

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	12/11/2018 15:45
Date Of Accident	10/11/2018 14:00
Exact Location Of Accident	ALONG ENGGOR STREET
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG4802R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ADNAN BIN ABU BAKAR
NRIC No	S8301235H
Email Address	MUHAMMADZULHELMI86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-86120539
Alternative Phone No	OTHERS-86120539

Vehicle Particulars

Manufacturer	YAMAHA
Model	JUPITER MX-134CC HC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5087624650-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ZULHELMI BIN MOHAMED RAMLI
NRIC No	S8600228J
Date Of Birth	11/01/1986
Occupation	OUTDOOR
Date Of Driving Pass	17/02/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86120539
Fax Number	
Contact Number	OTHERS-86120539
Email Address	MUHAMMADZULHELMI86@GMAIL.COM

Address	BLK 691A WOODLANDS DRIVE 73 #07-19
Postcode	731691
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	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	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

PLEASE REFER TO POLICE REPORT T/20181111/7012

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	GBB6446Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MUHAMMAD TAUFIK BIN MOHD TAHIR
NRIC/Passport Number	S9030238H
Contact Number	84942107
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD ZULHELMI BIN MOHAMED RAMLI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG4802R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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:

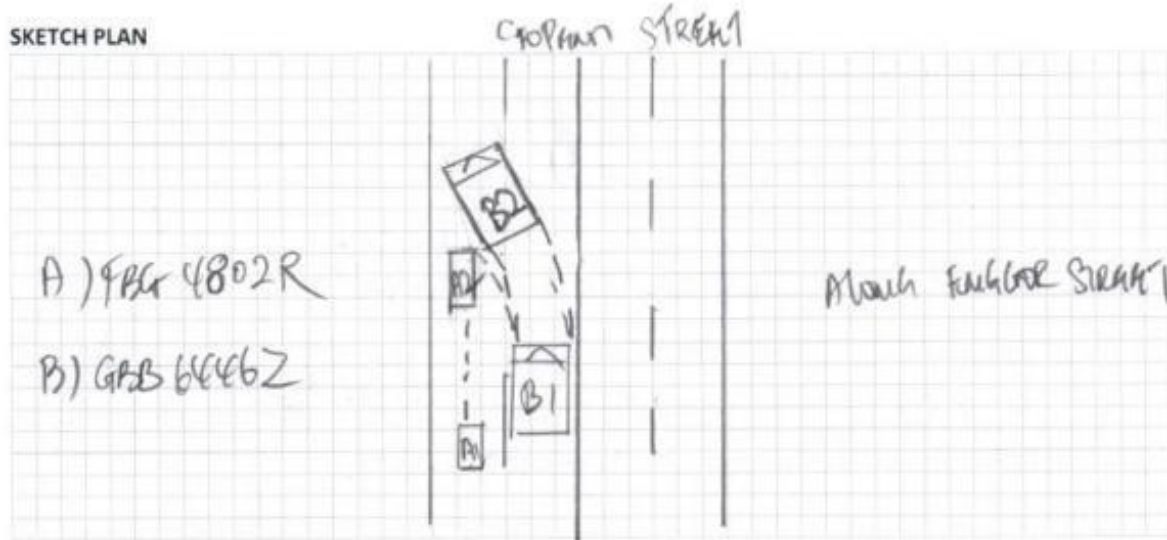
Driver's Signature
(If driver is not the policyholder)
Date & Time:



12/11/2018
Reporting Centre Personnel's Signature
Name: Resi Matar
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS 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:


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

12/11/2018

Reck Watson

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181111/7012

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

1 of 3

Report No. T/20181111/7012

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2018 21:23	Vide Report No.: A/20181110/0096	Station Diary No.:
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Informant's Particulars

Name of Informant: MUHAMMAD ZULHELMI BIN MOHAMED RAMLI			Address: APT BLK 852 YISHUN STREET 81 #04-88 SINGAPORE 760852	
ID Type / ID No.: NRIC NO / S8600228J			Contact No.: Home/Office: Mobile: 86120539	
Nationality: SINGAPORE CITIZEN			Email: muhammadzulhelmi86@gmail.com	
Sex: Male	Age: 32	Date of Birth: 11/01/1986	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: FOODPANDA delivery rider			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/11/2018 14:00	Type of Location: Straight Road
Location: ENGGOR STREET				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG4802R	Motorcycle					0
GBB6446Z	Van	NISSAN	Van	Silver	Slightly Damaged	1

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181111/7012

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

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Report No. T/20181111/7012

CONTINUATION OF REPORT

Rider			
Name	MUHAMMAD ZULHELMI BIN MOHAMED RAMLI	ID No.	S8600228J
Related Vehicle	FBG4802R (Motorcycle)	Contact No.	86120539
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	10/11/2018	Date Discharge	10/11/2018
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

The incident located at 15 Enggor street.

On 10th November 2018 at 1400hrs, while I was riding a bike with a plate number of FBG 4802 R on the left lane at Enggor street, a silver van that was on the right lane with a plate number of GBB 6446 Z has made a sudden lane change without making a signal to the left. This act of negligence causes me to make an emergency break and skidded approximately a one car length. My motorcycle was then hit straight to the rear left side of the van which I then fall on my left side after the hard impact. This has led to an injury on my right shoulder and right knee. And my head felt dizzy after impact.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20181111/7012

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

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Report No. T/20181111/7012

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 / TPIB /
NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

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

Date/Time:
11/11/2018 21:23

Classification Of Case:

EMD2018423978

ORIGINAL

MEDICAL CERTIFICATE

Name MUHAMMAD ZULHELMI BIN MOHAMED, RAMLI		NRIC No. S8600228J
This is to certify that the above-named is unfit for duty for a period of <u>4</u> days from <u>11-Nov-2018</u> to <u>14-Nov-2018</u> inclusive.		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	Delivered on : _____
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Operated on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	
This certificate is not valid for absence from court attendance.		
Diagnosis	Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Singapore General Hospital	Ward No. Emergency Department Date 10-Nov-2018	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  LIU ZHENGHONG, 19896Z

HANDPHONE SCRATCH



HANDPHONE SCRATCH



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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