

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	16/07/2018 16:13
Date Of Accident	10/07/2018 19:40
Exact Location Of Accident	W/LANDS CTR RD TWDS W/LANDS AVE 1 B4 W/LANDS AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FP1039C
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHMAN B A KARIM
NRIC No	S1722822F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91010790
Alternative Phone No	OTHERS-91010790

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	0087436590-14
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN B A KARIM
NRIC No	S1722822F
Date Of Birth	08/01/1965
Occupation	INDOOR
Date Of Driving Pass	21/07/1989
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91010790
Fax Number	
Contact Number	OTHERS-91010790
Email Address	NOEMAIL

Address	BLK 6 MARSILING DRIVE #14-70
Postcode	730006
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20180712/2030

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 Witness 1

Name	HAFIZ
Phone Number	97706249
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBF3598M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	ABDUL RAHMAN B A KARIM
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FP1039C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

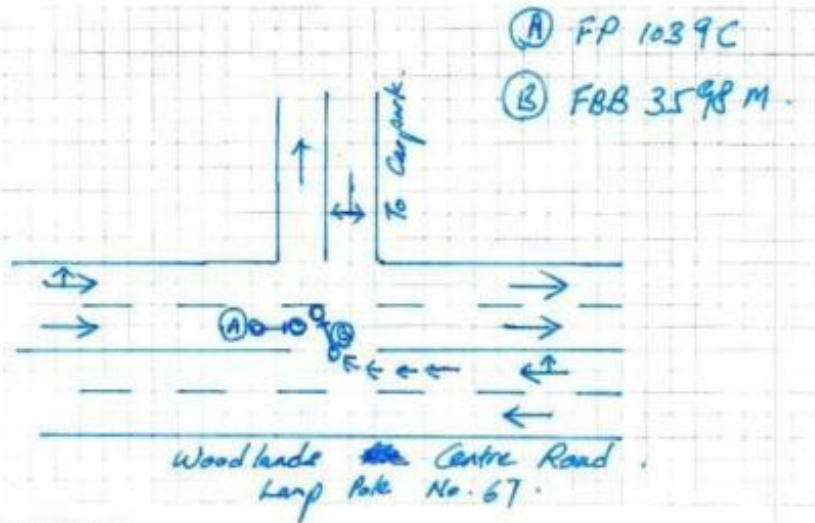

Policyholder's Signature
Date & Time:


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

 16/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report No :
T/20180712/2030

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:

 16/07/18
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180712/2030

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

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Report No. T/20180712/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FP1039C	NTUC Income Insurance Co-Operative Limited	0087436590-14	01/02/2018	31/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAHMAN BIN ABDUL KARIM	ID No.	S1722822F
Related Vehicle	FP1039C (Motorcycle)	Contact No.	91010790
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2018	Date Discharge	11/07/2018
No. of Days granted Medical Leave	16	Degree of Injury	Serious

Brief Details.

On 10/07/2018 at about 7.40pm, I was riding my motorcycle (FP1039C) when I was involved in an accident with another motorcycle (FBB3598M). During that time the traffic flow was heavy. I was travelling along Woodlands Centre Road towards Woodlands Ave 1 at right of 2 lanes road when suddenly the other motorcycle at right of 2 lanes of the opposite road wanted to make a right turn to the open carpark of Blk 162 Woodlands St 13. I could not stop in time and hit onto the motorcycle left side. I was thrown off from my motorcycle due to the impact and landed on the ground. I was conscious at that time however was unaware of the surrounding after the accident. I was assisted by passerby during that time. Ambulance and traffic police came to scene. I was conveyed to Khoo Teck Phuat Hospital and received 16 days of MC after being warded reference MC No KHANE181391382. There was a witness namely: Hafiz HP: 97706249 who saw the accident. I am not sure the damages of my motorcycle as I was conveyed to the hospital and my motorcycle is currently in the workshop. I am lodging this report as advised by the traffic police reference J/20180710/0211.

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



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20180712/2000

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

1 of 3

Report No: T/20180712/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/07/2018 11:04		Vide Report No.: J/20180710/0211		Station Diary No.: 90	
Informant's Particulars					
Name of Informant: ABDUL RAHMAN BIN ABDUL KARIM			Address: APT BLK 6 MARSILING DRIVE #14-70 SINGAPORE 730006		
ID Type / ID No.: NRIC NO / S1722822F			Contact No: Home/Office: Mobile: 91010790		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 53	Date of Birth: 08/01/1965	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: SHOP ASSISTANT			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/07/2018 19:40	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS CENTRE ROAD woodlands ctr road towards woodlands ave 1 before woodlands ave 3 l/p 67 Lamp Post Number: 67				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FB83598M	Motorcycle				Slightly Damaged	0
FP1039C	Motorcycle	HONDA	CB400SF VS	Black	Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180712/2030

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363-8889

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Report No. T/20180712/2030

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FP1039C	NTUC Income Insurance Co-Operative Limited	0087436590-14	01/02/2018	31/01/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL RAHMAN BIN ABDUL KARIM	ID No.	S1722822F
Related Vehicle	FP1039C (Motorcycle)	Contact No.	91010790
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	10/07/2018	Date Discharge	11/07/2018
No. of Days granted Medical Leave	15	Degree of Injury	Serious

Brief Details.

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Police Report



**SINGAPORE
POLICE FORCE**



T/20180712/2030

Police Station Of Origin:
Woodlands West N.P.C.
9 Marsiling Lane SINGAPORE 739146
Tel No: 1800-363 9999

3 of 3

Report No: T/20180712/2030

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:
J /
Sgt 2 NUR FADILAH BINTE ARSHAD

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
12/07/2018 11:04

Officer In Charge Of Case:
TP / GIT /
Staff Sgt YAN MINGSHENG DANIEL
Contact No : 65476252

Classification Of Case:

Authentication Stamp:
NP168