

## 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	30/10/2018 09:28
Date Of Accident	29/10/2018 10:00
Exact Location Of Accident	X-JUNC OF(AMK DR/AMK AVE 10/AMK AVE 5)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG2613H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MD YUZRAN BIN MD YATIM
NRIC No	S9337111I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93847274
Alternative Phone No	OTHERS-93847274

### Vehicle Particulars

Manufacturer	DUCATI
Model	EVO
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	5104223659
Cover Note Number	

### Driver

Name of Driver	MD YUZRAN BIN MD YATIM
NRIC No	S9337111I
Date Of Birth	02/10/1993
Occupation	INDOOR
Date Of Driving Pass	05/12/2017
Driving Experience	0 YEAR AND 10 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-93847274
Fax Number	
Contact Number	OTHERS-93847274
EEmail Address	NOEMAIL

Address	BLK 577 ANG MO KIO AVE 10 #02-1893
Postcode	560577
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 ON COLLISION
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)	1

### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 81 ANG MO KIO AVE 3 , <b>POSTCODE:</b> 569929 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4519999 - <b>FAX NO:</b> 65535679
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20181029/2075

### 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	SHD3588K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	ANG TENG AI
NRIC/Passport Number	S2167854F
Contact Number	91280303
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	MD YUZRAN BIN MD YATIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBG2613H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

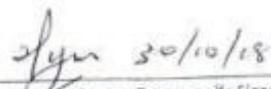
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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. 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.

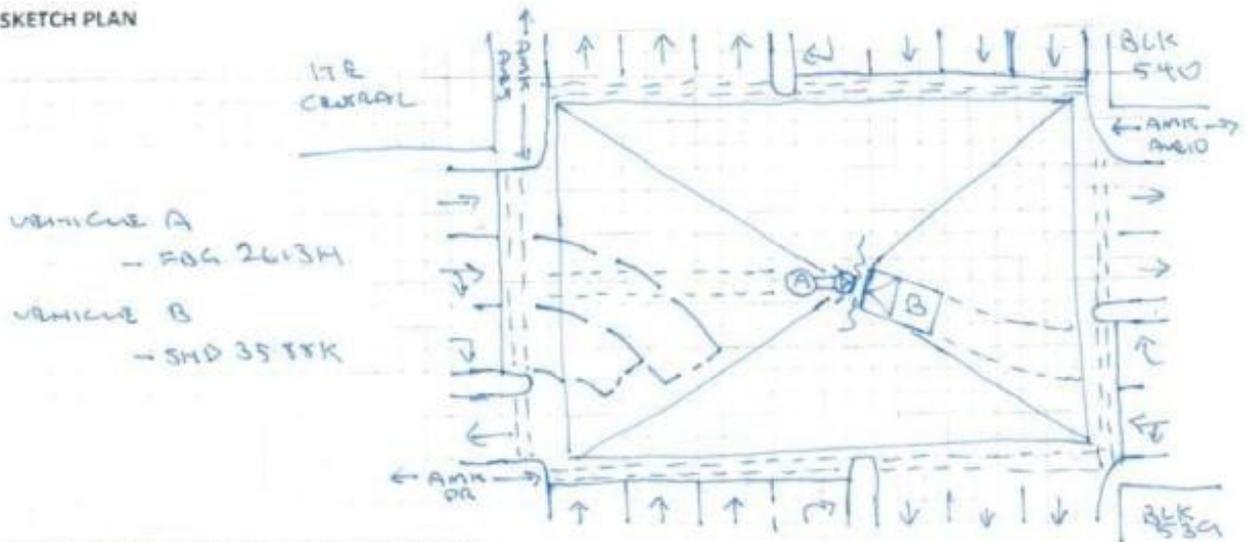
  
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Individual Statement

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS TRAVELLING ALONG AMK DR TOWARDS AMK AVE10  
I WAS ON THE SECOND LANE.

WHILE AT THE CROSS JUNCTION OF (AMK DR/AMK AVE10/AMK AVE5)  
AS IT WAS RIGHT OF WAY, TRAFFIC LIGHT SHOWING GREEN  
ON MY WAY, SO I CARRY ON AND PROCEED AHEAD.  
HALF WAY THROUGH SUDDENLY A VEHICLE FROM THE  
OPPOSITE SIDE DIRECTION MADE A RIGHT TURN AND  
HIT HEAD ONTO MY VEHICLE. AS IT WAS TOO SUDDEN  
I COULDN'T REACT ON TIME TO AVOID THE ACCIDENT.

AFTER THE CAR HIT ON ME IMMEDIATELY HE ALIGHT FROM  
HIS VEHICLE AND APOLOGISE TO ME OF HIS MISTAKE AND  
FAIL TO SEE MY VEHICLE GOING STRAIGHT, AND HE ADMITTED  
THAT WHEN HE WAS TURNING RIGHT, THERE IS NO RIGHT  
TURNING ALLOW AT HIS FAVOUR, AND FAIL TO CHECK ON  
OPPOSITE VEHICLE THAT CAUSES THE ACCIDENT OF COLLIDING HEAD  
ON ONTO MY VEHICLE. AFTER THE ACCIDENT, I PROCEED TO MAKE  
A ACCIDENT REPORT. THEN AFTER I WILL CONSULT A DOCTOR FOR MEDICAL  
ATTENTION, AS I WAS INJURED DURING THE ACCIDENT, AND WILL  
PROCEED TO DO A POLICE REPORT IF IS NEEDED.

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:

 20/10/18  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**Individual Statement**



**SINGAPORE  
POLICE FORCE**



T/20181029/2075

2 of 3

Report No. T/20181029/2075

Police Station Of Origin:  
Ang Mo Kio South N.P.C.  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4519999

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD YUZRAN BIN MOHD YATIM	ID No.	S93371111
Related Vehicle	FBG2613H (Motorcycle)	Contact No.	93847274
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	ANG TENG AI	ID No.	S2167854F
Related Vehicle	SHD3588K (Car)	Contact No.	91280303
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 29/10/18 at about 1000hrs I was riding my motorcycle (FBG2613H) along Ang Mo Kio Drive going towards Ang Mo Kio Ave 10. While I was at the Junction of Ang Mo Kio Drive and Ang Mo Kio Ave 5, the traffic light was green and in favour for me to proceed straight. As such I proceeded straight. Suddenly a taxi which was turning right from Ang Mo Kio Ave 10 into Ang Mo Kio Ave 5 collided straight into my motorcycle. I landed on the bonnet of the taxi. The taxi driver came down and enquire whether I was injured. At that point of time I did not feel any pain. We then went to the side of the road to exchange particulars. The driver informed that he did not notice my motorcycle.

After the accident I went to a clinic to check for any internal injuries. I was given 3 days of medical leave.

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**



T201810280075

1 of 3

Report No: T201810280075

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569929  
Tel No: 1800-4319999

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 29/10/2018 14:50	Video Report No.:	Station Diary No.: 56
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Informant's Particulars			
Name of Informant: MUHAMMAD YUZRAN BIN MOHD YATIM		Address: APT BLK 577 ANG MO KIO AVENUE 10 #02-1893 SINGAPORE 580577	
ID Type / ID No.: NRIC NO / S93071111		Contact No.: Home/Office:	Mobile: 93847274
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 02/10/1993	Type of Informant: Rider
Race: Javanese		Language: English	Institution / School Name:
Occupation: AUXILIARY POLICE		Driving Licence Information: Class: 2B,2A,2,3,4	Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 29/10/2018 10:00	Type of Location: X-Junction
Location: Along Road 1 ANG MO KIO AVENUE 5				
Junction of Ang Mo Kio Ave 5, Ang Mo Kio Drive and Ang Mo Kio Ave 10				
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 On			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG2613H	Motorcycle	DUKATI	848 EVO	Red		0
SHD3586K	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG2613H	NTUC Income Insurance Co-Operative Limited	5104223659	27/09/2018	28/09/2019

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/2018/020/0075

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
51 Ang Mo Kio Avenue 3 SINGAPORE  
568929  
Tel No: 1800-4519889

2 of 3  
Report No. T/2018/020/0075

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD YUZRAN BIN MOHD YATIM	ID No.	S93371111
Related Vehicle	FBG2613H (Motorcycle)	Contact No.	93847274
Hospital/Clinic	SHENTON FAMILY MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
<b>Driver</b>			
Name	ANG TENG AI	ID No.	S2187854F
Related Vehicle	SHD3568K (Car)	Contact No.	91280303
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:**

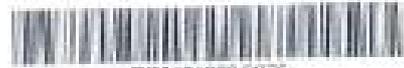
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After the accident I went to a clinic to check for any internal injuries. I was given 3 days of medical leave.

Police Report



SINGAPORE  
POLICE FORCE



T/20181025/0075

Police Station Of Origin:  
Ang Mo Kio South N.P.C  
81 Ang Mo Kio Avenue 3 SINGAPORE  
569829  
Tel No: 1800-4519999

3 of 3  
Report No: T/20181025/0075

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 65474895 stating the report number as reference.

Signature Of Officer Recording The Report F / Sgt 2 RAMESH S/O KOLILINGAM 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 29/10/2018 14:50
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp  	