

## 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	27/09/2018 19:10
Date Of Accident	22/09/2018 22:40
Exact Location Of Accident	ALONG BEDOK NORTH ROAD BETWEEN BLK 705/706
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ339Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMED ARSHAD BIN ALIAS
NRIC No	S8727297D
Email Address	MDSYAFIIE@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-84986121
Alternative Phone No	OTHERS-84986121

### Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
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	5085922699-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SYAFI'IE BIN ISMAIL
NRIC No	S9709272I
Date Of Birth	20/03/1997
Occupation	OUTDOOR
Date Of Driving Pass	06/03/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84986121
Fax Number	
Contact Number	OTHERS-84986121
EEmail Address	MDSYAFIIE@HOTMAIL.COM

Address	BLK 23 TELOK BLANGAH CRESCENT #13-32
Postcode	090023
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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	BUKIT MERAH WEST NPC
Police Station Address	<b>ROAD:</b> 500 BUKIT MERAH VIEW #01-01 , <b>POSTCODE:</b> 159682 , <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

PLEASE REFER TO POLICE REPORT T/20180925/2176

#### 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	SMD7983S
Vehicle Make/Model/Colour	KIA CAREN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA YANG LENG
NRIC/Passport Number	S1596001I
Contact Number	98172817
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MUHAMMAD SYAFI'IE BIN ISMAIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBJ339Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Accident Sketch Plan

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report **correctly** the details of the accident to speed up the claims process.
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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:

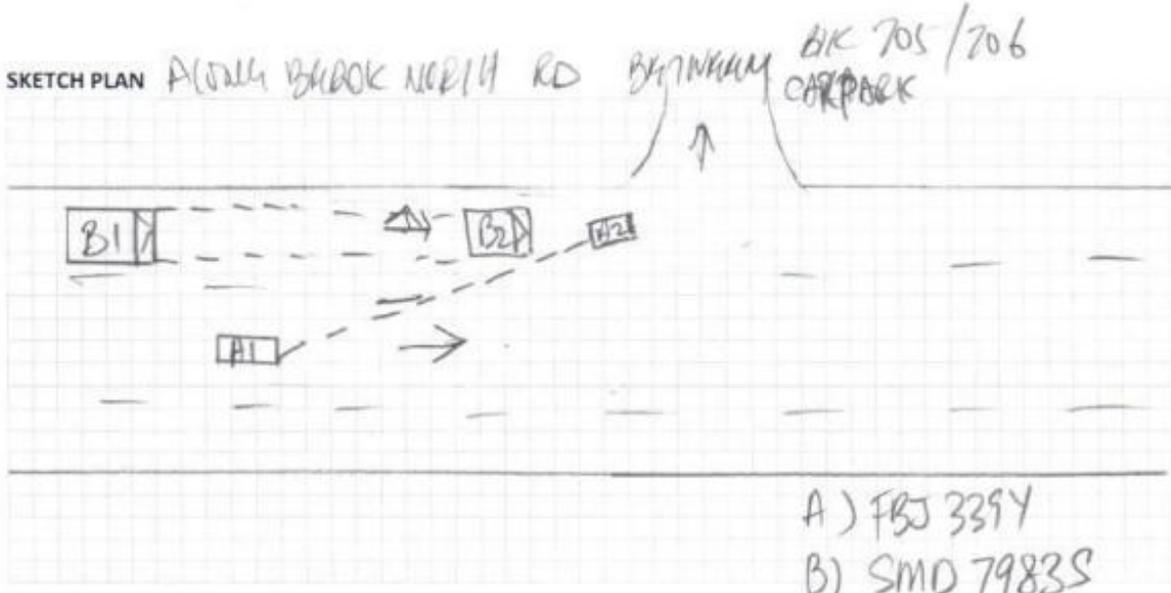
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 27/19/2018  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
Driver's Signature  
(if driver is not the policyholder)  
Date & Time:

 27/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REF REFER TO POLICE REPORT  
7/20180925/2176

DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

*[Signature]* 27/09/2018  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180925/2176

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

1 of 4

Report No. T/20180925/2176

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 25/09/2018 23:19	Vide Report No.:	Station Diary No.: 100
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**Informant's Particulars**

Name of Informant: MUHAMMAD SYAFI'IE BIN ISMAIL		Address: APT BLK 23 TELOK BLANGAH CRESCENT #13-32 SINGAPORE 090023	
ID Type / ID No.: NRIC NO / S97092721		Contact No.:	
Nationality: SINGAPORE CITIZEN		Home/Office:	Mobile: 84986121
Email:			
Sex: Male	Age: 21	Date of Birth: 20/03/1997	Type of Informant: Rider
Race: Malay		Language: English	Institution / School Name:
Occupation: PSA TECHNICIAN		Driving Licence Information: Class: 2B Date of Expiry:	

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/09/2018 22:40	Type of Location: Straight Road
Location: Along Road 1 BEDOK NORTH ROAD  Along Bedok North Rd after the bustop number: 84459 (Between Blk 705/706) before a left turn towards a carpark.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBJ339Y	Motorcycle	YAMAHA	FZ16	Blue	Slightly Damaged	0
SMD7983S	Car	KIA	CARENS	Blue	Slightly Damaged	2

**Details of Person Involved**

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

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20180925/2176

Police Station Of Origin:  
Bukit Merah West N.P.C  
500 Bukit Merah View #01-01 SINGAPORE  
159682  
Tel No: 1800-3779999

2 of 4

Report No. T/20180925/2176

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD SYAFI'IE BIN ISMAIL	ID No.	S9709272I
Related Vehicle	FBJ339Y (Motorcycle)	Contact No.	84986121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver			
Name	CHIA YANG LENG	ID No.	S1596001I
Related Vehicle	SMD7983S (Car)	Contact No.	98172817
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 22/09/2018 at about 2240hrs, I was riding at the 2nd lane from the left along the straight road of Bedok North Rd after passing by bustop no: 84459 (between Blk 705/706) when I overtake the car bearing registration number SMD7983S on the 1st lane from the left at about 1.5 car length just before turning left towards a carpark.

As I was turning left towards the carpark, the car bearing registration number SMD7983S hit the back of my bike and thus causing me to fall on my right and skidded to the front.

We initially came to an agreement for a private settlement however, on 25/09/2018 at about 1630hrs, we arranged to meet up at B/1004 Bukit Merah Lane 3 for the settlement with the other party, I could not agree on the quoted amount set by the other party thus I did not give him any money.

I wish to state that I had suffered a slight abrasion on left hand and my right leg however, I was not attended by any Traffic Police and Ambulance thus was not conveyed to the hospital and I did not went to consult a doctor.

I also wish to stated that there was no pedestrian involved, no government property was damaged however, I exchanged particulars with the driver and the driver has a in-car camera with the actual footage.

**POLICE REPORT**



**SINGAPORE  
POLICE FORCE**



T/20180925/2176

Police Station Of Origin:  
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3 of 4

Report No. T/20180925/2176

**CONTINUATION OF REPORT**

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20180925/2176

Police Station Of Origin:  
Bukit Merah West N.P.C  
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4 of 4

Report No. T/20180925/2176

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: D / Sgt 2 SHARIFAH HANISAH BINTE SAMAT <i>gh</i>	Signature Of Informant: <i>[Signature]</i>
Signature Of Interpreter: Not applicable	Date/Time: 25/09/2018 23:19
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

