

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 liability.
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	08/10/2018 19:41
Date Of Accident	07/10/2018 14:10
Exact Location Of Accident	JUNCTION UPP CROSS ST TURN RIGHT TO CLEMENCEAU AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7667Z
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD NUH SHAFIQ BIN ISMAIL
NRIC No	S9031774A
Email Address	APITSHAFIQ@LIVE.COM.SG
Mobile Phone No	(LOCAL) +65-91894609
Alternative Phone No	OTHERS-91894609

Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC ABS
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	5077204977-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD NUH SHAFIQ BIN ISMAIL
NRIC No	S9031774A
Date Of Birth	07/09/1990
Occupation	INDOOR
Date Of Driving Pass	08/01/2016
Driving Experience	2 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91894609
Fax Number	
Contact Number	OTHERS-91894609
Email Address	APITSHAFIQ@LIVE.COM.SG

Address	BLK 114 PASIR RIS STREET 11 #05-579
Postcode	510114
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	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?	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	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

PLEASE REFER TO POLICE REPORT T/20181008/7010

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	SLR9372E
Vehicle Make/Model/Colour	MITSUBISHI LANCER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG LAY KENG
NRIC/Passport Number	S1683418A
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMMAD NUH SHAFIQ BIN ISMAIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBK7667Z
Were seat belts worn?	
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.

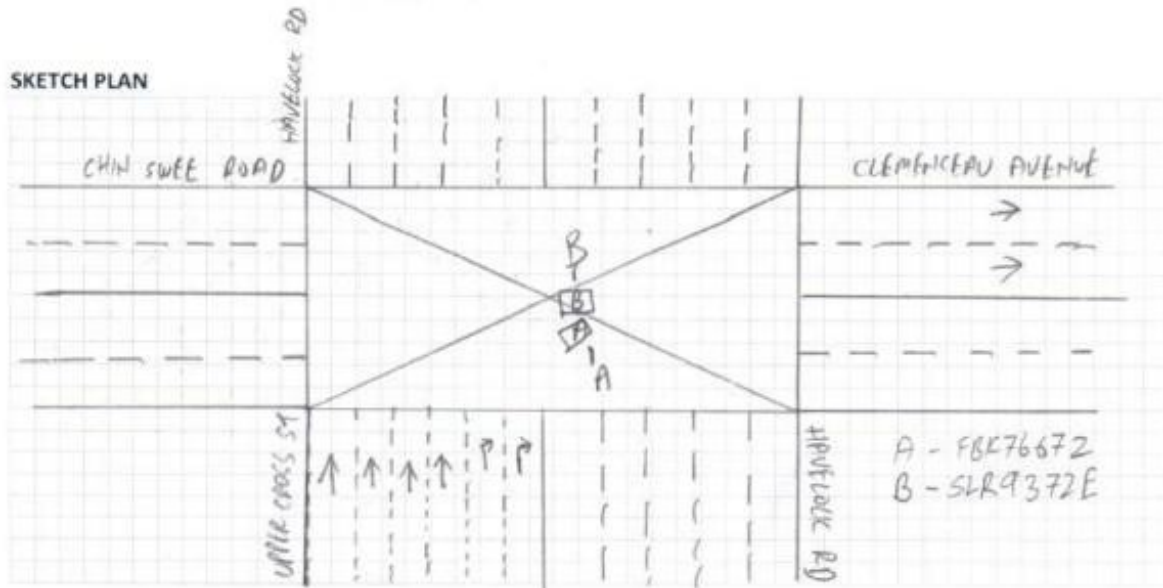
Policyholder's Signature
Date & Time: 06/07/18

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Police Report 7/2008/1008/2010

DECLARATION

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

Policyholder's Signature
Date & Time: 08/10/2018

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

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181008/7010

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

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Report No. T/20181008/7010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/10/2018 14:48		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD NUH SHAFIQ BIN ISMAIL			Address: APT BLK 114 PASIR RIS STREET 11 #05-579 SINGAPORE 510114		
ID Type / ID No.: NRIC NO / S9031774A			Contact No.: Home/Office: Mobile: 91894609		
Nationality: SINGAPORE CITIZEN			Email: Apitshafiq@live.com.sg		
Sex: Male	Age: 28	Date of Birth: 07/09/1990	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Computer engineer			Driving Licence Information: Class: 2B,2A,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/10/2018 14:10	Type of Location: Cross Junction
Location: CLEMENCEAU AVENUE				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBK7667Z	Motorcycle	HONDA	CB400X+ABS	Black	Slightly Damaged	0
SLR9372E	Car	MITSUBISHI	Lancer EX	Blue	No Damage	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK7667Z	NTUC Income Insurance Co-Operative Limited	5077204977-02	15/01/2018	14/01/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181008/7010

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

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Report No. T/20181008/7010

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD NUH SHAFIQ BIN ISMAIL	ID No.	S9031774A
Related Vehicle	FBK7667Z (Motorcycle)	Contact No.	91894609
Hospital/Clinic	24 HOUR WALK-IN CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	07/10/2018	Date Discharge	07/10/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	NG LAY KENG	ID No.	S1683418A
Related Vehicle	SLR9372E (Car)	Contact No.	NIL
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:

I rider of vehicle, FBK7667Z, was rider along Upper Cross Street and intending to make a right turn towards Clemenceau Avenue at the traffic light. As I was reaching to the cross junction of Upper Cross Street towards Clemenceau Avenue, I was at the 1st lane from the right wanting to make a right turn. When I made the turn, there was another vehicle, SLR9372E, who was on my left which was at the 2nd lane from the right who was also making a right turn towards Clemenceau Ave. My distance from vehicle SLR9372E was at the rear right side of the vehicle when making the right turn together. As we were approaching around the centre of the junction box, vehicle SLR9372E suddenly tried to make a U turn and collided with me. Vehicle SLR9372 right middle part of the vehicle collided with my left middle and front part of my vehicle FBK7667Z. I manage to not fall off my bike but my left leg was squeezed in between my vehicle FBK7667Z and SLR9372E. After the collision, SLR9372E moved towards Clemenceau Avenue and hand gestured me to settle things there. So I followed the said vehicle, stop by the side of the road just after the finishing the right turn and exchange particulars. Driver of SLR9372E offered assistance and wanted to do private settlement. I told her I will let her know once I have seeing the doctor as I dont know what injuries Im facing. The driver of SLR9372E was Ng Lay Keng, S1683418A. After exchange particulars, the we both went our own ways. I went to see doctor at night of the incident at Central 24 Hr Clinic Bedok and was given 3 days of MC. I sustained injuries to my left upper and lower leg and left arm.

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20181008/7010

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Report No. T/20181008/7010

CONTINUATION OF REPORT

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181008/7010

Police Station Of Origin:
Traffic Police Division HQ
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Tel No: 65470000

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Report No. T/20181008/7010

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476367

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
08/10/2018 14:48

Classification Of Case:

CENTRAL 24-HR CLINIC (BEDOK)
 BLK 219 BEDOK CENTRAL #01-124
 SINGAPORE 460219

Medical Certificate

Date : 07 Oct 2018

MC No. : 0000238179

This is to certify that :

Name : MOHAMMAD NUH SHAFIQ BIN ISMAIL

NRIC : S9031774A

is Unfit for Duty for 3 days

from 07/10/2018 to 09/10/2018 inclusive.



DOCTOR

For Health News and Updates : <http://news.centralclinic.com.sg>

24-Hour Clinics

**This certificate is not valid for absences from court or other judicial proceedings unless specifically stated.*

BEDOK	Blk 219 Bedok Central #01-124 Singapore 460219	Tel: 6773 2825
CLEMENTI	Blk 450 Clementi Ave 3 #01-291 Singapore 120450	Tel: 6387 6965
HOUGANG	Blk 681 Hougang Ave 8 #01-831 Singapore 530681	Tel: 6565 7484
JURONG WEST	Blk 492 Jurong West Street 41 #01-54 Singapore 640492	Tel: 6251 2775
PIONEER NORTH	Blk 959 Jurong West Street 92 #01-160 Singapore 640959	Tel: 6582 2640
PASIR RIS	Blk 446 Pasir Ris Drive 6 #01-122 Singapore 510446	Tel: 6365 4895
WOODLANDS	Blk 768 Woodlands Ave 6 #02-06A Woodlands Mart Singapore 730768	Tel: 6759 7885
YISHUN	Blk 701A Yishun Ave 5 #01-04 Singapore 761701	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66550020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:


Original Report No : MMA418130646 Vehicle Registration No: FXK 7667Z
Name (as shown in NRIC) : MOHAMMAD MUHAMMAD SHAFIQ BIN ISMAIL NRIC/FIN/Passport No : S9031714A
(*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 91894609
Email Address : _____
Date of Accident : 07/10/2018 Time of Accident : 14:10
Place of Accident : JUNCTION OF CROSS ST TURN RIGHT TO CLAMMANCAU DR
Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

TYPE OF COVERAGE SHOULD BE TPFT

Policyholder / Driver's Signature
Date:


Reporting Centre Personnel's Signature
Name: Kosli Norton
NRIC/FIN No.: _____
Date: 24/10/2018