

## 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 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	26/01/2017 17:51
Date Of Accident	25/01/2017 17:30
Exact Location Of Accident	NO.12 PIONEER SECTOR 1
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBC3389U
Insured/Policyholder	
Name Of Registered Owner	MOHD DANIAL BIN MOHD TAIB
NRIC No	S9143483J
Email Address	DANIAL.TAIB@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-96264347
Alternative Phone No	OFFICE-96264347
Vehicle Particulars	
Manufacturer	KTM
Model	400 EXC-398CC (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	5070367140-01
Cover Note Number	
Driver	
Name of Driver	MOHD DANIAL BIN MOHD TAIB
NRIC No	S9143483J
Date Of Birth	29/11/1991
Occupation	OUTDOOR
Date Of Driving Pass	11/07/2014
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96264347
Fax Number	
Contact Number	OFFICE-96264347
EEmail Address	DANIAL.TAIB@OUTLOOK.COM

Address	BLK 656 SENJA ROAD #15-262
Postcode	670656
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	UNKNOWN - TP REVERSE AND HIT INSURED
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20170126/2154

#### 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	XB4885S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	PONNUSAMY KOLANCHI
NRIC/Passport Number	F8160905P
Contact Number	81154143
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

#### Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name	MOHAMMAD DANIAL BIN MOHAMMAD TAIB
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBC3389U
Were seat belts worn?	
Was injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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 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.

#### 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

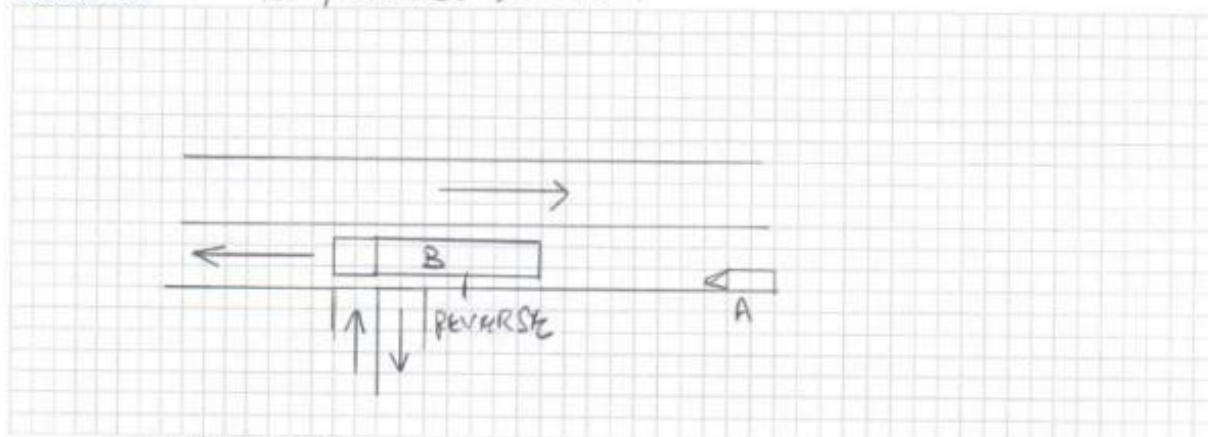
26/1/17  
Policyholder's Signature / Date & Time

26/01/2017  
Driver's Signature (If driver is not the policyholder) / Date & Time

26/01/2017  
Witnessed by Reporting Centre Personnel

Sketch Plan

12 PLANKER SKETCH 1



A) FLC 3389U

B) XB 4855

## Sketch Plan #2

### Describe Circumstances of the Accident

On 25/01/2017, at around 1730hrs, I was waiting for my friend along Pioneer Sector 1, outside BOK seng Pte Ltd. While waiting there was a big lorry 6 meters in front of me. The driver suddenly reversed without checking his rear. I horned but he continued reversing. The lorry hit my bike and my bike and myself ended up under the lorry. The driver then came out. I got up and told him not to move because I wanted to take a photo as evidence. However he got in the vehicle and moved forward. We exchanged particulars and he admitted his mistake.

As a result of the accident, I suffered bruises to my right knee, leg, hip and arm.

### Declaration

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

Dw 26/1/17  
Policyholder's Signature / Date & Time

\_\_\_\_\_  
Driver's Signature (If driver is not the policyholder) / Date & Time

26/01/2017  
Witnessed by Reporting Centre Personnel



## Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20170126/2154

1 of 3

Police Station Of Origin:  
Queenstown N.P.C

3 Queensway #01-03 SINGAPORE 149073

Tel No: 1800-4719999

Report No. T/20170126/2154

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/01/2017 16:42	Vide Report No.:	Station Diary No.: 69
--------------------------------------------	------------------	--------------------------

Informant's Particulars			
Name of Informant: MOHAMMAD DANIAL BIN MOHAMMAD TAIB		Address: APT BLK 656 SENJA ROAD #15-262 SINGAPORE 670656	
ID Type / ID No.: NRIC NO / S9143483J		Contact No.: Home/Office: Mobile: 96264347	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 29/11/1991	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Safety Coordinator		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: 25/01/2017 17:30	Type of Location: Straight Road
Location: Along Road 1 PIONEER ROAD  Along Pioneer Sector 1 outside Bok Seng Pte Ltd company.				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC3389U	Motorcycle	KTM	400 EXC	Orange	Slightly Damaged	0
XB4885S	Lorry				No Damage	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC3389U	NTUC Income Insurance Co-Operative Limited	5070367140-01	06/03/2016	05/03/2017

## Sketch Plan #4



**SINGAPORE  
POLICE FORCE**



T/20170126/2154

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

2 of 3

Report No. T/20170126/2154

## 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	MOHAMMAD DANIAL BIN MOHAMMAD TAIB	ID No.	S9143483J
Related Vehicle	FBC3389U (Motorcycle)	Contact No.	96264347
Hospital/Clinic	SHALOM CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	26/01/2017	Date Discharge	26/01/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	PONNUSAMY KOLANCHI	ID No.	F8160905P
Related Vehicle	NIL	Contact No.	81154143
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 25/01/2017 at about 1730hrs, I was on my bike waiting for my friend along Pioneer Sector 1, outside Bok Seng Pte Ltd. My friend was working inside the company. While waiting, there was a big lorry about 6 meters away from me and the driver started to reverse without checking his rear. My motorbike was stationary and when I saw him reversing, I horned at him however the lorry was still reversing. Even though I horned several times, the lorry hit onto my bike. My motorbike and myself fell down and ended up under the lorry. At that point time, the driver stopped and came out from the vehicle. When he saw me under the lorry, he immediately went on to move forward his lorry even though I told him that I want to take some pictures.

After which we exchanged particulars and he admitted that he was at fault. Due to the accident, I suffered bruises at my arm, knee cap and leg ( all at the right side). I then went to see doctor and received 3 days medical leave.

Sketch Plan #5



SINGAPORE  
POLICE FORCE



T/20170126/2154

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

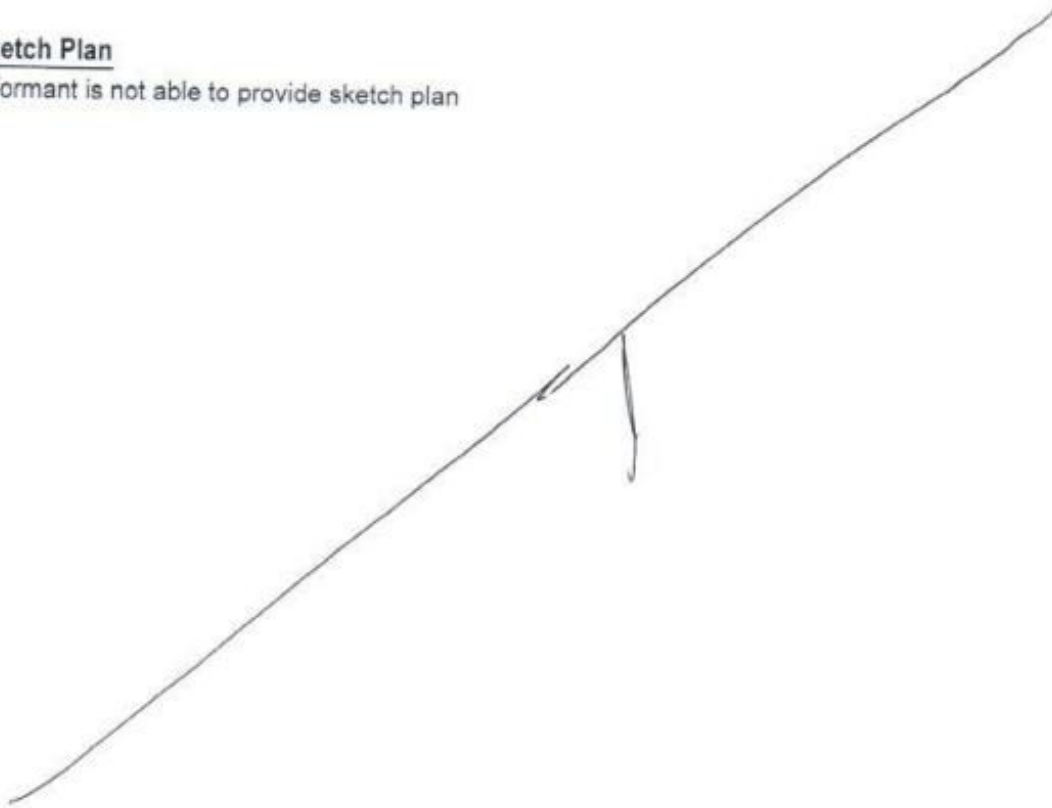
3 of 3

Report No. T/20170126/2154

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:

D /  
Staff Sgt VIGNESWARAN MEENATCHI  
SUNDARAM SHANMUGANATHAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
26/01/2017 16:42

Officer In Charge Of Case:  
TP / AEIT /  
Sgt YEO KIA HUAT  
Contact No.: 65476325

Classification Of Case:

Authentication Stamp  
NP168

Singapore Police Force



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



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Accident Photo

