

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 | 13/09/2018 16:51 |
| Date Of Accident | 12/09/2018 08:00 |
| Exact Location Of Accident | PIE (TUAS) AFTER BKE EXIT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------|
| Vehicle Registration Number | FBE1233M |
| Insured/Policyholder | |
| Name Of Registered Owner | NASIRUDDIN BIN MATHANIF |
| NRIC No | S9329677Z |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-97286754 |
| Alternative Phone No | OFFICE-97286754 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | YZF-R15 |
| 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 | 5090243712-01 |
| Cover Note Number | |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | NASIRUDDIN BIN MATHANIF |
| NRIC No | S9329677Z |
| Date Of Birth | 10/08/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 14/05/2015 |
| Driving Experience | 3 YEARS AND 3 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97286754 |
| Fax Number | |
| Contact Number | OFFICE-97286754 |
| Email Address | NOEMAIL |

| | |
|---|---|
| Address | BLK 532 BEDOK NORTH STREET 3 #14-720 |
| Postcode | 460532 |
| 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? | 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 | BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-2449999 - FAX NO: 62447258 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT - T/20180913/2043.

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 | FBL3093A |
| 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)

1

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------|
| Name | NASIRUDDIN BIN MATHANIF |
| Approximate Age | |
| Injuries Sustain | BODY |
| Injured person in which vehicle? | FBE1233M |
| Were seat belts worn? | YES |
| Was this injured conveyed to hospital by ambulance? | NO |
| 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.:

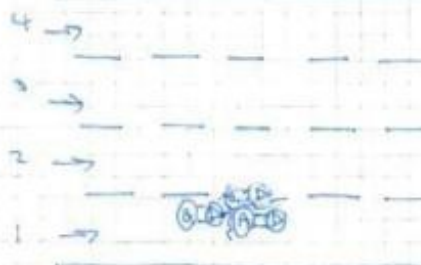
Accident Sketch Plan

SKETCH PLAN

PIR TOWARDS TWAQ AFTER BRK EXIT.

Vehicle A - FBE 1133m

VERMICULITE 13 - FBL 3093A




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT

REPORT NUMBER
T/20180913/2043

VEHICLE A - FBE 1233M

VEHICLE B - FBL 3093A



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/PIN No.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20180913/2043

1 of 4

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20180913/2043

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 13/09/2018 11:17 | Vide Report No.: | Station Diary No.: 52 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|--|--|---|
| Name of Informant: NASIRUDDIN BIN MATHANIF | | | Address: APT BLK 532 BEDOK NORTH STREET 3 #14-720 SINGAPORE 460532 | | |
| ID Type / ID No.: NRIC NO / S9329677Z | | | Contact No.: Home/Office: Mobile: 97286754 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 25 | Date of Birth: 10/08/1993 | Type of Informant: Rider | | |
| Race: Boyanese | | | Language: English | | Institution / School Name: Nanyang Technological University |
| Occupation: Student | | | Driving Licence Information: Class: 2B,2A Date of Expiry: | | |

General Information of the Accident

| | | | | |
|---|------------------|------------------------------------|--|---------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Others | Drink Drive: No | Date/Time of Accident: 12/09/2018 08:00 | Type of Location: expressway |
| Location: Along Road 1 PAN ISLAND EXPRESSWAY | | | | |
| At lane 1, Towards Tuas after BKE exit | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Heavy | |
| 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 |
|-------------|------------|--------|---------|-------|------------------|-----------------|
| FBE1233M | Motorcycle | YAMAHA | YZF-R15 | Blue | Slightly Damaged | 0 |
| FBL3093A | Motorcycle | HONDA | | White | No Damage | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|---------------|------------|-------------|
| FBE1233M | NTUC Income Insurance Co-Operative Limited | 5090243712-01 | 22/05/2018 | 21/05/2019 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20180913/2043

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No: T/20180913/2043

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|--------------------------------|--|-------------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | NASIRUDDIN BIN MATHANIF | ID No. | S9329677Z |
| Related Vehicle | FBE1233M (Motorcycle) | Contact No. | 97286754 |
| Hospital/Clinic | NATIONAL UNIVERSITY POLYCLINIC | Class of Driving Licence & Expiry Date | Class: 2B,2A Date of Expiry: NIL |
| Date Treatment | 12/09/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 01 | Degree of Injury | Slight |
| Rider | | | |
| Name | NASIRUDDIN BIN MATHANIF | ID No. | S9329677Z |
| Related Vehicle | FBE1233M (Motorcycle) | Contact No. | 97286754 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B,2A Date of Expiry: NIL |
| Date Treatment | 13/09/2018 | Date Discharge | NIL |
| No. of Days granted Medical Leave | 02 | Degree of Injury | Slight |
| Rider | | | |
| Name | MUHAMMAD IHSAN DANI BIN AZEMAN | ID No. | S9503173T |
| Related Vehicle | FBL3093A (Motorcycle) | Contact No. | 97772681 |
| 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 12/09/2018 at about 0800hrs, I was riding my motorcycle (FBE 1233M) at lane 1 along PIE heading towards TUAS. Subsequently after the BKE exit, the traffic was congested and thus the vehicle in front me did an emergency brake. I also managed to stop. However, the motorcycle (FBL 3093A) behind me was unable to stop in time and the motorcycle had hit the left side of my motorbike. I did not fall but the other motorcycle's crash bar was protruding out and had hit my left calf. My left mirror was also damaged. I was granted 3 days MC for my injury.

Police Report



**SINGAPORE
POLICE FORCE**



T/20180913/2043

Police Station Of Origin:
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30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

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Report No. T/20180913/2043

CONTINUATION OF REPORT

Police Report



**SINGAPORE
POLICE FORCE**



T/20180913/2043

Police Station Of Origin:
Bedok North N.P.C.
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

4 of 4

Report No. T/20180913/2043

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 /

Sr Staff Sgt ZARIFAH ADILAH BINTE ZAINOL

Signature Of Informant:

hasir

Signature Of Interpreter:

Not applicable

Date/Time:

13/09/2018 11:17

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp
NP168

[Signature]

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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