

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	01/08/2018 11:32
Date Of Accident	28/07/2018 23:30
Exact Location Of Accident	ALONG CANTOMENT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS5070T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ASHRAF BIN JURAIMI
NRIC No	S9644298Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87423236
Alternative Phone No	OTHERS-87423236

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ-133CC (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
Fleet Policy	NO
Policy Number	5093722023
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASHRAF BIN JURAIMI
NRIC No	S9644298Z
Date Of Birth	06/12/1996
Occupation	INDOOR
Date Of Driving Pass	28/07/2015
Driving Experience	3 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87423236
Fax Number	
Contact Number	OTHERS-87423236
Email Address	NOEMAIL

Address	BLK 509 ##05-78 JELAPANG ROAD
Postcode	670509
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	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	2
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	CLEMENTI N.P.C
Police Station Address	ROAD: 20 CLEMENTI AVE 5 , POSTCODE: 129858 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Type Of Accident: HEAD ON. AS PER POLICE REPORT No.T/20180729/2105

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	SHA8047M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MUHAMMAD ASHRAF BIN JURAIMI
Approximate Age	21
Injuries Sustain	
Injured person in which vehicle?	FS5070T
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 509 ##05-78 JELAPANG ROAD
Postcode	670509

Accident Sketch Plan Pg. 1

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 (a) 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.

- 1 AUG 2018

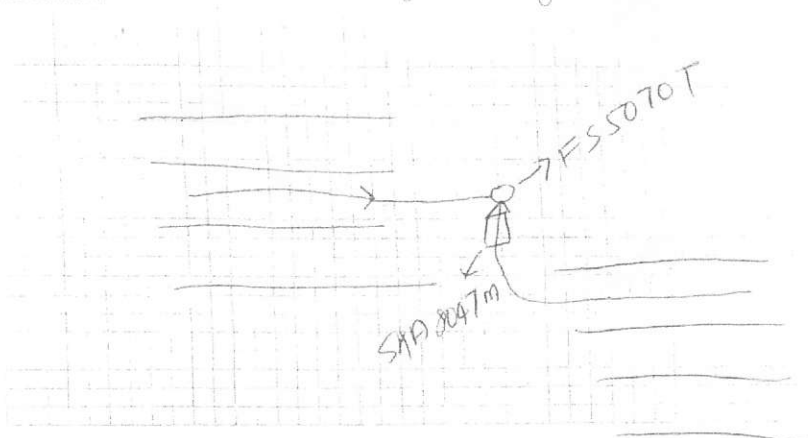

Policyholder's Signature
Date & Time:


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

IDAC KAKI BUKIT (VAC)
Reporting Centre, 23 KAKI BUKIT AVE 4
Name: Singapore 415933
NRIC/FIN No: Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

Common Statement Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police Report no T/2018 0729/2105

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:

IDAC KAKI BUKIT (VAC)

23 KAKI BUKIT AVE 4

Reporting Centre Singapore 415933

Name: Tel: 67416697

ERIC/FIN No.: Fax: 67492305

Email: vackb@singnet.com.sg

- 1 AUG 2018



**SINGAPORE
POLICE FORCE**



1201807292105

Police Station of Origin
Clementi N.P.C.
20 Limewall Avenue 5 SINGAPORE 129858
Tel No: 1800 8729999

Page No: 1201807292105

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made
29.07.2018 21.39

Video Report No

Station Diary No
164

Informant's Particulars

Name of Informant MUHAMMAD ASHRAF BIN JURAIMI	Address APT BLK 509 JELAPANG ROAD #05-78 SINGAPORE 670509		
ID Type ID No NRIC NO: S9644298Z	Contact No Home/Office Mobile: 87423235		
Nationality SINGAPORE CITIZEN	Email		
Sex Male	Age 21	Date of Birth 06/12/1996	Type of Informant Rider
Race Javanese	Language	Institution / School Name	
Occupation ENFORCEMENT OFFICER	Driving Licence Information Class: 2B	Date of Expiry	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive No	Date/Time of Accident 28.07.2018 23.30	Type of Location X-Junction
Location: Along Road 1 CANTONMENT ROAD NEIL ROAD Traffic Light Junction of Cantonment Road and Neil Road				
Weather: Clear	Road Surface: Dry	Road Speed Limit		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Faulty	Traffic Volume Light		
Type of Collision: Between Moving Vehicles - Head On	Anyone conveyed by ambulance Yes			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS5070T	Motorcycle	YAMAHA	RXZ	Yellow	Seriously Damaged	0
SHA8047M	Car				Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS5070T	NTUC Income Insurance Co-Operative Limited	5093722023	25.08.2017	24.08.2018



**SINGAPORE
POLICE FORCE**



T/20180729/2105

Police Station Of Origin
Clementi N.P.C.
20 Clementi Avenue 5 SINGAPORE 129858
Tel No. 1800-8729999

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Report No. T/20180729/2105

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ASHRAF BIN JURAIMI	ID No.	S9644298Z
Related Vehicle	FS5070T (Motorcycle)	Contact No	87423236
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	28/07/2018	Date Discharge	29/07/2018
No. of Days granted Medical Leave	14	Degree of Injury	Slight

Brief Details.

On the 28th of July 2018, at around 2330hrs, I was riding my motorcycle bearing the registration plate number FS5070T along Cantonment Road heading towards Outram Road. As I was reaching the traffic junction of Cantonment Road and Neil Road, a taxi bearing the registration plate number, SHA8047M came from the opposing lane to turn right into Neil Road.

I was aware that the traffic light was green and it was in my favor. I did not manage to stop in time and subsequently collided into the front left bumper of the taxi. I was thrown off from my motorcycle and landed on the windscreen of the taxi and subsequently dropped to the road. I was still conscious at that point of time. I was aware that my motorcycle was damaged and so was the front part of the taxi.

Shortly after, the traffic police and ambulance came to the scene and I was conveyed to Singapore General Hospital where I was admitted for a day. I suffered fractures on my left arm, minor head injuries and left ankle abrasion. I was given 14 days of Medical Leave. I am lodging a report for insurance claims purposes.



**SINGAPORE
POLICE FORCE**



T.20180729/2105

Police Station Of Origin
Clementi N.P.C.
20 Clementi Avenue 5, SINGAPORE 129858
Tel No: 1800 8729999

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Report No. T.20180729/2105

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 /
NABIL FIKRI BIN ADNAN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
29/07/2018 21:39

Officer In Charge Of Case:
TP / GIT /
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN
Contact No.: 65476185

Classification Of Case:

Authentication Stamp
NP168

SN 37

SIGNATURE