

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	23/06/2018 15:46
Date Of Accident	19/06/2018 17:00
Exact Location Of Accident	JUNC COMPASSVALE ST & PUNGGOL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH636A
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HAMDAN BIN DUL JALIL
NRIC No	S9106328Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91159643
Alternative Phone No	OFFICE-91159643

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER ST 200
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
Fleet Policy	NO
Policy Number	5086035319-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ALIF BIN IDRIS
NRIC No	S8808960Z
Date Of Birth	18/03/1988
Occupation	INDOOR
Date Of Driving Pass	11/09/2008
Driving Experience	9 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85990432
Fax Number	
Contact Number	OFFICE-85990432
Email Address	NOEMAIL

Address	BLK 291B COMPASSVALE STREET #02-240
Postcode	542291
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180620/2124 & T/20180622/2166.

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	SGL8435E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PATRICK
NRIC/Passport Number	
Contact Number	93658293
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ALIF BIN IDRIS

Approximate Age

Injuries Sustain

BACK

Injured person in which vehicle?

FBH636A

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Accident Sketch Plan


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.

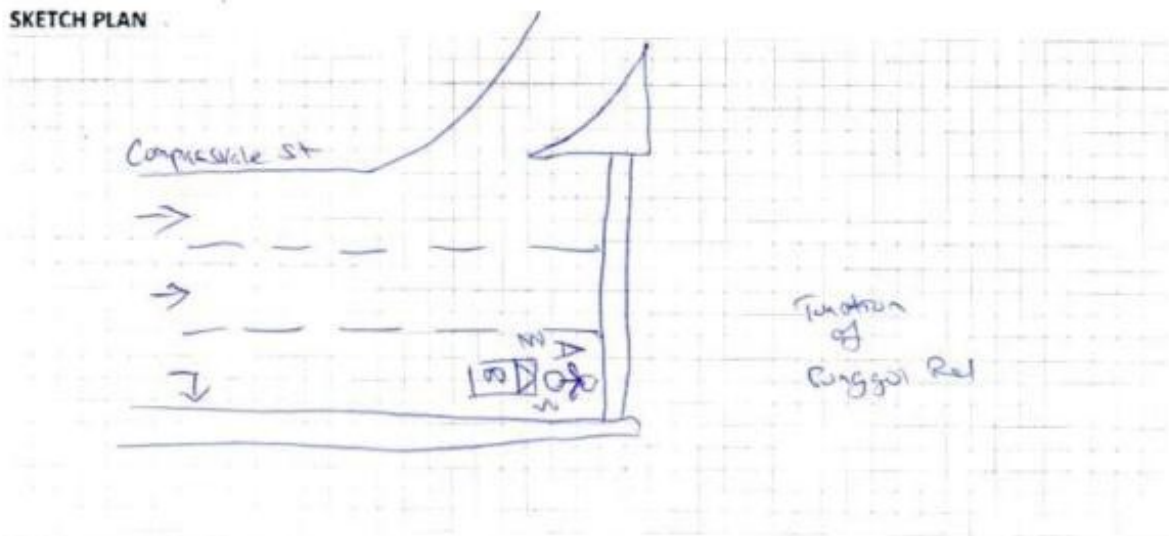

Policyholder's Signature
Date & Time:


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

As per Police Report NO. T/20180630/2124 on T/20180622/2164

A - FBH 626 A
B - SGH 8435 E

[A large diagonal line is drawn across the remaining lines of the section.]

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
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/20180620/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No: T/20180620/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/06/2018 17:15	Vide Report No.:	Station Diary No.: 120
--	------------------	---------------------------

Informant's Particulars

Name of Informant: MUHAMMAD ALIF BIN IDRIS			Address: APT BLK 291B COMPASSVALE STREET #02-240 SINGAPORE 542291		
ID Type / ID No.: NRIC NO / S8808960Z			Contact No.: Home/Office: Mobile: 85990432		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 30	Date of Birth: 18/03/1988	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupation: HOTEL FRONTDESK PERSONNEL			Driving Licence Information: Class: 2B,2A,2		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 17:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 COMPASSVALE STREET PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
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
FBH636A	Motorcycle		GILERA ST200	Black	Seriously Damaged	0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians injured: NIL	Use of Pedestrian Crossing: NA

Police Report



**SINGAPORE
POLICE FORCE**



T/20180620/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

2 of 3

Report No. T/20180620/2124

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ALIF BIN IDRIS	ID No.	S8808960Z
Related Vehicle	FBH636A (Motorcycle)	Contact No.	85990432
Hospital/Clinic	SUNBEAM MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	19/06/2018	Date Discharge	19/06/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 19/06/2018 at about 1700hrs, I was riding my motorcycle FBH636A along Compassvale Street. At the cross junction of Compassvale Street and Punggol Road, I was at the extreme right lane. The traffic light was red as such I was at halt. No other vehicle was there. Suddenly, a gold color Toyota car, from the rear did not stop and hit me and my motorcycle. The impact was strong that my motorcycle inch in front and I fell off from my bike. I sustained back pain however I was able to move. The driver namely Patrick, tel: 93658293, informed me that he was not focusing and apologized to me for causing the accident. We agreed on private settlement and exchanged numbers. I am unsure of his vehicle number.

Due to the accident, the handlebar was damaged, right side fairing was scratched, petrol compartment was damaged causing a leakage, brake pump was also leaking. The bike was brought to workshop for further check and repair.

On the same day at about 1830hr, I went to Sunbeam Medical Clinic at Anchorvale and was given 3 days of MC. There was an in-car camera in the involving car, however there was no camera on my bike.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180620/2124

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20180620/2124

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 / Norashikin Kamsani
Staff Sgt ABDUL YAZID BIN SAMSI Sengkang NPC

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
20/06/2018 17:15

Officer In Charge Of Case:
TP / AEIT /
Sr Staff Sgt ONG YONG HOCK
Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP105



Signature:

Singapore Police Force

Police Report



**SINGAPORE
POLICE FORCE**



T/20180622/2166

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

1 of 3

Report No. T/20180622/2166

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/06/2018 21:27	Vide Report No.: T/20180620/2124	Station Diary No.: 123
--	-------------------------------------	---------------------------

Informant's Particulars

Name of Informant: MUHAMMAD ALIF BIN IDRIS	Address: APT BLK 291B COMPASSVALE STREET #02-24 SINGAPORE 542291
ID Type / ID No.: NRIC NO / S8808960Z	Contact No.: Home/Office: Mobile: 85990432
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 30 Date of Birth: 18/03/1988	Type of Informant: Rider
Race: Malay	Language: Institution / School Name:
Occupation: HOTEL FRONTDESK PERSONNEL	Driving Licence Information: Class: Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 19/06/2018 17:00	Type of Location: X-Junction
Location: Along Road 1 COMPASSVALE STREET PUNGGOL ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume:	
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.	Passenger
FBH636A	Motorcycle		GILERA ST200	Black	Seriously Damaged	0	
SGL8435E	Car	TOYOTA		Gold	Slightly Damaged	0	

Details of Person Involved

Any Pedestrian Involved: No		
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA	

Police Report



**SINGAPORE
POLICE FORCE**



T/20180622/2166

2 of 3

Police Station Of Origin:

Sengkang N.P.C

2 Sengkang Square #01-02 SINGAPORE
545025

Tel No: 1800-343 8999

Report No. T/20180622/2166

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ALIF BIN IDRIS	ID No.	S8808960Z
Related Vehicle	NIL	Contact No.	85990432
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.

I had had lodge a report reference T/20180680/2124. I wish to amend the registration plate number SGL8435E in the traffic accident as such, I am lodging this report. I had had lodge a report reference T/20180630/2124

Police Report



SINGAPORE
POLICE FORCE



T/20180622/2166

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

3 of 3

Report No. T/20180622/2166

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 1 TENG WEI KANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

22/06/2018 21:27

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

