

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 23/11/2018 12:12
Date Of Accident 23/11/2018 00:10
Exact Location Of Accident CLEMENTI RD & KENT CRESCENT
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJR9893S
Insured/Policyholder
Name Of Registered Owner SEA CARS PTE. LTD.
Co Reg No 201802734H
Email Address NOEMAIL
Mobile Phone No (LOCAL) +65-90980084
Alternative Phone No OFFICE-90980084

Vehicle Particulars

Manufacturer HYUNDAI
Model AVANTE-1.6 (A)

Exact Purpose for which vehicle was being used at time of accident

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 HIRE

Insurance Company

Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage THIRD PARTY
Fleet Policy NO
Policy Number 5100721430
Cover Note Number

Driver

Name of Driver NOR AZHAR BIN KHALIFA
NRIC No S7344819J
Date Of Birth 27/11/1973
Occupation OUTDOOR
Date Of Driving Pass 11/03/2004
Driving Experience 14 YEARS AND 8 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-90980084
Fax Number
Contact Number OFFICE-90980084
Email Address NOEMAIL

Address

339 BUKIT BATOK ST 34
#05-296
S650339

Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - RENTAL
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 YES
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
Police Station Address

BUKIT BATOK NEIGHBOURHOOD POLICE POST
ROAD: BLK 103 BUKIT BATOK CENTRAL , POSTCODE: 650103 ,
COUNTRY: SINGAPORE
TEL NO: 1800-5639999 - FAX NO: 66655794

Police Station Contact
Was notice of intended Prosecution given?
If Yes, against whom?

Circumstances of Accident

PLEASE SEE ATTACHED 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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBK2417L
Vehicle Make/Model/Colour M/CYCLE
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver MOHAMED YUSRI BIN SUZAINI
NRIC/Passport Number S9735365D
Contact Number 87550319
Address
Postcode
Insurance Company Name
Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MOHAMED YUSRI BIN SUZAINI
Approximate Age	
Injuries Sustain	REFER TO POLICE REPORT
Injured person in which vehicle?	FBK2417L
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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:

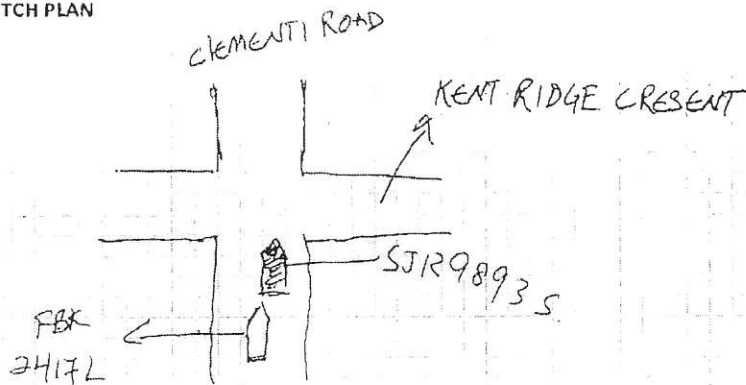
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

IDAC BUKIT BATOK (VAC)
511 Bukit Batok Street 23
Singapore 659545
Tel: 6561 3712 Fax: 6561 0722
E: idac@idac.gov.sg

23 NOV 2018

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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:

IDAC BUKIT BATOK (PND)
511 Bukit Batok Street 23
Singapore 659549
Tel: 6560 3312 Fax: 6560 3313
Email: vachb@idac.org.sg

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20181123/2010

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20181123/2010

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/11/2018 03:05	Vide Report No.: D/20181123/0004	Station Diary No.: 11
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Informant's Particulars		
Name of Informant: NOR AZHAR BIN KHALIFA		Address: APT BLK 339 BUKIT BATOK STREET 34 #05-296 SINGAPORE 650339
ID Type / ID No.: NRIC NO / S7344819J		Contact No.: Home/Office: Mobile: 90980084
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 44	Date of Birth: 27/11/1973
Race: Malay		Type of Informant: Driver
Occupation: GRAB DRIVER		Language: English
		Institution / School Name:
		Driving Licence Information: Class: 3
		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/11/2018 00:10	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 CLEMENTI ROAD KENT RIDGE CRESCENT Lamp Post Number: 50				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: STATIONARY VEHICLE - HEAD TO REAR				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK2417L	Motorcycle					0
SJR9893S	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
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T/20181123/2010

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21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20181123/2010

CONTINUATION OF REPORT

Driver				
Name	NOR AZHAR BIN KHALIFA		ID No.	S7344819J
Related Vehicle	NIL		Contact No.	90980084
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
Rider				
Name	Mohamed Yusri Bin Suzaini		ID No.	S9735365D
Related Vehicle	NIL		Contact No.	87550319
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.

On 23/11/2018 at about 0013hrs I was driving my car registration no: SJR9893S. I stop my car at the T-junction of Clementi Road (towards Jln Anak Bukit) and Kent Ridge Crescent. My car was the first vehicle waiting for traffic light to turn green when suddenly I felt strong impact from the rear. I immediately alighted and discovered that a motorcycle registration: FBK2417L had collided into the rear left of my car and had toppled onto a male Malay rider later established to be:

Mohamed Yusri Bin Suzaini
S9735365D
HP: 87550319

He is on duty working under Certis Cisco Jurong (West Hub) Enforcement. The rider was observed to have suffered injuries over his front body and legs. Ambulance arrived at scene and he was conveyed in conscious state. My car is armed with in-car camera and I have checked the recordings and the incident was captured. Traffic Police subsequently arrived and I handed over one 32GB Kingston Micro SD card and was issued with NP323. My car sustained serious damages on the rear left portion however I am not injured. Traffic Police officer advised me to lodge Traffic Accident report reference: D/20181123/0004 (TP IO Bei Feng, TEL: 65476415).



**SINGAPORE
POLICE FORCE**



T/20181123/2010

3 of 3

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Bukit Batok N.P.C

21 Bukit Batok East Avenue 4 SINGAPORE

659840

Tel No: 1800-6659999

Report No. T/20181123/2010

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 /

Sr Staff Sgt SHANIZA BINTE SITAL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/11/2018 03:05

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Classification Of Case:

Authentication Stamp

NP168

SN 114