

## 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	21/11/2018 11:40
Date Of Accident	16/11/2018 16:30
Exact Location Of Accident	AYE (TOWARDS TUAS) BEFORE SOUTH BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4610X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD SUFYAN BIN M SUHAIMI
NRIC No	S9109864D
Email Address	TOMMY_WILLIAMSJR@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94487413
Alternative Phone No	OTHERS-94487413

### Vehicle Particulars

Manufacturer	TOYOTA
Model	TMAX530
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	5095942541
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD SUFYAN BIN M SUHAIMI
NRIC No	S9109864D
Date Of Birth	25/03/1991
Occupation	INDOOR
Date Of Driving Pass	25/07/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	+65-94487413
Fax Number	
Contact Number	OTHERS-94487413
Email Address	TOMMY_WILLIAMSJR@HOTMAIL.COM

Address	BLK 164 BUKIT BATOK STREET 11 05-128
Postcode	650164
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	NCM1687 (PRIVATE CAR)
Number of vehicles involved in the accident	
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	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20181121/2023

#### 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	NCM1687
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MUHAMMAD SUFYAN BIN M SUHAIMI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBM4610X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


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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.

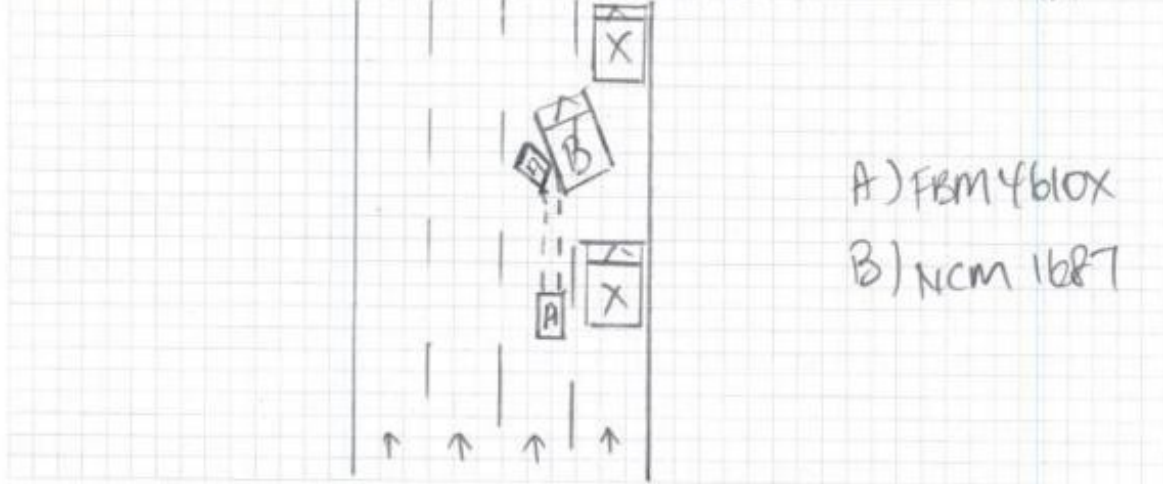
  
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

SKETCH PLAN AYE TOWARDS TUAS, BEFORE SOUTH BUONA VISTA EXIT



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PLS REFER TO POLICE REPORT  
T/2018/121/2023*

## 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.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181121/2023

1 of 3

Report No. T/20181121/2023

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2018 10:37	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars			
Name of Informant: MUHAMMAD SUFYAN BIN M SUHAIMI		Address: APT BLK 164 BUKIT BATOK STREET 11 #05-128 SINGAPORE 650164	
ID Type / ID No.: NRIC NO / S9109864D		Contact No.: Home/Office: Mobile: 84487413	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 27	Date of Birth: 25/03/1991	Type of Informant: Rider
Race: Boyanese		Language:	Institution / School Name:
Occupation: SMRT TRAIN DRIVER		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: 16/11/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 AYER RAJAH EXPRESSWAY  AYE Towards Tuas , Before South Buona Vista Exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4610X	Motorcycle	YAMAHA	TMAX530(D X)	Black	Seriously Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBM4610X	NTUC Income Insurance Co-Operative Limited	5095942541	15/11/2017	13/05/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181121/2023

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Report No. T/20181121/2023

Police Station Of Origin:  
Bukit Batok N.P.C  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

## CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD SUFYAN BIN M SUHAIMI	ID No.	S9109864D
Related Vehicle	FBM4610X (Motorcycle)	Contact No.	84487413
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2 Date of Expiry: NIL
Date Treatment	16/11/2018	Date Discharge	19/11/2018
No. of Days granted Medical Leave	17	Degree of Injury	Serious

### Brief Details.

On the 16/11/2018 at about 1630hrs, I was riding on the first lane on the AYE towards Tuas. As I noticed that the first lane was congested with cars, I then switch to the second lane of the expressway. As I was travelling on the second lane, All of a sudden, A Malaysian Car had attempted to switch lane, as it was on the first lane and wanted to switch to the second lane, It was too sudden and I tried to brake and tried to avoid the car, resulting in the right portion of my bike to come into contact with the Malaysian car, hitting it in the middle left section of the Malaysian car. This resulted in the right portion of my vehicle to be damaged.

Upon impact, I rolled on the ground and the next thing, I knew I was surrounded by the paramedics and passer-by and was brought to the hospital. I was given 17 days medical leave from NUH due to a fractured collar bone and rib cage and also abrasion. I was asked to lodge a report as requested by Traffic Police investigation Miss Intan. I am also unsure of the carplate number of the Malaysian Vehicle.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20181121/2023

Police Station Of Origin:  
Bukit Batok N.P.C.  
21 Bukit Batok East Avenue 4 SINGAPORE  
659840  
Tel No: 1800-6659999

3 of 3

Report No. T/20181121/2023

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:

J /

Staff Sgt LEE JUN XIANG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

21/11/2018 10:37

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MA JUNXIANG

Contact No.: 65476251

SN 114

Classification Of Case:

Authentication Stamp

NP168

Singapore Police Force



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo

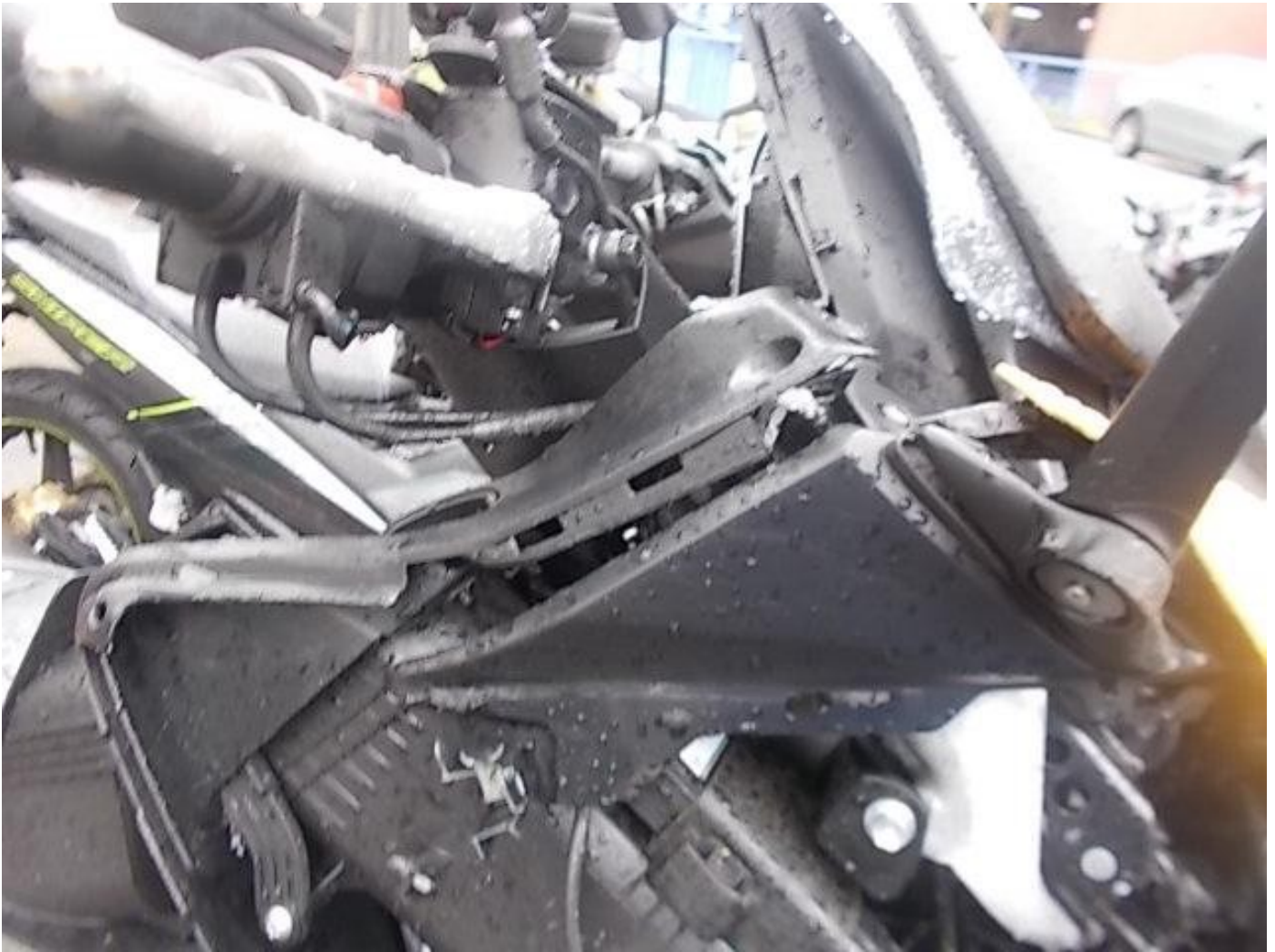


Accident Photo





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Accident Photo



# Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours : Monday to Friday, 09:00 – 17:00  
UEN: S665500200 / GST Reg. No.: M400017733

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MNA48160671 Vehicle Registration No: FAM 4610X  
Name (as shown in NRIC) : MUHAMMAD SUTYON BIN M SUTYON NRIC/FIN/Passport No : S91098640  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : \_\_\_\_\_ Singapore ( )  
Contact (Tel) : \_\_\_\_\_ Mobile No.: 94487413  
Email Address : \_\_\_\_\_  
Date of Accident : 16/11/2018 Time of Accident : 16:30  
Place of Accident : BYK (Towards JKR) B/F Seena Puncu Vira FRT  
Insurance Company: NMC

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

To label vehicle number on sketch

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Roshan  
NRIC/FIN No.: 108111003  
Date: 13/12/2018