

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 ability.
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 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	15/12/2015 18:03
Date Of Accident	05/12/2015 01:00
Exact Location Of Accident	CROSS JUNCTION LENTOR AVE AND YISHUN AVE 1
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FV182X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RAHIMI BIN SAMAD
NRIC No	S9130667J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-82463248
Alternative Phone No	Office-82463248

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R6-599cc (M)
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5073718667
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RAHIMI BIN SAMAD
NRIC No	S9130667J
Date Of Birth	16/08/1991
Occupation	Indoor
Date Of Driving Pass	22/02/2012
Driving Experience	3 Years And 9 Months
Gender	Male
Mobile Number	(Local) +65-82463248
Fax Number	
Contact Number	Office-82463248
Email Address	NOEMAIL

Address	BLK 284 YISHUN AVENUE 6 #12-116
Postcode	760284
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	Unknown - INSURED STATIONARY AND BY TAXI
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Yishun North Neighbourhood Police Centre
Police Station Address	ROAD: 31 Yishun Central , POSTCODE: 768827 , COUNTRY: Singapore
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO POLICE REPORT T/20151211/2183

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5036D
Vehicle Make/Model/Colour	RENAULT LATITUDE 2.0L(TAXI)
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RAHIMI BIN SAMAD
Approximate Age	
Injuries Sustain	BRUISES, STITCHES AND ABRASION ALL OVER

Injured person in which vehicle?

FV182X

Were seat belts worn?

Was injured conveyed to hospital by ambulance? Yes

Address

Postcode

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

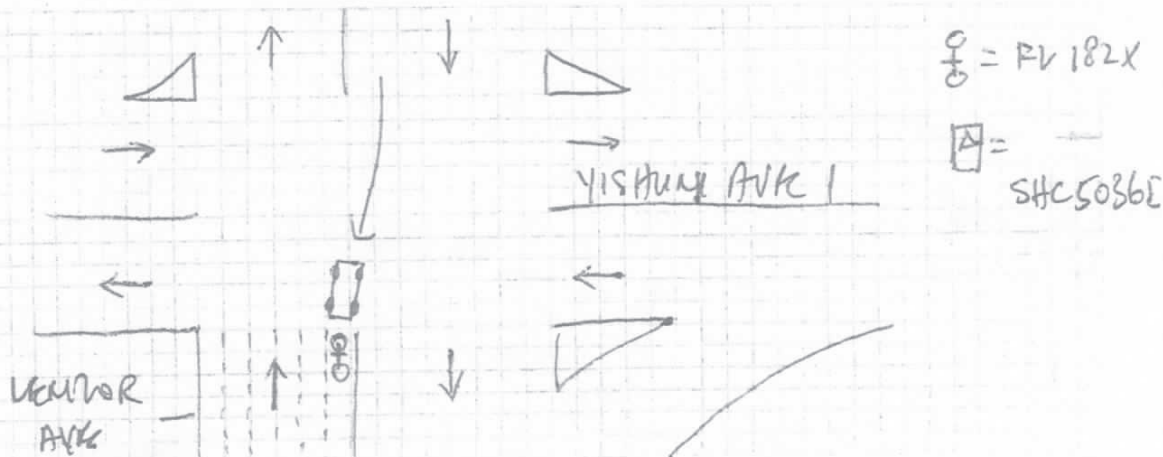
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

*AS per
to police report
1/20/15/211/2184*

Declaration

We declare the foregoing particulars are true in every respect.

[Signature]
Policyholder's Signature / Date & Time

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

[Signature]
Witnessed by Reporting Centre Personnel



**SINGAPORE
POLICE FORCE**



T/20151211/2183

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20151211/2183

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2015 21:34		Vide Report No.:		Station Diary No.: 105	
Informant's Particulars					
Name of Informant: MUHAMMAD RAHIMI BIN SAMAD		Address: APT BLK 284 YISHUN AVENUE 6 #12-116 SINGAPORE 760284			
ID Type / ID No.: NRIC NO / S9130667J		Contact No.: Home/Office: Mobile: 82463248			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 24	Date of Birth: 16/08/1991	Type of Informant: Rider		
Race: Malay		Language: English		Institution / School Name:	
Occupation: NEA OFFICER		Driving Licence Information: Class: 2B,2A,2 Date of Expiry:			

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/12/2015 01:00	Type of Location: X-Junction
Location: Along Road 1 LENTOR AVENUE TOWARDS YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of
FV182X	Motorcycle	YAMAHA	YZF-R6S	Black	Totally Damaged	1

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FV182X	NTUC Income Insurance Co-Operative Limited	5073718667	12/09/2015	11/09/2016	



Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20151211/2183

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RAHIMI BIN SAMAD	ID No.	S9130667J
Related Vehicle	FV182X (Motorcycle)	Contact No.	82463248
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	05/12/2015	Date Discharge	07/12/2015
No. of Days granted Medical Leave	35	Degree of Injury	Serious

Brief Details.

On 05/12/2015 at about 1.00am, I was riding my motorcycle with my friend as the pillion and was stationary on the first lane of Lentor Avenue, turning right towards Yishun Avenue 1 as the traffic light was red. I turned back to talk to my friend. Out of a sudden, my motorcycle was hit from the front and I was thrown to the back. I did not know what hit me as I was knocked unconscious. I was only conscious when I was already admitted to Khoo Teck Puat Hospital. I was later discharged on 07/12/2015. I was given a total of 35 days of MC. I suffered facial stitches, right forearm with stitches and abrasions, abrasions to my right shoulder, bruises on my right side of the waist, bruises on left leg, abrasions on left knee and abrasions on the right ankle on the outer side, left abrasions on the elbow and bruises on the groin area.



**SINGAPORE
POLICE FORCE**



T/20151211/2183

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20151211/2183

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:

F /

MUHD KHAIRI SUFYAN BIN YUNOS

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

11/12/2015 21:34

Officer In Charge Of Case:

TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168

SN 094



Signature :

Singapore Police Force



**SINGAPORE
POLICE FORCE**



T/20151211/2176

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

SHC 3295K

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Report No. T/20151211/2176

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/12/2015 21:14		Vide Report No.:		Station Diary No.: 100	
Name of Informant: MUHAMMAD HELMI BIN JALIL		Address: APT BLK 284 YISHUN AVENUE 6 #05-120 SINGAPORE 760284			
ID Type / ID No.: NRIC NO / S9138718B		Contact No.: Home/Office: Mobile: 98583124			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 24	Date of Birth: 22/10/1991	Type of Informant: Pillion		
Race: Malay		Language: English		Institution / School Name:	
Occupation: CONCIERGE OFFICER		Driving Licence Information: Class:		Date of Expiry:	

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 05/12/2015 01:00	Type of Location: X-Junction
Location: Along Road 1 LENTOR AVENUE TOWARDS YISHUN AVENUE 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

FV182X	Motorcycle					0
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Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20151211/2176

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20151211/2176

CONTINUATION OF REPORT

Name	MUHAMMAD HELMI BIN JALIL	ID No.	S9138718B
Related Vehicle	FV182X (Motorcycle)	Contact No.	98563124
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	Serious

Brief Details.

On 05/12/2015 at about 1.00am, I was the pillion of my brother's motorcycle. We were stationary on the first lane, at the junction of Lentor Avenue towards Yishun Avenue 1 as the traffic light was red. I was talking to my brother when out of a sudden, I noticed one taxi coming fast from the opposite direction and subsequently, collided head onto the motorcycle. I was thrown off from the motorcycle and was then unconscious. When I was back conscious, there was both ambulance and traffic police at scene. I was then conveyed to Khoo Teck Puat Hospital to seek further treatment. I suffered broken left shin, fractured right palm, fractured left shoulder and broken front tooth. I was discharged from the hospital on 08/12/2015 and was later given a total of 14-days of MC.

**SINGAPORE
POLICE FORCE**

T/20151211/2176

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Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

Report No. T/20151211/2176

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:

F/ MUND KHAIK/ SUTYAN

SUDARMO-B MOHTAR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time

11/12/2015 21:14

Officer In Charge Of Case:

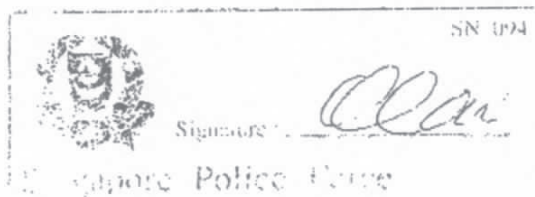
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP168



SN 094

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	0667J
Vehicle Details	
Vehicle No.:	FV182X
Vehicle to be Exported:	No
Intended Deregistration Date:	20 Dec 2018
Vehicle Make:	YAMAHA
Vehicle Model:	YZF-R6S
Primary Colour:	Black
Manufacturing Year:	2011
Engine No.:	J515E026493
Chassis No.:	JYARJ155000004425
Maximum Power Output:	-
Open Market Value:	\$13,137.00
Original Registration Date:	11 Nov 2011
First Registration Date:	11 Nov 2011
Transfer Count:	1
Actual ARF Paid:	\$1,971.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	10 Nov 2021
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$2,078.00
COE Rebate Amount:	\$948.00
Total Rebate Amount:	\$948.00

The information contained herein is correct as at 20 Dec 2018

OK

MV 182X