



**SINGAPORE
POLICE FORCE**



T/20180513/2038

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Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180513/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/05/2018 12:11	Vide Report No.:	Station Diary No.: 21
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Informant's Particulars		
Name of Informant: MUHAMMAD EFFIE BIN TEMIAN		Address: APT BLK 801 TAMPINES AVENUE 4 #04-257 SINGAPORE 520801
ID Type / ID No.:	NRIC NO / S8824257B	Contact No.: Home/Office: Mobile: 92207932
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 29	Date of Birth: 18/07/1988
Race: Malay		Type of Informant: Rider
Occupation: TECHNICIAN		Language: English
		Institution / School Name:
		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: 12/05/2018 14:30	Type of Location: Straight Road
Location: Along Road 1 TAMPINES STREET 23				
ALONG TAMPINES STREET 23				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: STATIONARY VEHICLE AGAINST MOVING MOTORCYCLE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBJ5842C	Motorcycle	HONDA	CB400X MANUAL	Red	Slightly Damaged	1
SLR1873D	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBJ5842C	NTUC Income Insurance Co-Operative Limited	5074546987-02	16/07/2017	15/07/2018



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CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider			
Name	MUHAMMAD EFFIE BIN TEMIAN	ID No.	S8824257B
Related Vehicle	NIL	Contact No.	89562314 92207932
Hospital/Clinic	NIL	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	NIL	Degree of Injury	Slight
Pillion			
Name	MAZNAH BINTE JAFFAR	ID No.	S1193840Z
Related Vehicle	NIL	Contact No.	96963102
Hospital/Clinic	TAMPINES MEDILIFE CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/05/2018	Date Discharge	13/05/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

On 12/05/2018, at about 1430hrs, I was riding along Tampines Street 23 from Tampines Ave 2 and my mother namely Maznah Binte Jaffar, S1193840Z, 62 years old, Blk 801 Tampines Ave 4 #04-257 was my pillion passenger. I was slowing down as the traffic light had turned red.

The traffic condition was heavy and weather was clear. As I rode towards the traffic light junction, a passenger suddenly alighted from a vehicle (SLR1873D) that was also stationary due to the red traffic light. The driver's particulars: Young Xi Quan, S9709805J, HP: 82001108.

The rear passenger door swung open and I could not react in time and as such, my motorcycle hit onto the door and both my mother and I fell onto the left side, onto the kerb along the road. There are damages mostly on the left portion of my motorcycle.

There was coincidentally a police patrol car passing by the road, where there were two officers who attended to us and subsequently assisted to call for traffic police and ambulance on our behalf. Traffic police and ambulance were then at scene but both my mother and I refused conveyance to the hospital. I was informed by the Traffic Police officer that if we feel unwell thereafter, we can proceed for medical checkup and lodge a traffic accident report if we obtain medical leave of three days or more.

On 13/05/2018, my mother felt pain on her left calf and went to see the doctor and was given four days of medical leave from 13/05/2018 to 16/05/2018. For myself, I have slight abrasions on my left thigh and



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CONTINUATION OF REPORT

foot area but I did not see the doctor.

I do not have any recording footages of the incident.



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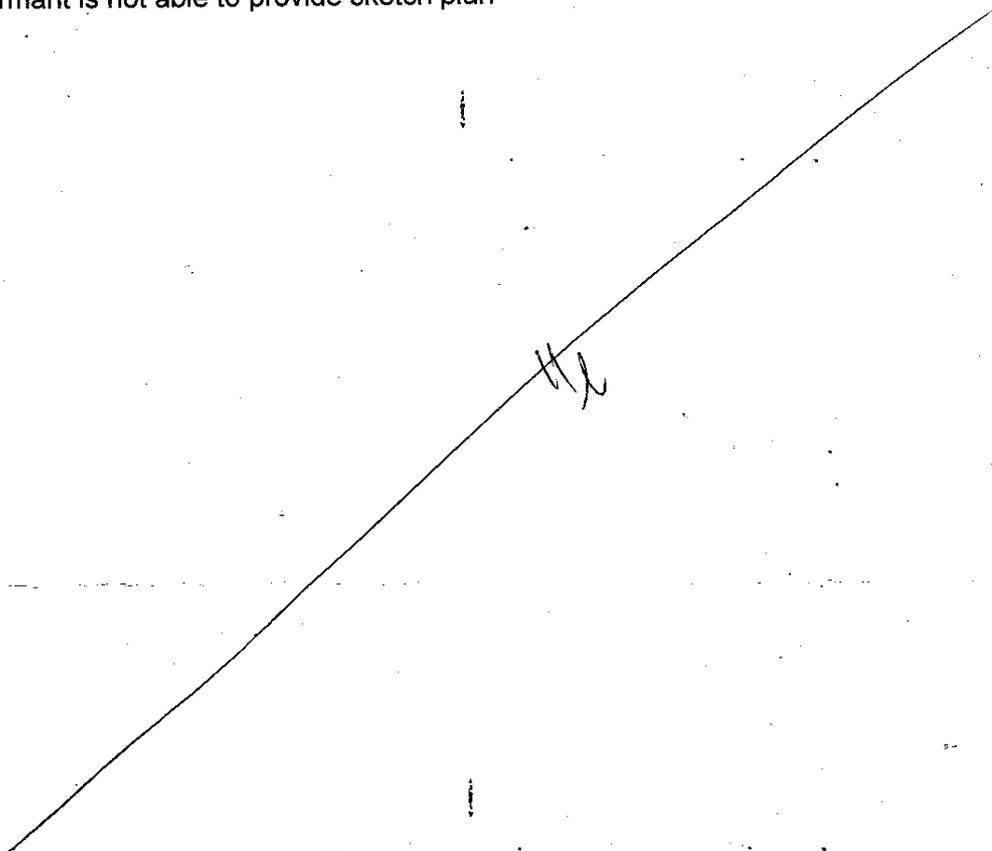
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Tel No: 1800-5871999

Report No: T/20180513/2038

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 3 SOPHIA SIM SHI MEI
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / Staff Sgt YAN MINGSHENG DANIEL Contact No.: 65476252

Signature Of Informant:
Date/Time: 13/05/2018 12:11
Classification Of Case:

Authentication Stamp
SINGAPORE
POLICE FORCE

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	14/05/2018 10:45
Date Of Accident	12/05/2018 14:30
Exact Location Of Accident	TAMPINES STREET 23
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ5842C
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD EFFIE BIN TEMIAN
NRIC No	S8824257B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92207932
Alternative Phone No	OTHERS-92207932

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X MANUAL
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	5074546987-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD EFFIE BIN TEMIAN
NRIC No	S8824257B
Date Of Birth	18/07/1988
Occupation	INDOOR
Date Of Driving Pass	25/04/2012
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92207932
Fax Number	
Contact Number	OTHERS-92207932
EMail Address	NOEMAIL

Address BLK 801 #04-257 TAMPINES AVENUE 4
 Postcode 520801
 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 - OPENING DOOR OF VEHICLE
 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: : MAZNAH BINTE JAFFAR
 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
 If Yes, Please state which Police Station
 Police Station Name TAMPINES N.P.C
 Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No, T/20180513/2038

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 SLR1873D
 Vehicle Make/Model/Colour
 Details Of Properties PRIVATE CAR
 Vehicle Category
 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 MAZNAH BINTE JAFFAR
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBJ5842C
Were seat belts worn? NO
Was this injured conveyed to hospital by ambulance?
Address
Postcode

DETAILS OF INJURED PERSON 2

Name MUHAMMAD EFFIE BIN TEMIAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBJ5842C
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance?
Address
Postcode

Accident Sketch Plan Pg. 1

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.**
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 liability.**
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: 14 MAR 10
1050hrs

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Reporting Centre Personnel's Signature
Singapore 415933
Name:
Tel: 67416697 Fax: 67492305
NRIC/ID No.
Email: vackb@singnet.com.sg

