

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	12/10/2018 14:44
Date Of Accident	06/10/2018 17:10
Exact Location Of Accident	JUNCTION OF KAMPONG BAHRU ROAD AND BUKIT PURMEI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK9614M
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD ADHA BIN RASIDI
NRIC No	S8525618A
Email Address	WAN_1282@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96167492
Alternative Phone No	OTHERS-90069730

Vehicle Particulars

Manufacturer	KTM
Model	1290 SUPERDUKE R-1.3
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	PRIVATE CAR

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	5079182661-02
Cover Note Number	

Driver

Name of Driver	MOHAMMAD IRWAN BIN MD SAID
NRIC No	S8219025B
Date Of Birth	12/07/1982
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2007
Driving Experience	11 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90069730
Fax Number	
Contact Number	OTHERS-96167492
EEmail Address	WAN_1282@HOTMAIL.COM

Address	BLK 874 WOODLANDS STREET 82 #03-512
Postcode	730874
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 - 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	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)	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 EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 391 NEW BRIDGE ROAD POLICE CANTONMENT COMPLEX BLOCK A , POSTCODE: 088762 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2369999 - FAX NO: 62268438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181007/2000

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV322L
Vehicle Make/Model/Colour	LEXUS RX 200T
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YEE WOON LEON, LEONARD
NRIC/Passport Number	S7230373C
Contact Number	98456806
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MOHAMMAD IRWAN BIN MD SAID
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBK9614M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

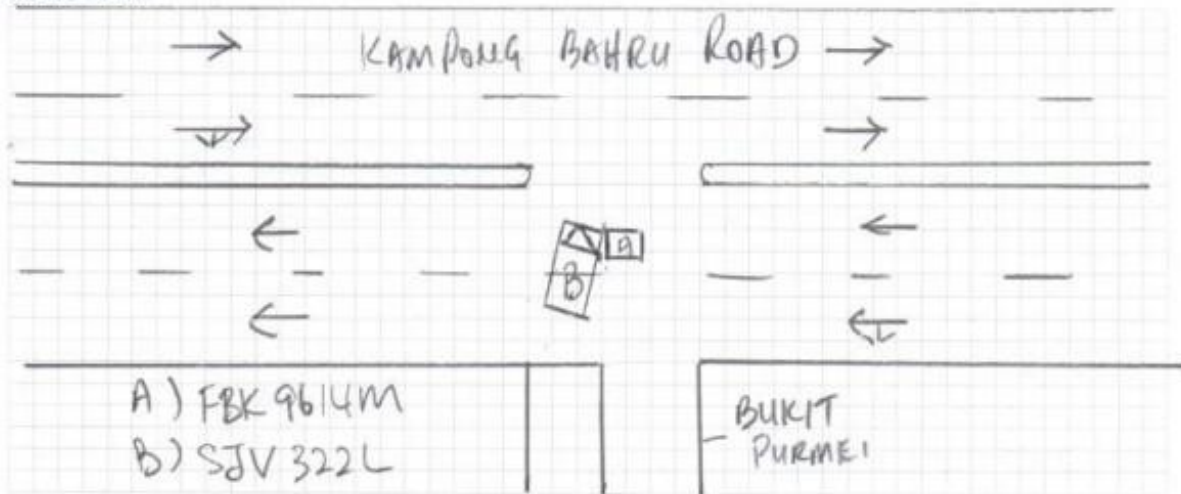
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 12/10/18 12:40pm

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT
T/2018/1007/2000

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: 12/10/18 12:50pm

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181007/2000

1 of 4

Police Station Of Origin:
Bukit Merah East N.P.C
A 391 New Bridge Road Police Cantonment
Complex SINGAPORE 088762
Tel No: 1800-2369999

Report No. T/20181007/2000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/10/2018 00:19		Vide Report No.:		Station Diary No.: 2	
Informant's Particulars					
Name of Informant: MOHAMMAD IRWAN BIN MD SAID			Address: APT BLK 874 WOODLANDS STREET 82 #03-512 SINGAPORE 730874		
ID Type / ID No.: NRIC NO / S8219025B			Contact No.: Home/Office: Mobile: 90069730		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 36	Date of Birth: 12/07/1982	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: CIVIL SERVANT			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 06/10/2018 17:00	Type of Location:
Location: KAMPONG BAHRU ROAD JALAN BUKIT MERAH I WAS RIDING MY BIKE ALONG KAMPONG BAHRU ROAD HEADING TOWARDS JALAN BUKIT MERAH.				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK9614M	Motorcycle	KTM	1290 SUPERDUK E R	Black	Seriously Damaged	0
SJV322L	Car	TOYOTA	LEXUS RX200T LUXURY AT S/R	White		0

POLICE REPORT



**SINGAPORE
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T/20181007/2000

Police Station Of Origin:
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Tel No: 1800-2369999

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Report No. T/20181007/2000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD IRWAN BIN MD SAID	ID No.	S8219025B
Related Vehicle	FBK9614M (Motorcycle)	Contact No.	90069730
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	06/10/2018	Date Discharge	06/10/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious
Driver			
Name	YEE WOON LEON, LEONARD	ID No.	S7230373C
Related Vehicle	SJV322L (Car)	Contact No.	98456806
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 06 October 2018, at around 1700hrs, I was riding on my motorbike FBK9614M, along Kampong Bahru Road heading towards Jalan Bukit Merah. There was a slip road on my left, near the church known as Bukit Purmei. There were cars queuing up to join the main road.

At that point of time, the traffic light was showing green and as such, I continued to ride. Suddenly, a white car bearing plate number SJV322L, was creeping out from the said slip road. The said car suddenly crept out too much and I was unable to avoid the vehicle. This resulted in me hitting near the front right bumper. And I was thrown off balance and fell onto the ground. My right hand thumb was fractured. My motorbike was badly damaged.

The driver of the other vehicle came out and we exchanged particulars and called for the ambulance and traffic police. Subsequently, my motorbike was towed by the traffic police and I was conveyed to the nearest hospital.

I was discharged on 06 October 2018 and was given 10 days' medical leave. After I was discharged I went to the police station to lodge a police report with regards to this incident.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181007/2000

Police Station Of Origin:
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Report No. T/20181007/2000

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20181007/2000

Police Station Of Origin:
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Report No. T/20181007/2000

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 /
RIKY ERWAN SHAH BIN MOHAMAD JUFRI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/10/2018 00:19

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



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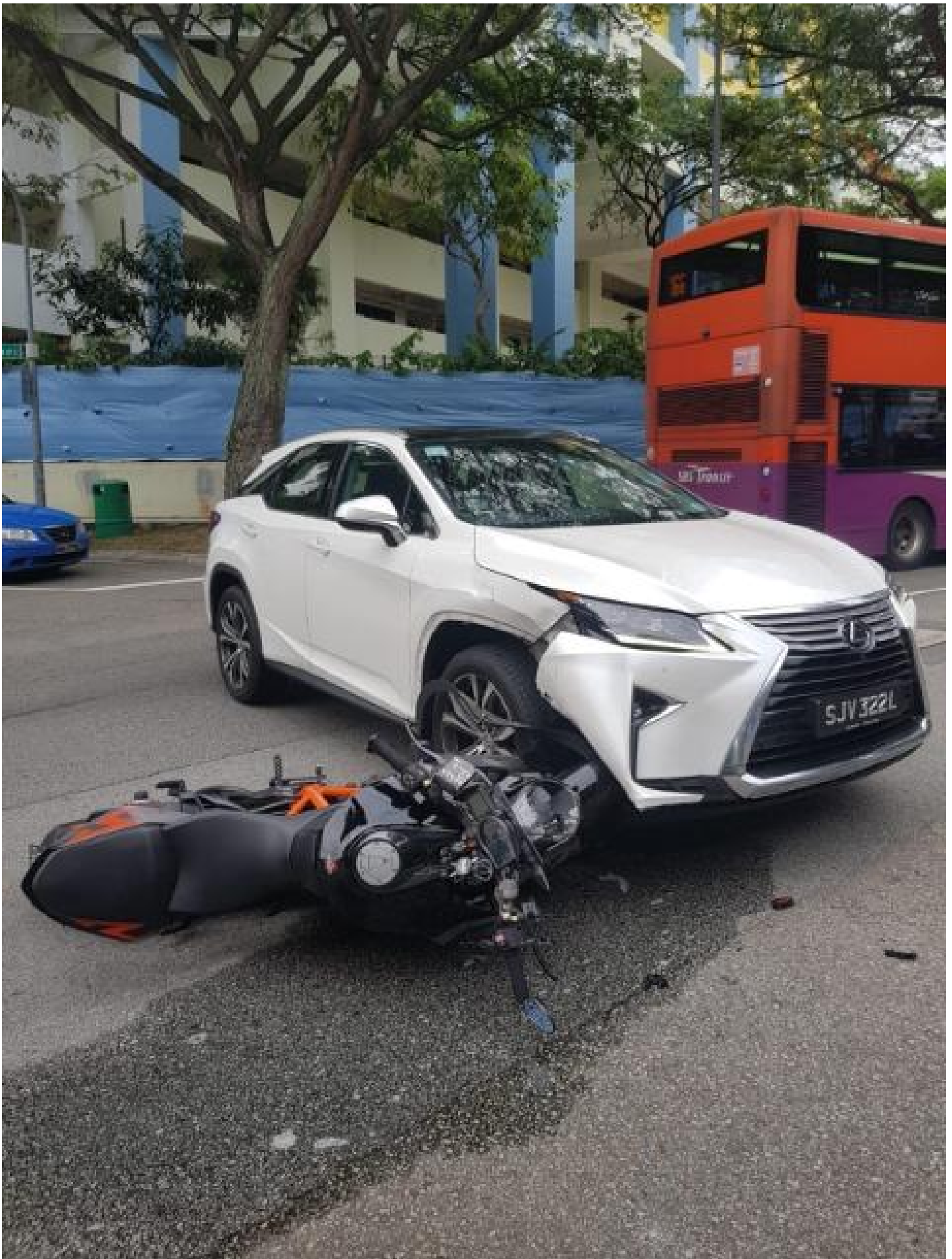
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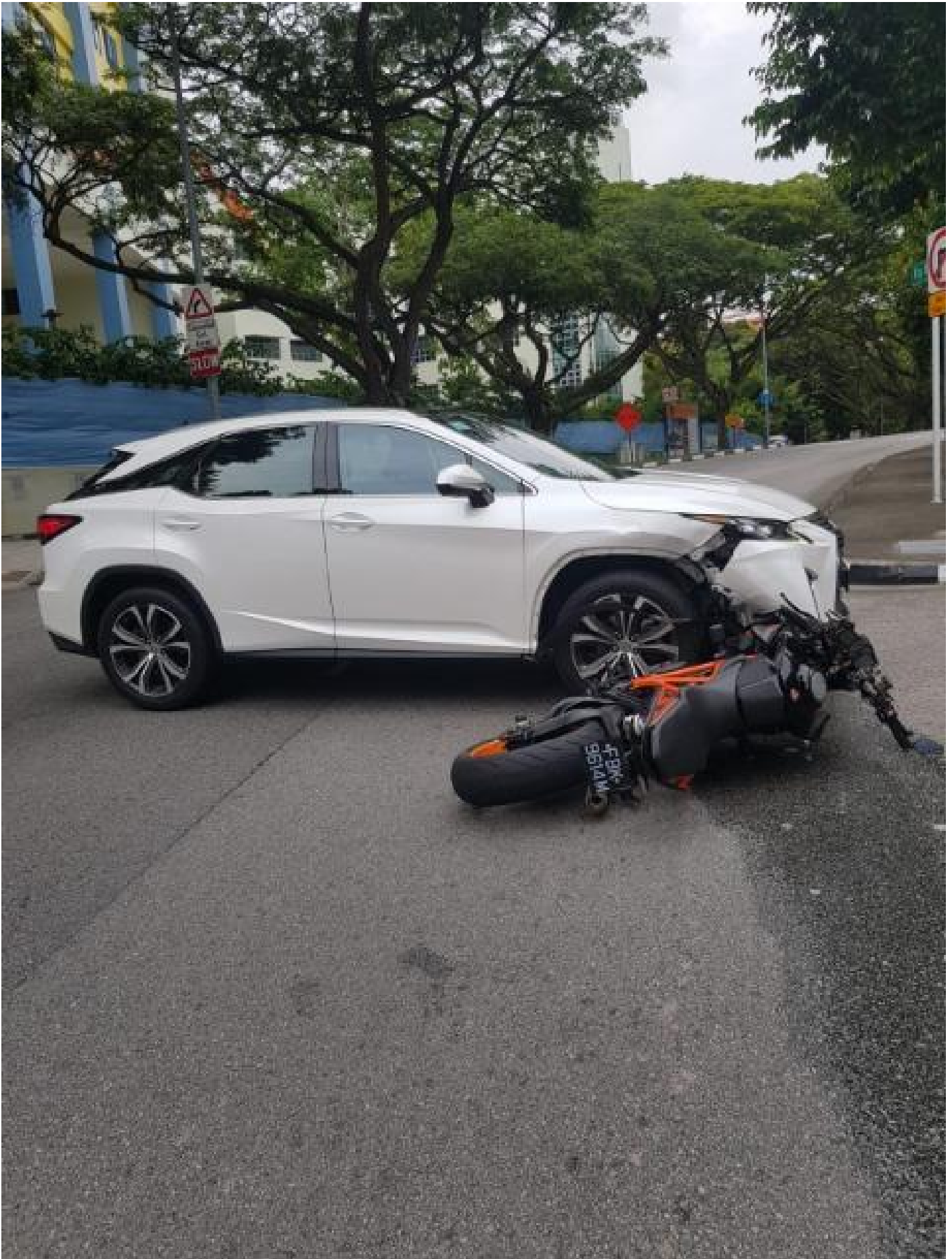
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Accident Photo



Accident Photo

