

## 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	15/10/2018 16:47
Date Of Accident	12/10/2018 17:50
Exact Location Of Accident	ALONG SCOTTS ROAD OPPOSITE FAR EAST PLAZA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH6172G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMAD RIZZWAIMI BIN AMAT SHAHARI
NRIC No	S9429242E
Email Address	RIZZ1608@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91443186
Alternative Phone No	OTHERS-91443186

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400X-399CC
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	REPORTING ONLY
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	5098429545
Cover Note Number	

### Driver

Name of Driver	MOHAMMAD RIZZWAIMI BIN AMAT SHAHARI
NRIC No	S9429242E
Date Of Birth	16/08/1994
Occupation	OUTDOOR
Date Of Driving Pass	20/01/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91443186
Fax Number	
Contact Number	OTHERS-91443186
Email Address	RIZZ1608@GMAIL.COM

Address	BLK 363C SEMBAWANG CRESCENT #12-753
Postcode	753363
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 - 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?	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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN

#### 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	EZ22R
Vehicle Make/Model/Colour	MERCEDES BENZ
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)

DETAILS OF INJURED PERSON 1	
Name	MOHAMMAD RIZZWAIMI BIN AMAT SHAHARI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBH6172G
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: 15/10/2018

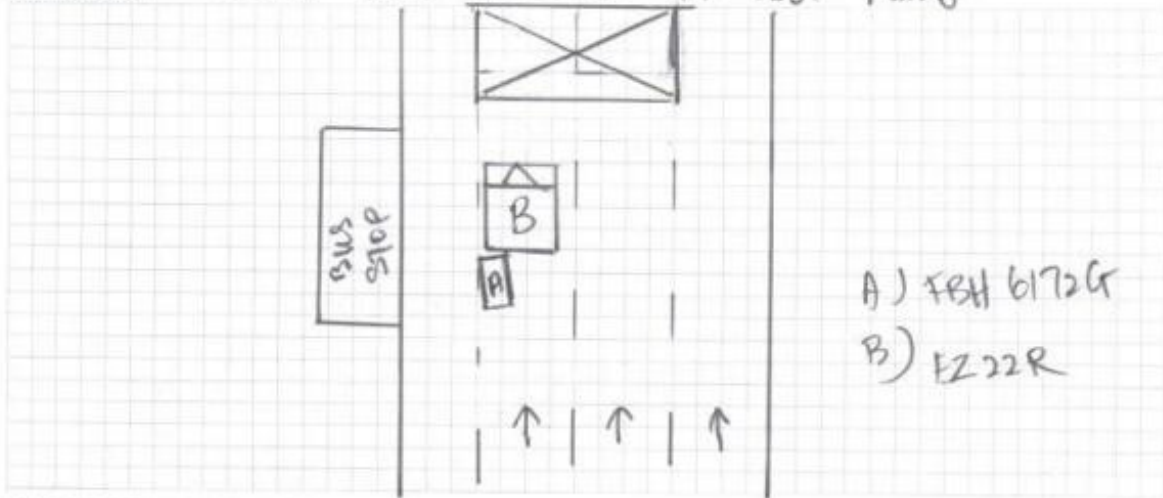
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Accident Sketch Plan

SKETCH PLAN

SCOTT ROAD OPPOSITE FAR EAST PLAZA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note: *Police Report 1/2018/15/2018*

## DECLARATION

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

Policyholder's Signature  
Date & Time: 16/10/2018

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

Reporting Centre Personnel's Signature  
Name: 15/10/2018  
NRIC/FIN No.: [Signature]



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181015/2087

1 of 3

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20181015/2087

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2018 14:28		Vide Report No.:		Station Diary No.: 32	
<b>Informant's Particulars</b>					
Name of Informant: MOHAMMAD RIZZWAIMI BIN AMAT SHAHARI			Address: APT BLK 363C SEMBAWANG CRESCENT #12-753 SINGAPORE 753363		
ID Type / ID No.: NRIC NO / S9429242E			Contact No.: Home/Office: Mobile: 91443186		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 24	Date of Birth: 16/08/1994	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Motorcycle delivery man			Driving Licence Information: Class: 2B,2A Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/10/2018 17:50	Type of Location: Straight Road
Location: Along Road 1 SCOTTS ROAD  Along Scotts Rd opposite Far East Plaza				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 60 Km/h	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
EZ22R	Car	MERCEDES BENZ	E200 AVG (R18 LED)		Slightly Damaged	0
FBH6172G	Motorcycle	HONDA	CB400X	White	Seriously Damaged	0

## Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH6172G	NTUC Income Insurance Co-Operative Limited	5098429545	26/02/2018	25/02/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181015/2087

2 of 3

Report No. T/20181015/2087

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No		Use of Pedestrian Crossing: NA	
No. of Pedestrians Injured: NIL			
Rider		ID No.	S9429242E
Name	MOHAMMAD RIZZWAIMI BIN AMAT SHAHARI	Contact No.	91443186
Related Vehicle	FBH6172G (Motorcycle)	Class of Driving Licence & Expiry Date	Class: 2B,2A Date of Expiry: NIL
Hospital/Clinic	NIL	Date Discharge	NIL
Date Treatment	NIL	Degree of Injury	Slight
No. of Days granted Medical Leave	NIL		

### Brief Details.

On 12/10/2018 at about 1751hrs, I was riding on my motorbike (FBH6172G) along Scotts Rd opposite Far East Plaza towards Newton Circus. Out of sudden, a black car appeared in front of my motorbike. Upon seeing that, I applied emergency brake to avoid collision. However I banged onto the rear of the vehicle (EZ22R). Due to the collision, I was in a daze. I could not recall what has happened during the accident. I was conveyed to Tan Tock Seng Hospital for medical assessment. I was granted 2 day of medical leave (12/10/2018 to 13/10/2018). I was advised by Traffic Police to lodge a RTA report of the incident.

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181015/2087

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

3 of 3

Report No. T/20181015/2087

## 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 /  
Sr Staff Sgt MOHAMMAD ASRI BIN MAZLAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
15/10/2018 14:28

Officer In Charge Of Case:  
TP / GIT /  
Sgt 2 LIM HONG LEE  
Contact No.: 65476438

Classification Of Case:

Authentication Stamp  
NP168 POLICE FORCE

SN 47

SIGNATURE



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



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Accident Photo





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