CHIAT ROAD				
Near Khalid Mosque				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBA8629E	Motorcycle	SUZUKI	DRZ400SMK 7	Blue	Seriously Damaged	1
SFG55J	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBA8629E	NTUC Income Insurance Co-Operative Limited	5048205451-06	14/09/2017	13/09/2018

Police Report



**SINGAPORE
POLICE FORCE**



T/20180614/2189

Police Station Of Origin:
Marina Bay N.P.C
70 Marina View SINGAPORE 018962
Tel No: 1800-2229999

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Report No. T/20180614/2189

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Pillion			
Name	ASHRAFF BIN AB SAMAD	ID No.	S9049817G
Related Vehicle	FBA8629E (Motorcycle)	Contact No.	90277264
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Rider			
Name	MOHAMED FAISAL BIN ABDUL RAHMAN	ID No.	S8002149F
Related Vehicle	FBA8629E (Motorcycle)	Contact No.	98005369
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	DARREN GOH YEE WEI	ID No.	S9148741A
Related Vehicle	SFG55J (Car)	Contact No.	NIL
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 14/06/2018 at about 1750hrs, I was travelling on a straight road along Joo Chiat Road near to Khalid Mosque. I was travelling with a pillion on my Suzuki DRZ (FBA 8629E) when all of a sudden I felt an impact from the back of my motorcycle. A black Alfa Romeo Giulietta (SFG55J) had hit my motorcycle with the front ride side of its vehicle.

Upon collision, I lost balance and my motorcycle hit the side of the vehicle before it fell to the road. The driver of the vehicle did stop but I cannot recall what he had said to us. I remember him telling us that he was in a rush. There were passerby who had stopped to help me carry up the motorcycle which had been

Police Report



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POLICE FORCE**



T/20180614/2189

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Report No. T/20180614/2189

CONTINUATION OF REPORT

damaged. I managed to exchange particulars with the driver of the vehicle but I believe that the mobile number he had provided me is not his number as when I tried to call, someone else had picked up.

I sustained abrasion on both of my hands and side of my right knee as well as pain on the right of my ribcage. My pillion sustained abrasions on his left fingers and his right knee.

The motorcycle also sustained some damages which includes scratches and dent on the handle and exhaust pipe, broken side mirror and right signal, dent on the right foot rest pedal, right side brake lever dented and the alignment of the motorcycle was off.

I am lodging this report for record purposes as well as for insurance claims.

Police Report



SINGAPORE
POLICE FORCE



T/20180614/2189

Police Station Of Origin:
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Report No. T/20180614/2189

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: A / Sgt 2 SRI SALMINAH BINTE SELAMAT
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430

Signature Of Informant:
Date/Time: 14/06/2018 22:41
Classification Of Case:

Authentication Stamp
NP158

Signature:
Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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