

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	16/10/2018 17:20
Date Of Accident	06/10/2018 12:15
Exact Location Of Accident	JUNC OF EAST COAST RD / TELOK KURAU RD / LP NO: 29
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR5231B
Insured/Policyholder	
Name Of Registered Owner	MUHD KHAIRULNIZAM BIN MOHD PANDI
NRIC No	S9044003I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87514408
Alternative Phone No	OTHERS-87514408

Vehicle Particulars

Manufacturer	YAMAHA
Model	TZM150
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
Fleet Policy	NO
Policy Number	5068325463-03
Cover Note Number	

Driver

Name of Driver	IBNU SHAQIL BIN ADENAN TAMBI
NRIC No	S9408817H
Date Of Birth	08/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	18/07/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87514408
Fax Number	
Contact Number	OTHERS-87514408
Email Address	NOEMAIL

Address	BLK 188 BOON LAY DRIVE #03-86
Postcode	640188
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	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)	2
Passenger 1	NAME: : NUR FIDIYANA BINTE SHIDEK GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	JURONG WEST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 700 CORPORATION ROAD , POSTCODE: 649818 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2689999 - FAX NO: 62672438
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20181006/2151

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	SKK6899X
Vehicle Make/Model/Colour	
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 IBNU SHAQIL BIN ADENAN TAMBI
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FR5231B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name NUR FIDIYANA BINTE SHIDEK
Approximate Age
Injuries Sustain SERIOUS
Injured person in which vehicle? FR5231B
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE

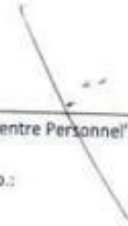
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

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.

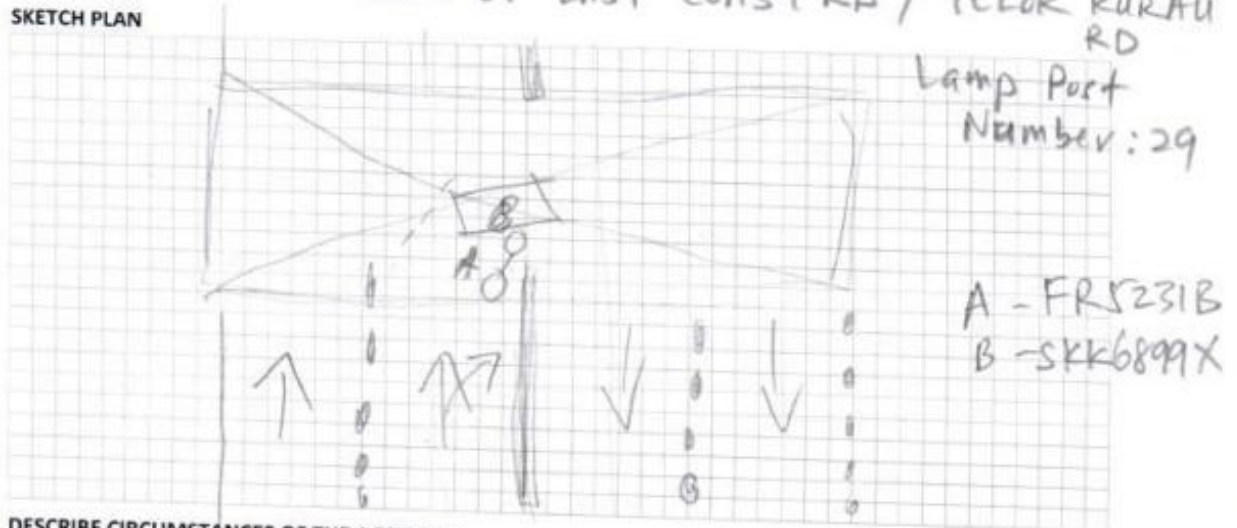
Policyholder's Signature
Date & Time:


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

 16/10/2018
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report
T/20181006/2151

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.:

GNPNC SketchPlanForm_V3

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181006/2151

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

2 of 3

Report No. T/20181006/2151

CONTINUATION OF REPORT

Rider				
Name	IBNU SHAQIL BIN ADENAN TAMBI		ID No.	S9408817H
Related Vehicle	FR5231B (Motorcycle)		Contact No.	87514408
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/10/2018		Date Discharge	06/10/2018
No. of Days granted Medical Leave	NIL		Degree of Injury	Serious

Brief Details.

On the above mentioned date, time, and location, I met with an accident. I was riding my bike with a passenger (NUR FIDIYANA BINTE SHIDEK, HP: +65 87678826) along East Coast Road, when approaching the junction between Telok Kurau Road and East Coast Road, I spotted a car slowing down as it approaches the junction and it did not indicate any signals. I wanted to go straight, so I approached the right of the car but the car suddenly turned right, colliding with my motorcycle. My passenger and I flew and landed on the pedestrian crossing. After that, both my passenger and I got conveyed to the hospital and I have a swollen jaw, abrasion on my shoulder blades, and swelling on the right side of my chest bone area. The passenger has a fractured right collarbone and abrasion on the left leg. Traffic Police has informed me that the other driver was drink driving. I am lodging this report as advised by IO Alex, HP: +65 6547 6198.

VIDE REPORT NO.: G/20181006/0004

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20181006/2151

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999

1 of 3

Report No. T/20181006/2151

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 06/10/2018 20:43		Vide Report No.:	Station Diary No.: 154
Informant's Particulars			
Name of Informant: IBNU SHAQIL BIN ADENAN TAMBI		Address: APT BLK 188 BOON LAY DRIVE #03-86 SINGAPORE 640188	
ID Type / ID No.: NRIC NO / S9408817H		Contact No.: Home/Office: Mobile: 87514408	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 24	Date of Birth: 08/03/1994	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: RIDER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: Yes	Date/Time of Accident: 06/10/2018 12:15	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 EAST COAST ROAD TELOK KURAU ROAD Lamp Post Number: 29				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FR5231B	Motorcycle	YAMAHA	TZM150	Black	Seriously Damaged	1
SKK6899X	Car	VOLVO	XC60 2.0T AUTO ABS D/AB 2WD 5DR	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/20181006/2151

Police Station Of Origin:

Jurong West N.P.C

700 Corporation Road SINGAPORE 649818

Tel No: 1800-2689999

2 of 3

Report No. T/20181006/2151

CONTINUATION OF REPORT

Rider			
Name	IBNU SHAQIL BIN ADENAN TAMBI	ID No.	S9408817H
Related Vehicle	FR5231B (Motorcycle)	Contact No.	87514408
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	06/10/2018	Date Discharge	06/10/2018
No. of Days granted Medical Leave	NIL	Degree of Injury	Serious

Brief Details.

On the above mentioned date, time, and location, I met with an accident. I was riding my bike with a passenger (NUR FIDIYANA BINTE SHIDEK, HP: +65 87678826) along East Coast Road, when approaching the junction between Telok Kurau Road and East Coast Road, I spotted a car slowing down as it approaches the junction and it did not indicate any signals. I wanted to go straight, so I approached the right of the car but the car suddenly turned right, colliding with my motorcycle. My passenger and I flew and landed on the pedestrian crossing. After that, both my passenger and I got conveyed to the hospital and I have a swollen jaw, abrasion on my shoulder blades, and swelling on the right side of my chest bone area. The passenger has a fractured right collarbone and abrasion on the left leg. Traffic Police has informed me that the other driver was drink driving. I am lodging this report as advised by IO Alex, HP: +65 6547 6198.

VIDE REPORT NO.: G/20181006/0004

Police Report



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Jurong West N.P.C
700 Corporation Road SINGAPORE 649818
Tel No: 1800-2689999



T/20181006/2151

3 of 3

Report No. T/20181006/2151

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:
J/
SI LIM YEN FANG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP /GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202 SN 126

Authentication Stamp
NP168

Singapore Police Force

Signature Of Informant:

Date/Time:
06/10/2018 20:43

Classification Of Case: