

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	02/11/2018 15:26
Date Of Accident	01/11/2018 21:45
Exact Location Of Accident	530A PASIR RIS DR 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6672M
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD SYAHMI BIN SUHAIMI
NRIC No	S9842267F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96460495
Alternative Phone No	OFFICE-96460495

Vehicle Particulars

Manufacturer	HONDA
Model	CB400
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	5103426003
Cover Note Number	

Driver

Name of Driver	MUHAMMAD SYAHMI BIN SUHAIMI
NRIC No	S9842267F
Date Of Birth	25/12/1998
Occupation	INDOOR
Date Of Driving Pass	27/08/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96460495
Fax Number	
Contact Number	OFFICE-96460495
Email Address	NOEMAIL

Address	BLK 264 TAMPINES STREET 21 #03-104
Postcode	520264
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?	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	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181102/2071.

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	SLV1037E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO KOK KIANG
NRIC/Passport Number	S1443838F
Contact Number	90043838
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD SYAHMI BIN SUHAIMI
Approximate Age	
Injuries Sustain	RIGHT SHIN & RIGHT KNEE & LEFT BRACE
Injured person in which vehicle?	FZ6672M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan


SKETCH PLAN

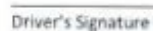
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8. **Consent under the Personal Data Protection Act (PDPA)**

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

530A PAFR R13 Dr 1

A: FZ 6672 M
B: SLV 1057 E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/102/2021.

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.:

Accident Report Form (Form 1) - 1/1

Police Report



**SINGAPORE
POLICE FORCE**



T/20181102/2071

Police Station Of Origin:
Kampong Ubi NPP
9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

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Report No. T/20181102/2071

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/11/2018 14:26	Vide Report No.:	Station Diary No.: 22
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Informant's Particulars

Name of Informant: MUHAMMAD SYAHMI BIN SUHAIMI			Address: APT BLK 264 TAMPINES STREET 21 #03-104 SINGAPORE- 520264		
ID Type / ID No.: NRIC NO / S9842267F			Contact No.: Home/Office: Mobile: 96460495		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 19	Date of Birth: 25/12/1998	Type of Informant: Rider		
Race: Indian			Language:	Institution / School Name: Temasek Polytechnic	
Occupation: Student			Driving Licence Information: Class: 2A Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/11/2018 21:00	Type of Location: Straight Road
Location: Along Road 1 PASIR RIS DRIVE 1 CARPARK GANTRY TO 530A PASIR RIS DRIVE 1				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger:
FZ6672M	Motorcycle	HONDA	CB400	White	Slightly Damaged	0
SLV1037E	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ6672M	NTUC Income Insurance Co-Operative Limited	5103426003	30/08/2018	29/08/2019

Police Report



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T/20181102/2071

Police Station Of Origin:
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400009
Tel No: 1800-7479999

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Report No. T/20181102/2071

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SYAHMI BIN SUHAIMI	ID No.	S9842267F
Related Vehicle	FZ6672M (Motorcycle)	Contact No.	96460495
Hospital/Clinic	CHARIS CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	02/11/2018	Date Discharge	02/11/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	FOO KOK KIANG	ID No.	S1443838F
Related Vehicle	SLV1037E (Car)	Contact No.	90043838
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 the 01/11/2018 at around 2148hrs, I was riding my motorcycle bearing plate number FZ6672M, I was exiting the carpark gantry of 530A Pasir Ris Drive 1, in front of me at that point of time was a white color car bearing plate number SLV1037E was in front of my motorcycle. The car was stationary, I then lined up my motorcycle behind the car and slowly made my way forward, there was still a quite a distance between the car and my motorcycle.

As I was moving forward, suddenly the white car, reverse light came on and the white car then reversed at a fast speed towards me, I had no time to sound my horn or to get out of the car's way as such the car then collided into my motorcycle at an angle causing me to fall towards left side onto the road, I managed to get away from my motorcycle in time however the car's rear had ran over the front portion of my motorcycle.

The driver of the car immediately stopped and came out to make a check on me, the driver asked if I required medical attention however I refused as had only sustained abrasions to my right knee only. Another rider came forward to assist me to recover my motorcycle, subsequently the driver and myself exchanged particulars and I told the driver that I would be lodging a police report for insurance claiming purpose and he acknowledge. My motorcycle was then towed away as the front portion of my motorcycle was damaged.

On the 02/11/2018 at around, 1130hrs, I went to a clinic to seek medical attention for my abrasion and I

Police Report



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T/20181102/2071

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Report No. T/20181102/2071

CONTINUATION OF REPORT

was given 3 days medical leave from 02/11/2018. I am lodging this report for record and insurance claiming purpose. I do not have any helmet mounted camera, I am also unsure if the car had any camera installed. I am unsure if there is any camera around the vicinity of where the accident had happened.

Police Report



**SINGAPORE
POLICE FORCE**



T/20181102/2071

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9 Eunos Crescent #01-2687 SINGAPORE
400009
Tel No: 1800-7479999

Report No: T/20181102/2071

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:

G /

Sgt 3 JOSHUA EMMANUEL SHO YI ZHE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/11/2018 14:26

Officer In Charge Of Case:

TP / AEIT /

SSI 2 SITIMARSITA BINTE BOHARI

Contact No.: 65476219

Classification Of Case:

Authentication Stamp

NF168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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