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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	19/06/2018 09:59
Date Of Accident	14/06/2018 09:40
Exact Location Of Accident	ALONG TAMPINES ROAD TOWARDS KPE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC6781A
Insured/Policyholder	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	XMABHX@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-88286176
Alternative Phone No	OFFICE-88286176
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YBX125-124CC (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5100726122
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD AMIRUL BIN HANAFI
NRIC No	S9544383D

 NRIC No
 \$9544383D

 Date Of Birth
 29/11/1995

 Occupation
 OUTDOOR

 Date Of Driving Pass
 21/08/2014

Driving Experience 3 YEARS AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-88286176

Fax Number

Contact Number OTHERS-88286176

EMail Address XMABHX@YAHOO.COM.SG

BLK 784 YISHUN AVENUE 2 Address

#04-1529

Postcode 760784

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident NO COLLISION

Weather Conditions **CLEAR** Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident 3

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

NO

NO

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

1

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 32 YISHUN ST 81, POSTCODE: 768456, COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8522999 - FAX NO: 68522239

Was notice of intended Prosecution given?

NO

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180614/2185

Attachment(s)

Are accident photos available for attachment? YES Was there any video captured by Car Camera? YES

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLV1873H Vehicle Make/Model/Colour **MITSUBISHI**

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver PRIYANKA MAHESHWARI

NRIC/Passport Number S7969587D

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SLX4157L

Vehicle Make/Model/Colour VOLKSWAGEN

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver FUNG PAK HANG MARTIN

NRIC/Passport Number S8272037E

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1 NAME: :

GENDER:

DETAILS OF INJURED PERSON 1

Name MUHAMMAD AMIRUL BIN HANAFI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBC6781A

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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- 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.
- 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.
- 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:
 - 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 Bersongel's Signature

NRIC/FIN No.

Accident Sketch Plan

	E DO A	A) FBC 6281A B) SLV 1873H C) SLX 4157L
DESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
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		Qul
	Poly	718
	War John	
1		
100	/	
DECLARATION		





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

Report No. T/20180614/2185

1 of 4

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/06/2018 22:33	Vide Report No.: G/20180614/0260	Station Diary No. 72
Informant's Particulars		
Name of Informant: MUHAMMAD AMIRUL BIN HANAFI	Address: APT BLK 784 YISHUN 760784	N AVENUE 2 #04-1529 SINGAPORE
ID Type / ID No.; NRIC NO / S9544383D	Contact No.: Home/Office:	Mobile: 88286176
Mationality	Email:	

Nationality: SINGAPORE CITIZEN Date of Birth: Type of Informant: Sex: Age: 22 29/11/1995 Rider Male Institution / School Name: Language: Race: English Boyanese Driving Licence Information: Occupation: Class: 2B,2A Date of Expiry: Part-time Delivery

General Information of the Accident Injury Drink Date/Time of Type of Location: Type of Conveyed By Ambulance Drive: Accident: Entering KPE Accident: No 14/06/2018 09:40 Location: Along Road 1 TAMPINES ROAD Along Tampines Rd towards KPE Road Surface: Road Speed Limit: Weather Dry Clear Traffic Flow: Traffic Control: Traffic Volume: Not Controlled One Way Heavy Type of Collision: Anyone conveyed by Self-skidded ambulance: Yes

Details of V	ehicle Involve	d	THE PARTY OF		The second	emed letters
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBC6781A	Motorcycle	YAMAHA	YBR125	Silver	Slightly Damaged	0
SLV1873H	Car	MITSUBISHI				0
SLX4157L	Car	VOLKSWAGO N		White		1

Details of V	ehicle Insurance			Midwell (Fig. 12)
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date





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Report No. T/20180614/2185

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999

CONTINUATION OF REPORT

Details of V	ehicle Insurance		10000	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC6781A		5100726122	05/06/2018	04/06/2019
Details of P	erson Involved			
Any Pedestr	rian Involved: No			
No. of Pede	strians Injured: NIL	Use of Pedestrian C	Crossing: NA	

Details of Person						
Any Pedestrian In					0	NIA
No. of Pedestrians	s Injured: NIL		Use of Pede	estrian	Crossi	ng. NA
Rider			MITTER SILL			005110000
Name	MUHAMMAD AMIRUL E	BIN HANA	FI	ID No.		S9544383D
Related Vehicle	FBC6781A (Motorcycle))		Contact No.		88286176
Hospital/Clinic	Railles Medical		Class of Driving Licence & Expiry Date		Class: 2B,2A Date of Expiry: NIL	
Date Treatment	14/06/2018		Date Disch	narge	14/06	/2018
)3	Degree of		Slight	
Driver	CG WCGIGGI EGGTG			2 44		
Name	Priyanka Maheshwari			ID No.		S7969587D
Related Vehicle	SLV1873H (Car)		Contact No.		NIL	
Hospital/Clinic	NIL		Class Driving Licent Expiry	g ce &	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc		NIL	
No. of Doug gran		NIL	Degree of		NIL	
	ted Wedical Leave	110		The same	9000	A PRODUCTION OF THE
Driver Name	Fung Pak Hang Martin			ID No		S8272037E
Related Vehicle	SLX4157L (Car)			Contact No.		NIL
Hospital/Clinic	NIL		Class Drivin Licen Expir	g	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Disc	charge	NIL	
	nted Medical Leave	NIL	Degree o		NIL	



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Report No. T/20180614/2185

Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No. 1800-8522999

CONTINUATION OF REPORT

Brief Details.

On 14/06/2018 at about 0940hrs, I was entering from the most left lane of KPE from Tampines Rd Subsequently, I wanted to cut in between two cars in between the most lane and the lane on the right when I skidded after I jam braked. There were two vehicle owners (SLV1873H & SLX4157L) came to me and mentioned that due to the incident, my bike had collided onto their vehicles. However, to my recollection, I did not hit onto any vehicles. There was one vehicle owner (Ronald Quek, c/n: 97729724) which was behind came and told me that he did not witness what happened but there was a in-car footage that he will be able to send me. I was then conveyed by Ambulance to Raffles Hospital due to hip, knee and elbow injury. Thereafter I was given 3 days MC. Due to the accident, my right side of my motorcycle was damaged. Also, I suffered multiple abrasions on my right/knee, lower back contusion and right hip contusion/abrasion.

Subsequently, I received a call from 65476437, who identified as TP IO SI Joe, to ask me to do Police report. He was the In-charge of the accident case,





Police Station Of Origin: Yishun South N.P.C 32 Yishun Street 81 SINGAPORE 768456 Tel No: 1800-8522999 4 of 4 Report No. T/20180614/2185

CONTINUATION OF REPORT

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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 /	Signature Of Informant:
Sr Staff Sgt KOH KIAN WEE	42.
Signature Of Interpreter: Not applicable	Date/Time: 14/06/2018 22:33
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt YUS MASTARI I KHAZALI	Classification Of Case:
Contact No.: 65476214	ENTRES I
Authentication Stamp	5























