

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	19/10/2018 17:03
Date Of Accident	18/10/2018 12:20
Exact Location Of Accident	TAMPINES AVE 3 TWDS TAMPINES AVE 8
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB5628Y
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD NURHAIZAD BIN JOHARI
NRIC No	S7938547F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83339502
Alternative Phone No	OFFICE-83339502

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER VXR 200
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	5028452221-10
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZAHIB BIN JOHARI
NRIC No	S8725287F
Date Of Birth	13/08/1987
Occupation	OUTDOOR
Date Of Driving Pass	29/06/2007
Driving Experience	11 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83339502
Fax Number	
Contact Number	OFFICE-83339502
EEmail Address	NOEMAIL

Address	BLK 511A YISHUN STREET 51 #02-421
Postcode	761511
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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	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

REFER TO POLICE REPORT - T/20181019/2088.

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	SHC1321G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD ZAHIB BIN JOHARI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBF5628Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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:



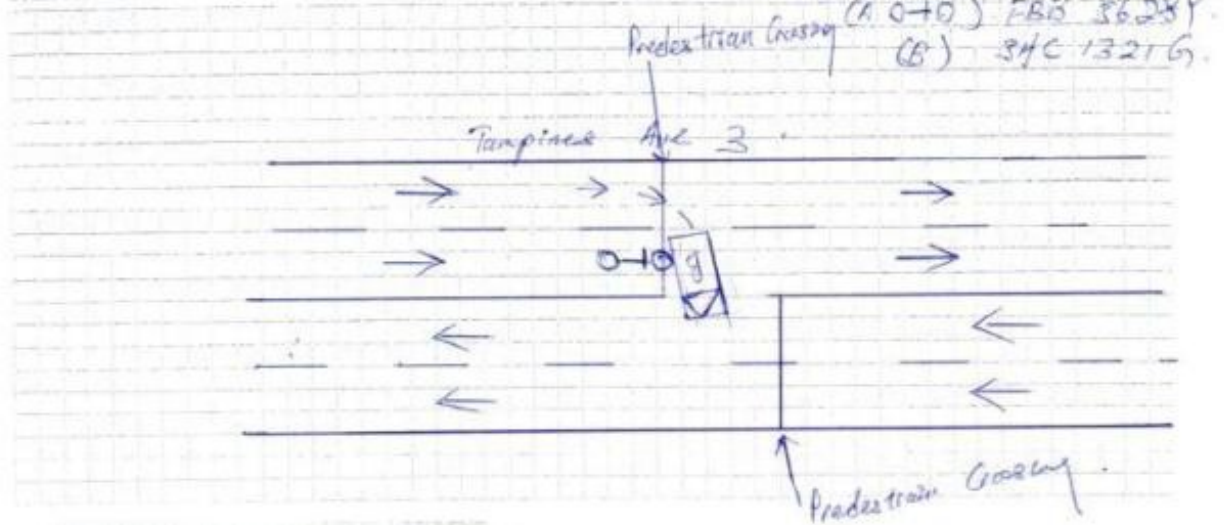
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As refer To Police Report
No: T/20181019/2088.

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:
Address:

Police Report



**SINGAPORE
POLICE FORCE**



T/20181019/2088

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

1 of 3

Report No. T/20181019/2088

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/10/2018 13:16	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD ZAHIB BIN JOHARI			Address: APT BLK 511A YISHUN STREET 51 #02-421 OLEANDER BREEZE @ YISHUN SINGAPORE 761511		
ID Type / ID No.: NRIC NO / S8725287F			Contact No.: Home/Office: Mobile: 83339502		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 13/08/1987	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Driving Instructor			Driving Licence Information: Class: 2B,3,4		
			Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/10/2018 12:20	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 TAMPINES AVENUE 3 TAMPINES AVENUE 8 INFRONT OF BLK 880				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBB5628Y	Motorcycle	PIAGGIO	GILERA RUNNER VXR 200	Black		0
SHC1321G	TAXI	TOYOTA	PRIU HYBRID 1.8 CVT	Blue		0

Police Report



**SINGAPORE
POLICE FORCE**



T/20181019/2088

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

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Report No. T/20181019/2088

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS RIDING ALONG TAMPINES AVENUE 3, ON THE RIGHT OF 2 LANES. THERE WAS A TAXI ON THE LEFT OF 2 LANES. AT THE PEDESTRIAN CROSSING, THE TAXI SUDDENLY TURNED TO THE RIGHT AND TRIED TO MAKE AN ILLEGAL U-TURN FROM THE LEFT LANE. THIS CAUSED ME TO HAVE NO TIME TO REACT, THUS COLLIDING INTO THE RIGHT REAR SIDE OF THE TAXI.

THE TAXI DIDN'T STOP INITIALLY AFTER THE COLLISION AND CONTINUED TO MAKE THE U-TURN UNTIL HE WAS STOPPED BY SOMEONE. I WAS IN PAIN AND DID NOT KNOW WHO STOPPED THE TAXI OR CALLED THE POLICE. THE AMBULANCE CAME SHORTLY AFTER AND I WAS CONVEYED TO CHANGI GENERAL HOSPITAL WHERE I WAS DISCHARGED ON THE SAME DAY AND WAS GRANTED 14DAYS OF HOSPITAL LEAVE FOR MY INJURIES.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181019/2088

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

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Report No. T/20181019/2088

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:
TP /
MUHAMMAD SYUKRI BIN ABU BAKAR

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
19/10/2018 13:16

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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