

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	24/07/2018 17:54
Date Of Accident	13/07/2018 16:00
Exact Location Of Accident	PIE TOWARDS CLEMENTI AVENUE 6 (ROAD BEND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD1762H
Insured/Policyholder	
Name Of Registered Owner	MUSTAQIM BIN NANGIM
NRIC No	S9119755C
Email Address	AMIRSEDOT@GMAIL.COM
Mobile Phone No	(LOCAL) +65-93397124
Alternative Phone No	OTHERS-93397124

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSXR1000K8
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	5092851703
Cover Note Number	

Driver

Name of Driver	AMIR BIN ABU BAKAR
NRIC No	S9145268E
Date Of Birth	03/12/1991
Occupation	OUTDOOR
Date Of Driving Pass	28/06/2013
Driving Experience	5 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93397124
Fax Number	
Contact Number	OTHERS-93397124
Email Address	AMIRSEDOT@GMAIL.COM

Address	BLK 274D JURONG WEST AVENUE 3 #06-97
Postcode	644274
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	SIDE SWIPE
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	NANYANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7929999 - FAX NO: 67912972
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20180716/2201

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	FBG9715B
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	AMIR BIN ABU BAKAR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD1762H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	UNKNOWN RIDER
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG9715B
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.

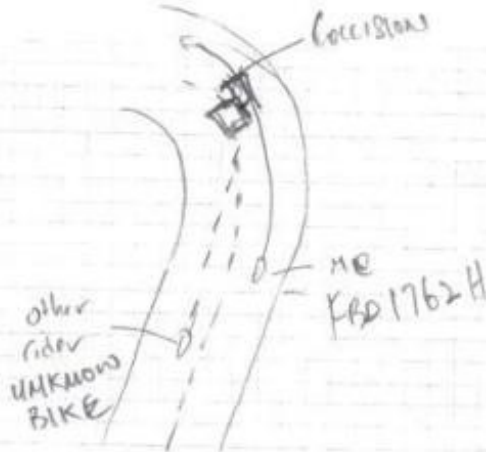
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



TIE TOWARDS CLAMFANT AVUE 6 (ROAD BRIDGE)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
T/20680716/2201

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:

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180716/2201

1 of 3

Report No. T/20180716/2201

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
16/07/2018 23:39

Vide Report No.:

Station Diary No :
213

Informant's Particulars

Name of Informant:
AMIR BIN ABU BAKAR

Address:
APT BLK 274D JURONG WEST AVENUE 3 #06-97
SINGAPORE 644274

ID Type / ID No.:
NRIC NO / S9145268E

Contact No.:
Home/Office: Mobile: 93397124

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 26 03/12/1991

Type of Informant:
Rider

Race:
Malay

Language:

Institution / School Name:

Occupation:
PROCESS TECHNICIAN

Driving Licence Information:
Class: 2,3

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Conveyed By Ambulance

Drink
Drive:
No

Date/Time of
Accident:
13/07/2018 16:00

Type of Location:
Bend

Location:
Along Road 1 Traveling Toward Road 2
PAN ISLAND EXPRESSWAY
CLEMENTI AVENUE 6
along ROAD BEND

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:
Two Way

Traffic Control:
Not Controlled

Traffic Volume:
Light

Type of Collision:
Between Moving Vehicles - Side Swipe - Same Direction

Anyone conveyed by
ambulance:
No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD1762H	Motorcycle				Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
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T/20180716/2201

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

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Report No. T/20180716/2201

CONTINUATION OF REPORT

Rider			
Name	AMIR BIN ABU BAKAR		ID No. S9145268E
Related Vehicle	FBD1762H (Motorcycle)		Contact No. 93397124
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2,3 Date of Expiry: NIL
Date Treatment	13/07/2018	Date Discharge	16/07/2018
No. of Days granted Medical Leave	21	Degree of Injury	Serious
Name			
Unknown Rider		ID No.	NIL
Related Vehicle		Contact No.	NIL
Hospital/Clinic		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 13/7/18 at about 1600hrs, I was driving from PIE towards Changi into Exit of Clementi Ave 6. I was driving (FBD1762H) on the lane 1 along a bend to the left when I saw a motorbike in front on my left. I observed the rider of the motorcycle behaving strangely as he was looking down at his motorbike. As I moved forward in my lane, I did not notice the other motorbike until I saw him in my side vision that he was directly on my left. I felt a collision from the left side as his bike knocked into mine. Both of us fell down and I fell on my left side. I managed to stand up and I saw the other bike and rider had been pushed behind the road railing due to the collision. The other driver was conscious, however due to my pain, I did not speak to him or ask his particulars or vehicle number, and immediately went to sit down and rest. 2 cars behind us stopped and their driver help to call the ambulance.

After a period of time, the ambulance came and conveyed both of us to Ng Teng Fong General Hospital. I was treated for fracture in my collar bone, abrasion on my entire left arm, open wound on my left knee and stiches on my face, thumb, shoulder and knees. I was hospitalized for 4 days and discharged on 16/7/18 at 1400hrs.

During my hospitalization, I received a call from unknown TP IO (HP:96668558) who told me to contact him once I was discharged. My bike is currently at TP HQ. I also received a call from Clementi Police Division asking about the accident.

I am lodging this report before contacting the unknown TP IO and collecting my bike. I do not know any report number of the traffic accident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20180716/2201

Police Station Of Origin:
Nanyang N.P.C
2 Jurong West Avenue 5 SINGAPORE
649482
Tel No: 1800-7929999

3 of 3

Report No. T/20180716/2201

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 MOHAMMED SYAFIL MOHAMMED
YUSOF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No.: 65476202

Signature Of Informant:

Date/Time:

16/07/2018 23:39

Classification Of Case:

Authentication Stamp

NP166



Signature:

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 – 17:00
UEN: S665500200 / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No: MAY18095807 Vehicle Registration No: FB01762H
Name (as shown in NRIC): AMIR BIN ABU BAKAR NRIC/FIN/Passport No: S9145268E
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address: _____ Singapore ()
Contact (Tel): _____ Mobile No.: 93397124
Email Address: _____
Date of Accident: 13/07/2018 Time of Accident: 16:00
Place of Accident: PIN JAWARAS CEMAKATI AVK 6 (ROAD BRAND)
Insurance Company: NHUC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To Insure T/P MOTORBIKE NUMBER FBG9715B

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Rafli Wong
NRIC/FIN No: _____
Date: 26/07/2018