

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	24/09/2018 15:55
Date Of Accident	05/09/2018 22:40
Exact Location Of Accident	JUNC AYER RAJAH AVE & NORTH BUONA VISTA RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBC8435L
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD NIKMAT BIN ABU HUSSAIN
NRIC No	S9136578B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94740376
Alternative Phone No	OFFICE-94740376

Vehicle Particulars

Manufacturer	HONDA
Model	NSR150SP
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	5052253189-06
Cover Note Number	

Driver

Name of Driver	MUHAMMAD NIKMAT BIN ABU HUSSAIN
NRIC No	S9136578B
Date Of Birth	11/10/1991
Occupation	OUTDOOR
Date Of Driving Pass	01/07/2010
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94740376
Fax Number	
Contact Number	OFFICE-94740376
Email Address	NOEMAIL

Address	BLK 470 CHOA CHU KANG AVENUE 3 #10-113
Postcode	680470
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 - CROSS JUNCTION
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)	2
Passenger 1	NAME: : NUR ATIKAH BINTE MOHAMED NAJIB GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20180907/2097.

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	SMC9499R
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) 1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD NIKMAT BIN ABU HUSSAIN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBC8435L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NUR ATIKAH BINTE MOHAMED NAJIB

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBC8435L

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan


SKETCH PLAN


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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.

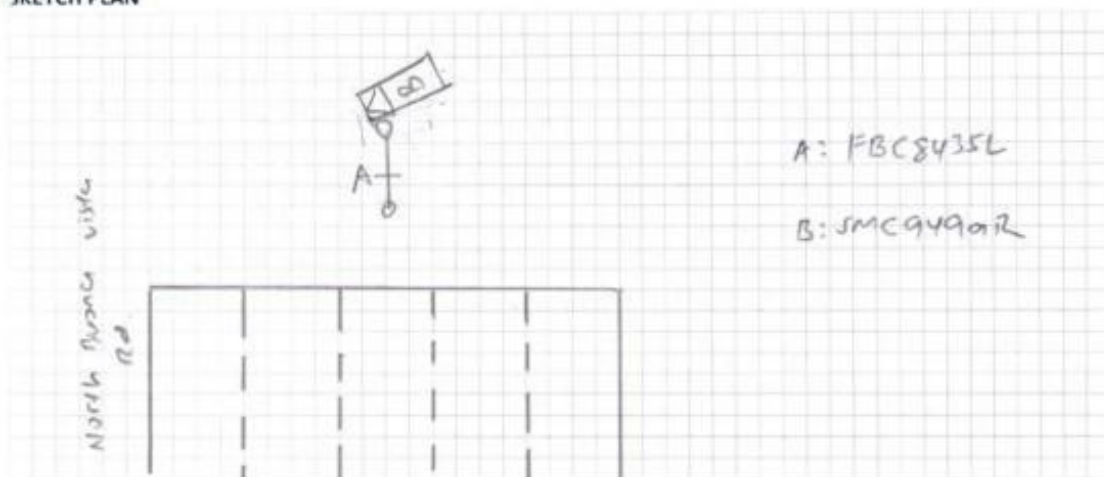

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20180907/2097.

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**



T/20180907/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20180907/2097

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2018 16:30	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD NIKMAT BIN ABU HUSSAIN	Address: APT BLK 470 CHOA CHU KANG AVENUE 3 #10-113 SINGAPORE 680470		
ID Type / ID No.: NRIC NO / S9136578B	Contact No.:	Mobile: 94740376	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 26	Date of Birth: 11/10/1991	Type of Informant: Rider
Race: Malay	Language:	Institution / School Name:	
Occupation: CONTAINER HANDLING SPECIALIST	Driving Licence Information: Class:	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/09/2018 22:40	Type of Location:
Location: Along Road 1 AYER RAJAH AVENUE JUNCTION OF DOVER ROAD				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBC8435L	Motorcycle	HONDA	NSR150SP	Green		1
SMC9499R	Car	HYUNDAI	ACCENT (RB) 1.4 CVT			0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20180907/2097

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20180907/2097

CONTINUATION OF REPORT

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC8435L	NTUC Income Insurance Co-Operative Limited	5052253189-06	25/11/2017	24/11/2018

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA

Rider

Name	MUHAMMAD NIKMAT BIN ABU HUSSAIN	ID No.	S9136578B
Related Vehicle	FBC8435L (Motorcycle)	Contact No.	94740376
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2018	Date Discharge	06/09/2018
No. of Days granted Medical Leave	16	Degree of Injury	NIL
Pillion			
Name	NUR ATIKAH BINTE MOHAMED NAJIB	ID No.	S9202931Z
Related Vehicle	FBC8435L (Motorcycle)	Contact No.	94740776
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	05/09/2018	Date Discharge	06/09/2018
No. of Days granted Medical Leave	35	Degree of Injury	NIL

Brief Details.

ON STATED DATE, TIME AND LOCATION,
I WAS ON THE CENTER OF 3 LANE FROM NORTH BUONA VISTA RD HEADING TO AYE. UPON
REACHING THE JUNCTION OF AYER RAJAH AVE AND DOVER ROAD WITH THE TRAFFIC LIGHT
IN MY FAVOUR, A CAR FROM THE OPPOSITE DIRECTION MADE A RIGHT TURN WITHOUT
STOPPING AND CAUSED ME TO COLLIDED ON THE LEFT FRONT PORTION OF THE VEHICLE.
THE MOMENT I REGAIN CONCIIOUS, I WALK TOWARDS MY PILLION TO WAKE HER UP. THE
MOMENT SHE REGAIN CONCIIOUS, I BLACKED OUT AND DROP TO THE FLOOR. THE SECOND
TIME I REGAIN CONCIIOUS WAS WHEN IM IN THE HOSPITAL.

Police Report



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20180907/2097

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Report No. T/20180907/2097

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:
TP /
MOHAMED ANWAR BIN MOHAMED IBRAHIM

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF

Contact No.: 65476358

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/09/2018 16:30

Classification Of Case:

SINGAPORE
POLICE FORCE

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

