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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

atoresaid.	
	ACCIDENT STATEMENT
Date Of Report	19/12/2018 10:47
Date Of Accident	22/11/2018 20:40
Exact Location Of Accident	PIONEER ROAD NORTH (NANYANG FLYOVER)
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FT1188J
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD EFFENDY BIN ISMAIL
NRIC No	S8317090E
Email Address	DDTECH@GMAIL.COM
Mobile Phone No	(LOCAL) +65-94779625
Alternative Phone No	OTHERS-94779625
Vehicle Particulars	
Manufacturer	HONDA
Model	CRF1000A-998CC
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	5078978430-02
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD EFFENDY BIN ISMAIL

NRIC No S8317090E
Date Of Birth 11/06/1983
Occupation INDOOR
Date Of Driving Pass 03/03/2011

Driving Experience 7 YEARS AND 8 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94779625

Fax Number

Contact Number OTHERS-94779625
EMail Address DDTECH@GMAIL.COM

Address BLK 684A CHOA CHU KANG CRESCENT

#04-318

Postcode 681684

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 ON COLLISION

Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

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

2

YES

NO

1

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/20181217/7008

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 SME1340G

Vehicle Make/Model/Colour VOLKSWAGEN (BLUE)

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 30

DETAILS OF INJURED PERSON 1

Name MUHAMMAD EFFENDY BIN ISMAIL

Approximate Age

Injuries Sustain SERIOUS INJURY

Injured person in which vehicle? FT1188J

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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- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:

GMC III - III

Driver's Signature (If driver is not the policyholder)

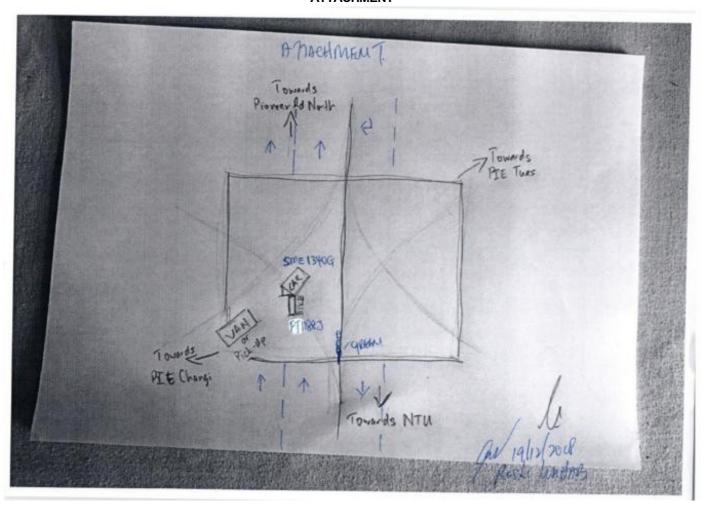
Date & Time:

Reporting Centre Personnel's Signature Hot Name: NRIC/FIN No.: RUFA! W # HOT

Accident Sketch Plan

SKETCH PLAN	
	MARCHINENT
	REFEL TO
ESCRIBE CIRCUMSTANCE	ES OF THE ACCIDENT
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(V)	100 m
CLARATION le declare the foregoing part	ticulars are true in every respect. W 19/11/20/8
icyholder's Signature e & Time:	Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.: Keful Watth &

ATTACHMENT



POLICE REPORT





Date of Expiry:

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

Occupation:

PRODUCTION

1 of 3 Report No. T/20181217/7008

REPORT O	F A TRAFFIC	ACCIDENT		
Date/Time Report Made: 17/12/2018 12:34		Vide Report No.:	Station Diary No.:	
Informa	nt's Particu	ulars		THE PARTY OF THE P
	Informant: MAD EFFE	NDY BIN ISMAIL	Address: APT BLK 684A CHOA SINGAPORE 681684	CHU KANG CRESCENT #04-318
ID Type / ID No.: NRIC NO / S8317090E		Contact No.: Home/Office: Mobile: 94779625		
National	ity: PORE CITIZ	EN	Email: ddtech@gmail.com	
Sex: Age: Date of Birth: Male 35 11/06/1983		Type of Informant: Rider		
Race: Malay		Language: English	Institution / School Name:	

Driving Licence Information:

Class: 2,3

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 22/11/2018 20:40	Type of Location X-Junction
Location: PIONEER RO	DAD NORTH (Nanyang I	Flyover)		
Weather: Clear		Road Surface: Dry		Road Speed Limit:
	e Way		orking	Road Speed Limit: Traffic Volume: Moderate

Details of V	ehicle involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FT1188J	Motorcycle	HONDA	CRF1000A	Black		0
SME1340G	Car	VOLKSWAGO		Blue		0

Details of V	ehicle Insurance	STATE AND LESS	DECEMBER 1	
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FT1188J	NTUC Income Insurance Co-Operative Limited	5078978430-02	02/04/2018	01/04/2019

POLICE REPORT



T/20181217/7008

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

2 of 3 Report No. T/20181217/7008

CONTINUATION OF REPORT

Any Pedestrian	involved: No					
No. of Pedestria	ns Injured: NIL		Use of P	adactria	n Cross	in a NIA
Rider	HEALTH STREET	STATE OF STREET	030 01 1	edestria	n Cross	ing: NA
Name	MUHAMMAD EFFE	NDY BIN I	SMAIL	ID No).	S8317090E
Related Vehicle	FT1188J (Motorcycle)			Contact No.		94779625
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licen	g	Class: 2,3 Date of Expiry: NIL
Date Treatment	24/11/2018 Date					
No. of Days gran	ted Medical Leave	61	Date Disc	charge	09/12	
		101	Degree o	rinjury	Seriou	IS

Brief Details

On the 22nd of November, at around 8:30pm - 8:40pm, I met with an RTA at Nanyang Flyover junction heading towards Pioneer Rd North. I am going straight from NTU towards Pioneer Rd North. It was favour to me as I saw bright round green lights upon reaching the junction. I saw 1st, bright round green lights on the left of the junction and also 2nd, the one hanging on top. Upon reaching close to the junction, I saw a pick-up or a van from the opposite direction, making a right turn into PIE(towards Changi), thus I slowed down my bike, both with foot braking and hand braking plus engine braking. At that time, I was riding at a speed of about 40km/h. After the pick-up or van has passed by, suddenly, a car emerged behind the pick-up or a van, also making a right turn, head on crashed with me. I was flung, for about a meter to the side of the car, and was conscious throughout after the flung. At that point, I realised I was on the ground, lying on my left side. I was aware of the surroundings, heard voices but cannot recall faces. Was in total pain. Ambulance came in about 5 mins after the collision. One of the paramedic asked me to lie flat on my back and that is when I realised I cannot turn fully lying on my back. I was conveyed to the hospital straight after with me lying on my left side. At the hospital, I was told I had a severed fracture to my pelvic.

POLICE REPORT





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

3 of 3 Report No. T/20181217/7008

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not a	ble	to	provide	sketch	plan

NP168

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/12/2018 12:34
Officer In Charge Of Case: TP / TPIB / YEO CHUN JIAN Contact No.: 65476213	Classification Of Case:
Authentication Stamp	







