

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	17/08/2018 17:09
Date Of Accident	14/08/2018 18:05
Exact Location Of Accident	TPE (PIE) BEFORE KPE EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW7998H
Insured/Policyholder	
Name Of Registered Owner	MD RIDHUAN B MD RAFID
NRIC No	S9326116Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91372491
Alternative Phone No	OFFICE-91372491

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SFHV
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	REPORTING ONLY
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	5075973853-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIDHUAN BIN MOHD RAFID
NRIC No	S9326116Z
Date Of Birth	23/07/1993
Occupation	INDOOR
Date Of Driving Pass	10/05/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91372491
Fax Number	
Contact Number	OFFICE-91372491
Email Address	NOEMAIL

Address	BLK 641 PASIR RIS DRIVE 1 #04-500
Postcode	510641
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 - 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?	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	ANG MO KIO POLICE DIVISIONAL HQ (F DIVISION)
Police Station Address	ROAD: 51 ANG MO KIO AVENUE 9 , POSTCODE: 569929 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2180000 - FAX NO: 64814246
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - F/20180816/7020.

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	SGD6566R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASBIR SINGH SANDHU
NRIC/Passport Number	S7146999I
Contact Number	91169786
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MD RIDHUAN BIN MOHD RAFID
Approximate Age	
Injuries Sustain	LOWER ABDOMEN & GROIN
Injured person in which vehicle?	FW7998H
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.

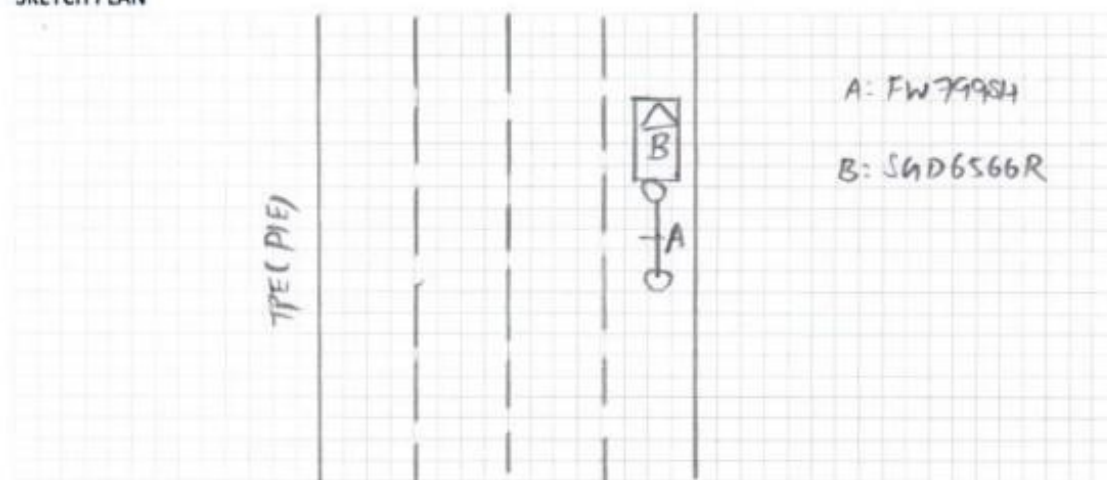

Policyholder's Signature
Date & Time:

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - F/20180816/7020.

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**



F/20180816/7020

1 of 3

POLICE REPORT (NP299)

Report No. F/20180816/7020

Police Station Of Origin
Ang Mo Kio Police Divisional HQ
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-2180000

Date/Time Report Made 16/08/2018 13:13		Vide Report No.		Station Diary No.	
Name Of Informant MUHAMMAD RIDHUAN BIN MOHD RAFID		Address APT BLK 641 PASIR RIS DRIVE 1 #04-500 SINGAPORE 510641			
ID Type / ID No. NRIC NO / S9326116Z		Contact No. Home/Office:		Mobile: 91372491	
Nationality SINGAPORE CITIZEN		Email Address wann_live09@hotmail.com			
Occupation Other engineering professionals nec		Sex Male	Age 25	Date of Birth 23/07/1993	Race Malay
Institution/School Name		Language English			
Date/Time Of Incident 14/08/2018 18:05 - 14/08/2018 18:30		Location Of Incident TAMPINES EXPRESSWAY			

Brief details.

On August 14 2018, I was riding home from work (Yishun), heading towards Pasir Ris and taking my daily route via SLE/TPE. At about 6:05pm, I was riding on TPE at Lane 1 going about 70-80km/hr, when a grey car in front of me made a jam brake. I quickly applied one too but unfortunately did not have enough reaction time to either slow down or swerve away from the car. As a result, I hit the back of the car (left trunk) and the impact catapulted my body forward. The momentum caused my lower abdomen/groin to hit my handlebar first, followed by a face plant to the trunk and eventually leading to a somersault and ended on top of the car.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2018 13:13
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

Police Report



**SINGAPORE
POLICE FORCE**



F/20180816/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180816/7020

Fortunately, I did not pass out and was fully conscious throughout the ordeal. A few passerby attended to me to ensure I was still breathing. We made verbal communications as he calmly asked me to try and move any part of my body slowly, to establish there weren't any broken bones. The passerby, as well as the driver, helped me down from the car as I sat down at the side of the road, trying to console myself. A call for an ambulance was made, pictures were taken, while others trying to divert traffic away from the scene.

The driver asked for my identification cards and that is where we exchanged particulars. Below are the details:

Name : Jasbir Singh Sandhu

NRIC : S7146999I

Veh Reg : SGD6566R

Veh Model : Renault Fluence (Grey)

The ambulance arrived at around 6.30pm. The paramedics aided me while asking me what had happened and for my identification. I mentioned I experience pains in my lower abdominal area and they brought me up to a stretcher, and sent me to Changi General Hospital for further assessment.

Subjects Involved			
Suspect			
Person Name	Jasbir Singh Sandhu		
ID Type	PASSPORT	ID No	S7146999I

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

16/08/2018 13:13

Classification Of Case:

Police Report



**SINGAPORE
POLICE FORCE**



F/20180816/7020

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20180816/7020

Gender	Male	Language	English
Mobile No	91169786	Relation To Informant	The driver I hit
Victim			
Person Name	MUHAMMAD RIDHUAN BIN MOHD RAFID		
ID Type	NRIC NO	ID No	S9326116Z
Gender	Male	Age	25
Race	Malay	Language	English
Occupation	Other engineering professionals	Address Type	
	nec		
Address	APT BLK 641 PASIR RIS DRIVE 1 #04-500 SINGAPORE 510641	Mobile No	91372491
Is Informant A Victim?	Yes		
Person Name MUHAMMAD RIDHUAN BIN MOHD RAFID (Informant)			

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 16/08/2018 13:13
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	

Medical Cert



ORIGINAL

MEDICAL CERTIFICATE

SSU2018159771

Name MUHAMMAD RIDHUAN BIN MOHD, RAFID		NRIC No. S9326116Z
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>14-Aug-2018</u> to <u>17-Aug-2018</u> inclusive.		
Type of medical leave granted :		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on <u>14-Aug-2018</u>	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (if applicable)
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Observational Medicine Changi General Hospital	Ward No. CGH-SSU Date 15-Aug-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. EDGAR AZADA SALANDANAN , 17172G

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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