

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 | 21/09/2018 16:53 |
| Date Of Accident | 09/07/2018 18:45 |
| Exact Location Of Accident | BOUNDARY RD TWDS SERANGOON CENTRAL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|--------------------------|
| Vehicle Registration Number | FBD357B |
| Insured/Policyholder | |
| Name Of Registered Owner | MUHAMMAD SAINI BIN ISMAI |
| NRIC No | S8415553E |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-84990431 |
| Alternative Phone No | OTHERS-84990431 |

Vehicle Particulars

| | |
|--|---------------|
| Manufacturer | PIAGGIO |
| Model | GILERA RUNNER |
| 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 FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5031663470-09 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | MUHAMMAD KAMAL BIN ISMAIL |
| NRIC No | S7724791B |
| Date Of Birth | 19/08/1977 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/09/2004 |
| Driving Experience | 13 YEARS AND 9 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-93671724 |
| Fax Number | |
| Contact Number | |
| EEmail Address | NOEMAIL |

| | |
|---|---------------------------------------|
| Address | BLK 119B CANBERRA CRESCENT #02-321 |
| Postcode | 752119 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SIBLING |
| 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 | CHONG PANG NEIGHBOURHOOD POLICE POST |
| Police Station Address | ROAD: BLK 141 YISHUN RING ROAD , POSTCODE: 760141 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-7529999 - FAX NO: 67528913 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20180710/2067

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 | SLN2500U |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| 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 KAMAL BIN ISMAIL |
| Approximate Age | |
| Injuries Sustain | SERIOUS |
| Injured person in which vehicle? | FBD357B |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | |
| Postcode | |

Accident Sketch Plan

SKETCH PLAN

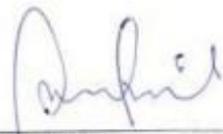
IMPORTANT NOTICE

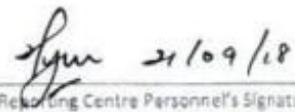
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

X 
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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20180710/2067

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

2 of 3

Report No. T/20180710/2067

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD KAMAL BIN ISMAIL | ID No. | S7724791B |
| Related Vehicle | FBD357B (Motorcycle) | Contact No. | 93671724 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2 Date of Expiry: NIL |
| Date Treatment | 09/07/2018 | Date Discharge | 10/07/2018 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Serious |

Brief Details.

On 09/07/2018 at about 1845hrs, I was riding my motorcycle bearing registration plate no. FBD357B along Boundary towards Central Expressway (CTE) on the extreme left lane near to the X-Junction of Serangoon Central. Thereafter, I had noticed a car bearing registration plate no. SLN2500U which was stationary on lane 3 of the 4-lane road at the traffic junction. However, as I was approaching the traffic junction, I had slowed my motorcycle down whereby out of a sudden, the said car, had without signaling his intended direction, cut across my lane towards filtering lane on the left. Due to it, I do not have time to react to apply my brakes which resulted in my motorcycle colliding into the rear left of said car causing me to fall off my motorcycle. Thereafter, Ambulance and Traffic Police was called to scene where I was conveyed to Tan Tock Seng Hospital for medical attention. I was then given 7 days of medical leave due to a broken right arm and slight abrasion on my right leg. I wish to state that I do not have any recordings of the incident. That is all.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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/20180710/2057

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No.: 1800-7529999

1 of 3
Report No. T/20180710/2057

REPORT OF A TRAFFIC ACCIDENT

| Date/Time Report Made: 10/07/2018 13:08 | | Video Report No.: | Station Diary No.: |
|---|------------|--|-----------------------------|
| | | | 22 |
| Informant's Particulars | | | |
| Name of Informant: MUHAMMAD KAMAL BIN ISMAIL | | Address: APT BLK 119B CANBERRA CRESCENT #02-321 SINGAPORE 752119 | |
| ID Type / ID No.: | | Contact No.: | |
| NRIC NO / S7724791B | | Home/Office: Mobile: 93871724 | |
| Nationality: SINGAPORE CITIZEN | | Email: | |
| Sex: Male | Age: 40 | Date of Birth: 18/08/1977 | Type of Informant: Rider |
| Race: Malay | | Language: English | Institution / School Name: |
| Occupation: CERTIS CISO OFFICER | | Driving Licence Information: Class: 2B,3 | Date of Expiry: |

| General Information of the Accident | | | | |
|--|------------------------------|---|--|--------------------------------------|
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 09/07/2018 18:45 | Type of Location: X-Junction |
| Location: Junction of Road 1 and Road 2 BOUNDARY ROAD SERANGOON CENTRAL | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: | | Traffic Control: Traffic Light - Working | | Traffic Volume: Heavy |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

| Details of Vehicle Involved | | | | | | |
|-----------------------------|------------|---------------|--------------------------|--------|-----------|-----------------|
| Vehicle No | Type | Make | Model | Color | Condition | No of Passenger |
| FBD357B | Motorcycle | PIAGGIO | GILERA RUNNER ST 200 | Grey | | 0 |
| SLN2500U | Car | MERCEDES BENZ | GLC250 COUPE 4MATIC AUTO | Silver | | 0 |

Police Report



**SINGAPORE
POLICE FORCE**



T/20180710/2087

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

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Report No. T/20180710/2087

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|---------------------------|--|---------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MUHAMMAD KAMAL BIN ISMAIL | ID No. | S7724791B |
| Related Vehicle | FBD357B (Motorcycle) | Contact No. | 93671724 |
| Hospital/Clinic | TAN TOCK SENG HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2 Date of Expiry: NIL |
| Date Treatment | 09/07/2018 | Date Discharge | 10/07/2018 |
| No. of Days granted Medical Leave | 07 | Degree of Injury | Serious |

Brief Details.

On 08/07/2018 at about 1845hrs, I was riding my motorcycle bearing registration plate no. FBD357B along Boundary towards Central Expressway (CTE) on the extreme left lane near to the X-Junction of Serangoon Central. Thereafter, I had noticed a car bearing registration plate no. SLN2500U which was stationary on lane 3 of the 4-lane road at the traffic junction. However, as I was approaching the traffic junction, I had slowed my motorcycle down whereby out of a sudden, the said car, had without signaling his intended direction, cut across my lane towards filtering lane on the left. Due to it, I do not have time to react to apply my brakes which resulted in my motorcycle colliding into the rear left of said car causing me to fall off my motorcycle. Thereafter, Ambulance and Traffic Police was called to scene where I was conveyed to Tan Tock Seng Hospital for medical attention. I was then given 7 days of medical leave due to a broken right arm and slight abrasion on my right leg. I wish to state that I do not have any recordings of the incident. That is all.

Police Report



SINGAPORE
POLICE FORCE



T/20180710/2067

Police Station Of Origin:
Chong Pang NPP
141 Yishun Ring Road SINGAPORE 760141
Tel No: 1800-7529999

3 of 3

Report No. T/20180710/2067

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 65474865 stating the report number as reference.

| | |
|--|--|
| Signature Of Officer Recording The Report: F / Sgt. 1 RICKSON ONG KIAN MENG | Signature Of Informant: |
| Signature Of Interpreter: Not applicable | Date/Time: 10/07/2018 13:09 |
| Officer In Charge Of Case: TP / GIT / Insp MOHAMMED FADZLY BIN ABDUL AZIZ Contact No.: 65476355 | Classification Of Case: |
| Authentication Stamp NP168 |  Signature:  |