

## 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	09/11/2018 10:42
Date Of Accident	30/10/2018 14:20
Exact Location Of Accident	SERANGOON RD TWDS UPP SERANGOON RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FZ6924L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMMED ASFAR
NRIC No	S8573014B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94880551
Alternative Phone No	OFFICE-94880551

### 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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5080649846-02
Cover Note Number	

### Driver

Name of Driver	MOHAMMED ASFAR
NRIC No	S8573014B
Date Of Birth	05/08/1985
Occupation	OUTDOOR
Date Of Driving Pass	02/02/2010
Driving Experience	8 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94880551
Fax Number	
Contact Number	OFFICE-94880551
Email Address	NOEMAIL

Address	BLK 414 HOUGANG AVENUE 10 #03-1256
Postcode	530414
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

#### 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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT- T/20181031/7008.

#### 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	GBE9702Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMMED ASFAR
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FZ6924L
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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:

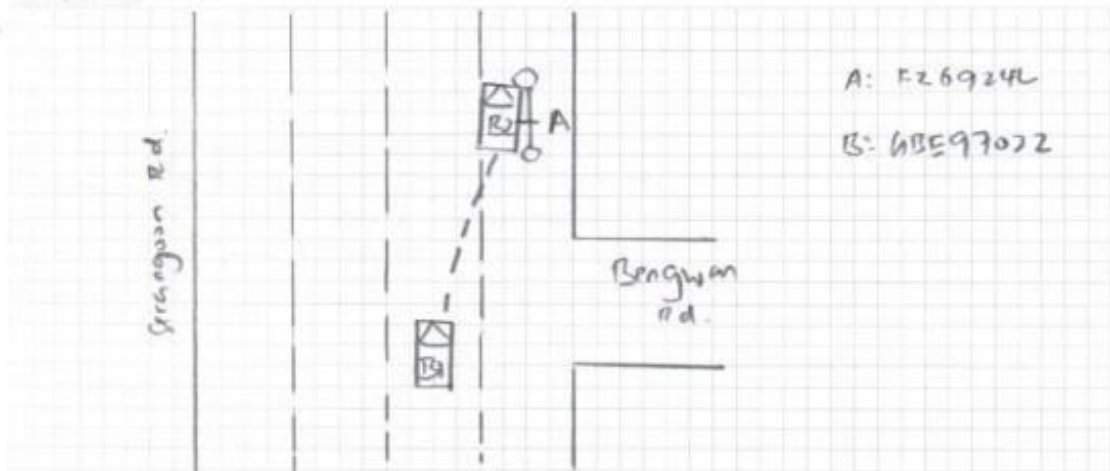
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



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

## Accident Sketch Plan

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/2018/031/7005

*[The rest of the section is crossed out with a diagonal line.]*

### DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*  
Policyholder's Signature  
Date & Time:

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

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181031/7008

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

1 of 3

Report No. T/20181031/7008

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/10/2018 12:29	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHAMMED ASFAR			Address: APT BLK 414 HOUGANG AVENUE 10 #03-1256 SINGAPORE 530414		
ID Type / ID No.: NRIC NO / S8573014B			Contact No.: Home/Office: Mobile: 94880551		
Nationality: INDIAN			Email: saifak007@hotmail.com		
Sex: Male	Age: 33	Date of Birth: 05/08/1985	Type of Informant: Rider		
Race: Indian			Language: English	Institution / School Name:	
Occupation: Customer service manager			Driving Licence Information: Class: 2A		Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 30/10/2018 14:20	Type of Location: Straight Road
Location:  UPPER SERANGOON ROAD				
Weather: Drizzling		Road Surface: Little wet as it was drizzling		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Moving vehicles swipe in right and hit				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FZ6924L	Motorcycle	HONDA	CB400%252 Bversion%252B3%252B	Black	Seriously Damaged	0
GBE9702Z	Van	TOYOTA	HIACE	Silver		0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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# Police Report



**SINGAPORE  
POLICE FORCE**



T/20181031/7008

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

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Report No. T/20181031/7008

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FZ6924L	NTUC Income Insurance Co-Operative Limited	5080649846-02	08/04/2018	27/03/2019

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMED ASFAR	ID No.	S8573014B
Related Vehicle	FZ6924L (Motorcycle)	Contact No.	94880551
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	14	Degree of Injury	Serious

### Brief Details.

ACCIDENT INVOLVING TOYOTA HIACE VAN GBE9702Z and MOTORCYCLE HONDA CB400 SUPER FOUR FZ6924L

I Mohammed Astar S8573014B making this report regarding an accident that happened on Tuesday 30/10/18 afternoon approximately 14.20 (Sgt) alongside Serangoon road.  
I was riding back home (Hougang) on extreme right lane on Serangoon road leading towards upper Serangoon road when a silver colour Toyota Hiace Van (vehicle no. GBE9702Z) from the beside lane (left) cut in to my lane and hit me on the left side of my motorbike due to which I fell on my right side and skidded on the curb for a few meters.  
I called and informed Ambulance about the accident. Ambulance and Traffic police were arrived at the accident scene at about 1440  
Due to the injuries and condition i was in I didn't manage to exchange particulars with the party involved in the accident but I did manage to take the photo of the vehicle registration number involved in the accident.  
Particulars were exchange upon the arrival of Traffic police and there after I was conveyed to the Raffles medical Hospital  
Injuries: sustained an opened wound on right foot plantar area, abrasions on right elbow and palm, abrasions on right and left knee.

## Police Report



**SINGAPORE  
POLICE FORCE**

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



T/20181031/7008

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Report No. T/20181031/7008

### CONTINUATION OF REPORT

#### Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:  
Not applicable

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / TPHQ /  
LEE MING CAI  
Contact No.: 65476960

Authentication Stamp  
JPM/109

Signature Of Informant:  
The identity of the person making this report has  
been authenticated by SingPass. No signature is  
required.

Date/Time:  
31/10/2018 12:29

Classification Of Case:



# Police Report



TRAFFIC POLICE  
AMENDMENT

Traffic Police Department  
Charge Office  
10 Ubi Avenue 3  
Singapore 408865

NP 168 No.	: T/20181031/7008	Name	: Mohammed Asfar
Accident Date/Time	: 30/10/2018 @ 1420hrs	Address	: Blk 414 Hougang ave 10
Vehicle(s) Involved	: FZ6924L		: #03-1256
	: GBE9702Z	NRIC No	: S8573014B
		Tel No	: 94880551
		Date	: 02/11/2018

Dear Sir / Madam

Accident involving FZ6924L & GBE9702Z  
along Upper Serangoon Road on 30/10/2018 at 1420 hours

With reference to the above, I have on 30/10/2018 (date) 1420 hours (time) make a police report at Using EPC (Police Station/NPP/NPC)  
In NP 168 – T/20181031/7008

On 2/11/2018 (date), 2209 hours (time) at Hougang NPC (Police Station/NPP/NPC), I make the following amendments to the above report;  
The actual location is at Serangoon Road towards Upper Serangoon Road and I wish to inform that I was conveyed to Raffles hospital and was given 14 days of medical leave

Yours Faithfully,

(Signature)

## FOR OFFICIAL USE

If a police officer recorded these amendments, please complete the following.

Name / Rank No	: SGT T150271 Chua Zi Hua
Date and Time	: 02/11/2018 @ 2209hrs
Station Dairy No	: 99
Signature	:

Signature  
a Pol vice

Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



**Accident Photo**

