

## 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	30/08/2018 13:30
Date Of Accident	29/08/2018 20:55
Exact Location Of Accident	BEFORE THE JUNC OF OLD AIRPORT RD AND CASSIA LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FT650Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AAZMAN BIN MOHAMED
NRIC No	S7001139E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83331532
Alternative Phone No	OTHERS-83331532

### Vehicle Particulars

Manufacturer	YAMAHA
Model	TZM150
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	5098383044
Cover Note Number	

### Driver

Name of Driver	NAUFAL NASRULLAH BIN AAZMAN
NRIC No	S9829348E
Date Of Birth	02/09/1998
Occupation	OUTDOOR
Date Of Driving Pass	06/02/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83331532
Fax Number	
Contact Number	OTHERS-83331532
Email Address	NOEMAIL

Address	BLK 338 UBI AVENUE 1 #02-869
Postcode	400338
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	CLOUDY
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?	NO
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	GEYLANG N.P.C
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20180829/2184

#### 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	SHC2954Z
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	NAUFAL NASRULLAH BIN AAZMAN
Approximate Age	
Injuries Sustain	LEFT ARM PAIN
Injured person in which vehicle?	FT650Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

## Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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. 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 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.

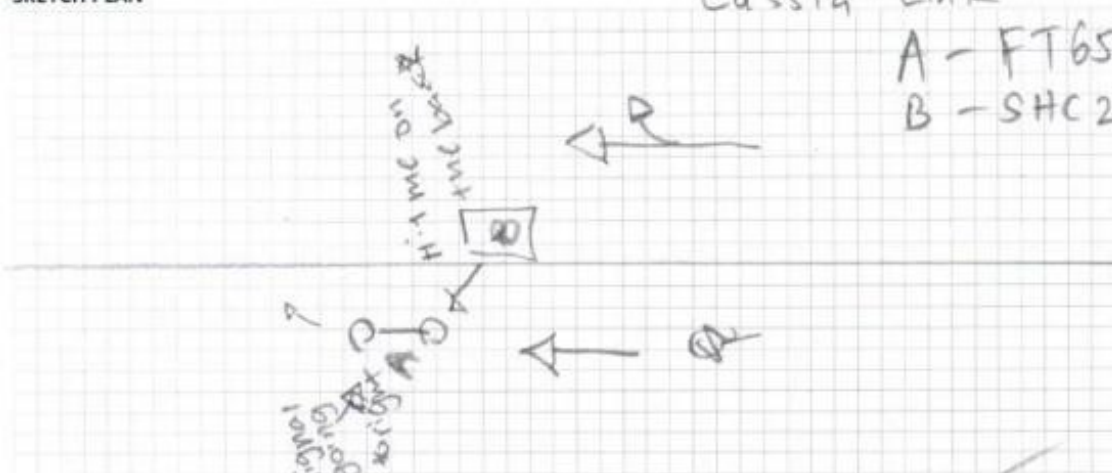
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2

Before the Junction of old Airport RD / Cassia Link  
 SKETCH PLAN  
 A - FT650Y  
 B - SHC2954Z



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
 T/20180829/2184

## 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.:

### Sketch Plan #3



**SINGAPORE  
POLICE FORCE**



T/20180829/2184

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180829/2184

#### CONTINUATION OF REPORT

Rider			
Name	NAUFAL NASRULLAH BIN AAZMAN	ID No.	S9829348E
Related Vehicle	NIL	Contact No.	83331532
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 29/8/18 at around 2055hr, I was riding my motorbike(FT650Y) along old airport road towards stadium boulevard near to the junction of cassia link. I was travelling towards cassia link. I was on the left lane signaling to the right lane and there was a taxi(SHC2954Z) on my rear left. When I was lane changing, I felt a impact on my rear causing me to wobble and fall on the ground. Subsequently both of us proceeded to the side and the driver of SHC2954Z claims that he did not hit onto me as there are no damage on his vehicle. He then further inform me to claim insurance and left the scene in a hurry without exchange particulars. A police patrol car who is nearby the vicinity assisted me in the incident.



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/20180829/2184

1 of 3

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Report No. T/20180829/2184

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/08/2018 22:52		Vide Report No.: G/20180829/0192		Station Diary No.: 85	
<b>Informant's Particulars</b>					
Name of Informant: NAUFAL NASRULLAH BIN AAZMAN			Address: APT BLK 338 UBI AVENUE 1 #02-869 SINGAPORE 400338		
ID Type / ID No.: NRIC NO / S9829348E			Contact No.: Home/Office: Mobile: 83331532		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 02/09/1998	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: Date of Expiry:		

## General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 29/08/2018 20:55	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 OLD AIRPORT ROAD CASSIA LINK Before the junction of old airport road and cassia link				
Weather: Cloudy		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FT650Y	Motorcycle					0
SHC2954Z	Car					0

## Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180829/2184

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

2 of 3

Report No. T/20180829/2184

### CONTINUATION OF REPORT

<b>Rider</b>			
Name	NAUFAL NASRULLAH BIN AAZMAN		ID No. S9829348E
Related Vehicle	NIL		Contact No. 83331532
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 29/8/18 at around 2055hr, I was riding my motorbike(FT650Y) along old airport road towards stadium boulevard near to the junction of cassia link. I was travelling towards cassia link. I was on the left lane signaling to the right lane and there was a taxi(SHC2954Z) on my rear left. When I was lane changing, I felt a impact on my rear causing me to wobble and fall on the ground. Subsequently both of us proceeded to the side and the driver of SHC2954Z claims that he did not hit onto me as there are no damage on his vehicle. He then further inform me to claim insurance and left the scene in a hurry without exchange particulars. A police patrol car who is nearby the vicinity assisted me in the incident.

## Police Report



**SINGAPORE  
POLICE FORCE**



T/20180829/2184

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20180829/2184

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:

G /

Sgt 2 ONG JIN HONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/08/2018 22:52

Officer In Charge Of Case:

TP / HRT /

Sr Staff Sgt ESTHER CHONG

Contact No.: 65476368

Classification Of Case:

Authentication Stamp

NP168