

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	28/09/2018 12:07
Date Of Accident	06/09/2018 20:30
Exact Location Of Accident	BEACH RD INFRONT GOLDEN MILE FOOD CENTRE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR1564S
Insured/Policyholder	
Name Of Registered Owner	ABDUL NASSER S/O BASHEER AHAMAD
Co Reg No	S1841445G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97124562

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
Exact Purpose for which vehicle was being used at time of accident	GOING BACK HOME
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	5060337827-05
Cover Note Number	-

Driver

Name of Driver	ABDUL SALAM MUPTHAJUDEEN
NRIC No	S2725332F
Date Of Birth	05/01/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/11/1997
Driving Experience	20 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97762237
Fax Number	
Contact Number	OTHERS-96165740
Email Address	NOEMAIL

Address	BLK 467 NORTH BRIDGE RD #12-5053
Postcode	190467
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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)	2
Passenger 1	NAME: : MOHAMED KASSIM SULTHANUL ARIFF GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ROCHOR NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 11 KAMPONG KAPOR ROAD , POSTCODE: 208678 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2949999 - FAX NO: 63918583
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

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 Witness 1

Name	UNKNOWN
Phone Number	93809525
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBK2131K
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)

DETAILS OF INJURED PERSON 1

Name	ABDUL SALAM MUPTHAJUDEEN
Approximate Age	
Injuries Sustain	FRACTURE AND ABRASION LIMBS, CLOSED FRACTURE OF PROMIXAL END OF HUMERUS
Injured person in which vehicle?	FR1564S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	MOHAMED KASSIM SULTHANUL ARIFF
Approximate Age	
Injuries Sustain	SLIGHTLY SCRATCHES RIGHT HAND AND LEFT ANKLE AND LEFT KNEE
Injured person in which vehicle?	FR1564S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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

Golden Mile Food Centre

Golden Mile

Beach Rd.

A = FR15645
B = FBK2131K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to Police Report

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/20180907/2127

1 of 4

Police Station Of Origin:
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

Report No. T/20180907/2127

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2018 19:31	Vide Report No.:	Station Diary No.: 139
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Informant's Particulars

Name of Informant: ABDUL SALAM MUPTHAJUDEEN	Address: APT BLK 467 NORTH BRIDGE ROAD #12-5053 SINGAPORE 190467		
ID Type / ID No.: NRIC NO / S2725332F	Contact No.:	Mobile: 97762237	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 61	Date of Birth: 05/01/1957	Type of Informant: Rider
Race: Indian	Language:	Institution / School Name:	
Occupation: SALESMAN	Driving Licence Information: Class: 2B,3		Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/09/2018 20:30	Type of Location: Straight Road
Location: Along Road 1 BEACH ROAD				
Towards Crawford St				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume:
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2131K	Motorcycle	YAMAHA	FZN150	Red	Slightly Damaged	1
FR1564S	Motorcycle	YAMAHA	RXZ	Multi-Colored	Totally Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
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T/20180907/2127

Police Station Of Origin:
Rochor N.P.C
11, Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180907/2127

CONTINUATION OF REPORT

Rider			
Name	ABDUL SALAM MUPTHAJUDEEN	ID No.	S2725332F
Related Vehicle	FR1564S (Motorcycle)	Contact No.	97762237
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Serious
Pillion			
Name	MOHAMED KASSIM SULTHANUL ARIFF	ID No.	S2754291C
Related Vehicle	FR1564S (Motorcycle)	Contact No.	98225952
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	06/09/2018	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 06/09/2018 at about 2030hrs, I was riding my motorbike (FR1564S) along Beach Road towards Crawford St direction. I was riding at about 30km/hr at the 2nd lane. Just then as I reach Golden Mile Food Centre's carpark, one motorcycle (FBK2131K) suddenly came out of Golden Mile Food Centre's carpark and rode to my lane.

I immediately applied emergency brake however could not stop in time. As a result, my vehicle's front collided with his vehicle's right. As a result, my pillion and I flew out of the bike.

I was able to stand up however my pillion (Kassim) was stucked under the bike. Passerby came to assist with bringing up the bike and after awhile, ambulance and traffic police arrived. Ambulance made a check on me and conveyed my pillion and I to Tan Tock Seng Hospital.

Upon reaching the hospital, the doctor diagnosed that I suffered fractures and abrasions limbs, closed fracture of proximal end of humerus as stated on the medical report.

My pillion suffered slight scratches on his right hand and left ankle and left knee as well.

On 07/09/2018, I received photos of my damaged bike and the other riders bike from a witness who claimed he was there at the point of time. His contact number is 9380 9525.

Afterwhich, I decided to lodge a police report. I wish to state that I did not manage to take the other rider's and his pillion's particulars

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20180907/2127

Police Station Of Origin;
Rochor N.P.C
11 Kampong Kapur Road SINGAPORE
208678
Tel No: 1800-2949999

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Report No. T/20180907/2127

CONTINUATION OF REPORT

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Report No: T/20180907/2127

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:

A /

Sgt 2 LOW ZI HAO

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

07/09/2018 19:31

Officer In Charge Of Case:

TP / GIT /

SI NORASHIKIN BINTE DAUD 12

Contact No.: 65476439

Classification Of Case:

Authentication Stamp

NP168

Singapore - Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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