

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	19/12/2018 18:18
Date Of Accident	18/12/2018 19:15
Exact Location Of Accident	ALONG BOON LAY PLACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2708M
Insured/Policyholder	
Name Of Registered Owner	HAZANI BIN WASHTREE
NRIC No	S7138998G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97337314
Alternative Phone No	OTHERS-97337314

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ1-N-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	5085604436-01
Cover Note Number	

Driver

Name of Driver	HAZANI BIN WASHTREE
NRIC No	S7138998G
Date Of Birth	14/11/1971
Occupation	INDOOR
Date Of Driving Pass	22/12/2009
Driving Experience	8 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97337314
Fax Number	
Contact Number	OTHERS-97337314
EEmail Address	NOEMAIL

Address	BLK 277 TOH GUAN ROAD #05-177 TOH GUAN VIEW
Postcode	600277
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	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	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/20181219/2027

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	SJZ8938L
Vehicle Make/Model/Colour	HYUNDAI AVANTE 1.6L AUTO
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 HAZANI BIN WASHTREE

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBH2708M

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE


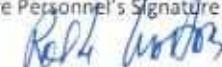
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6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application 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:

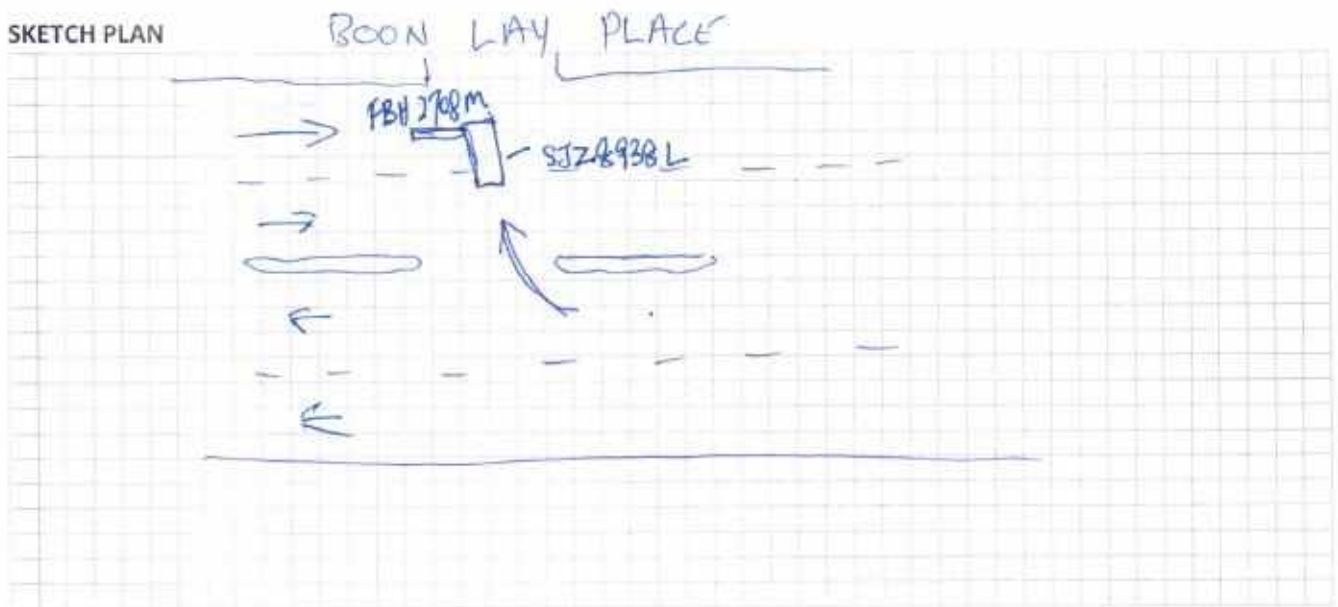
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

 19/12/18
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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*PS REFER TO POLICE REPORT
7/2018/1219 / 2027*

DECLARATION

I/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] 20/12/2018
Reporting Centre Personnel's Signature
Name: *Rafiq*
NRIC/FIN No.:



SINGAPORE POLICE FORCE



T/20181219/2027

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

1 of 3

Report No. T/20181219/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/12/2018 10:44		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: HAZANI BIN WASHTREE			Address: APT BLK 277 TOH GUAN ROAD #05-177 TOH GUAN VIEW SINGAPORE 600277		
ID Type / ID No.: NRIC NO / S7138998G			Contact No.: Home/Office: Mobile: 97337314		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 14/11/1971	Type of Informant: Rider		
Race: Indonesian			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 18/12/2018 19:15	Type of Location: Straight Road
Location: BOON LAY PLACE ALONG BOON LAY PLACE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBH2708M	Motorcycle	YAMAHA	FZ1-N	Black		0
SJZ8938L	Car	HYUNDAI	AVANTE 1.6L AUTO ABS AIRBAG SR	Silver		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2708M	NTUC Income Insurance Co-Operative Limited	5085604436-01	26/04/2018	25/04/2019

Brief Details.

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,
I WAS RIDING AT THE SAID LOCATION, MY INTENTION WAS TO GO STRAIGHT. WHEN
SUDDENLY A VEHICLE FROM OPPOSITE SIDE TURN RIGHT. THAT IS WHEN I APPLIED MY
BRAKES BUT COULD NOT STOP IN TIME AND COLLIDED INTO THE VEHICLE OF (SJZ8938L), I
THOUGHT THE VEHICLE WOULD STOP AND GIVE WAY TO ME BUT IT DID NOT. THAT'S ALL.



**SINGAPORE
POLICE FORCE**



T/20181219/2027

Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

3 of 3

Report No. T/20181219/2027

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:
TP /
MUHAMMAD HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/12/2018 10:44

Classification Of Case:



**SINGAPORE
POLICE FORCE**

Signature: _____

Claim Handling

Accident MT/1024577

Policy No.	5085604436-01	Vehicle No.	FBH2708M	GST Registration No.	
Certificate No.					
Policyholder Name	HAZANI B WASHTREE			Policyholder NRIC	S7138998G
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party, Fire & Theft	Loading	0
Contact No.(Mobile)	97337314	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		eCode	No
KPK	<input type="radio"/> No <input type="radio"/> Yes	TCA	<input type="radio"/> No <input type="radio"/> Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	20/12/2018 12:27	Accident Report Within 24 hrs	Yes	Accident Type	Collision - Head on collision
Date of Accident	18/12/2018	Time of Accident (h:mm)	18:13	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	ALONG SLE TOWARDS BRE				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date	
GST Registration No.		GST Status verified	Yes
Modification History			

Policyholder Mailing Address

Address 1	BLK 277 #05-177	Address 2	TOH GUAN RD	Address 3	SINGAPORE 600277
Address 4		Address Type	Singapore address	Post Code	600277
Unit No.		Related Policy Number	5085604436-01		

OI Driver Info

Driver Name	HAZANI BEN WASHTREE	Driver Type	Main Driver		
Unnamed driver Name		Driver NRIC	S7138998G	Driver DOB	14/11/1975
Register Date of Driver License	18/03/1990	Driver Age	47	Driving Experience	28
Contact No.(Mobile)	97337314	Contact No.(Office)		Contact No.(Home)	
Address 1	BLK 277 #05-177	Address 2	TOH GUAN RD	Address 3	SINGAPORE 600277
Address 4		Address Type	Singapore address	Post Code	600277
Unit No.					
Does he own a Singapore Registered car?	<input type="radio"/> Yes <input type="radio"/> No	Driver vehicle No.	FBH2708M	Driver Insurer Company	NTUC

Declaration			
Breathalyser or Blood Test Reading?	0 mg	Any injury?	<input type="radio"/> Yes <input type="radio"/> No

Modification History

Claim 001 **New**

Claim Type *	OD-MR	Insured Name	HAZANI B WASHTREE	Insured NRIC	S7138998G
Contact No.(Mobile)	97337314	Contact No.(Home)	85608997	Contact No.(Office)	
Email Address		CI Vehicle Number	FBH2708M	TP Number	60289
Claim Description	FBH2708M / 53Z8938L ON 18 Dec 2018				Name of Preferred Workshop
Preferred Workshop Finalisation	<input type="radio"/> Yes <input type="radio"/> No	Insured Liability	<input type="radio"/> Not at Fault <input type="radio"/> Not at Fault	GIA report	Received
Date Registered	20/12/2018 12:29	Claim Close Date		Date Received	20/12/
Report Taken By	ROSLI WAHAB				

☒ Print AX letter

Save Submit

Attachment

Accident No.	MT/1024577	Claim No.	001
Last Doc. Received	<input checked="" type="radio"/> Yes <input type="radio"/> No	Upload Date	20/12/2018 12:30
Path *		Category *	Confidential
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Choose File	No file chosen	Clear	Please Select
Message Read		Clear	Please Select

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Hi
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 12:30		Photos	Normal	Photos 2018-12-20	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 12:30	Photos	Normal	Photos 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 12:30	Photos	Normal	Photos 2018-12-20
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 12:29	Photos	Normal	Photos 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 12:29	NRIC/ Driving License	Normal	NRIC/ Driving License 2018-12-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Dec 2018 12:29	SAS	Normal	SAS 2018-12-20

Video List

Uploaded By/Date	Folder Date	File Name	Source
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Display in New Window

Scan and uploading

ACCIDENT STATEMENT

ACCIDENT DATE: (18 / 12 / 2018) (DD/MM/YYYY), TIME: (1915) (HH:MM)

LOCATION: Along Boon Lay Place

1. DETAILS OF VEHICLE

- a) VEHICLE NUMBER: FRH 2708M
b) INSURANCE COMPANY: NTUC
c) POLICY NUMBER: 5085604436-01
d) POLICY TYPE: (COMPREHENSIVE / THIRD PARTY / THIRD PARTY FIRE & THEFT)
e) MAKE & MODEL: YAMAHA FZ1N
f) TYPE: (SALOON / COUPE / MPV / VAN / LORRY / MOTORCYCLE / OTHERS)
g) VEHICLE CATEGORY: (PRIVATE / COMMERCIAL / MOTORCYCLE)
h) PURPOSE OF USING AT ACCIDENT TIME: PRIVATE USE
i) ARE YOU CLAIMING UNDER YOUR OWN INSURANCE (YES/NO)
IF NO, PLEASE STATE (THIRD PARTY CLAIM / REPORTING ONLY)

2. INSURED / POLICY HOLDER

- a) NAME: HAZANI BIN WACHTREE (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: S7138998G CONTACT: 97337314
c) ADDRESS: B1K: 277, TAN GUAN RD, #05-177
S(600277)

* CONTINUE TO 3.d IF DRIVER ALSO POLICY HOLDER

DRIVER

- a) NAME: (MALE / FEMALE)
b) NRIC/FIN/PASSPORT: CONTACT:
c) ADDRESS:

* d) DATE OF BIRTH: (14 / 11 / 1971) (DD/MM/YYYY)

e) OCCUPATION: (INDOOR / OUTDOOR)

f) DATE OF DRIVING PASS 22/12/2009

4. WAS DRIVER AN EMPLOYEE OF THE INSURED'S COMPANY? (YES / NO)
IF NO, RELATIONSHIP OF THE DRIVER WITH INSURED: OWNER

5. a) WEATHER CONDITION: (CLEAR / RAINING / OTHERS)
b) ROAD SURFACE: (DRY / WET / OTHERS)

6. WAS ANYBODY INJURED (YES / NO)

7. a) REPORTED TO POLICE (YES / NO)

IF YES, PLEASE STATE WHICH POLICE STATION: TRAFFIC POLICE HEADQUARTER

8. THIRD PARTY VEHICLE

- a) VEHICLE NUMBER: SJZ 8938L MODEL:
b) DRIVER'S NAME:
c) NRIC/FIN/PASSPORT: CONTACT:

9. THIRD PARTY VEHICLE

- d) VEHICLE NUMBER: MODEL:
e) DRIVER'S NAME:
f) NRIC/FIN/PASSPORT: CONTACT:

Email =

VIDEO

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S7138998G



HAZANI BIN WASHTREE

Race
INDONESIAN

Date of Birth
14-11-1971

Sex
M

Country of Birth
SINGAPORE



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number S7138998G

Name
HAZANI BIN WASHTREE

Birth Date 14 Nov 1971

Issue Date 07 Feb 2003




0381551



NRIC No. S7138998G



Shrimp Contact State of Issue
O+ 18-06-1992

APT BLK 277 TOP OLIVIA ROAD 855-177
SINGAPORE 600277

NRIC No. S7138998G Date: 09-09-1999 No. 2704592

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

Class	Description	Valid Date
Class 2B	Motorcycles <= 200 CC	15 Mar 1998
Class 2A	Motorcycles between 201 CC and 400 CC	08 Sep 1994
Class 2	Motorcycles > 400 CC	22 Dec 2000
Class 3	Motor cars <= 3000 kg with <= 7 passengers, exclusive of the driver; and motor tractors/vehicles <= 2500 kg	07 Oct 1992

S / No. 9000120847

S7138998G

NP 458A

Licence No. S7138998G



Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
ROAD TRANSPORT ACT, 1987 (MALAYSIA)
MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5085604436-01

Cover : Third Party, Fire & Theft

- | | |
|---|---------------------|
| 1. Index mark and Registration Number of Vehicle | : FBH2708M |
| Chassis Number | : JYARN16H000001217 |
| 2. Name of Policyholder | : HAZANI B WASHTREE |
| 3. Effective Date of Insurance | : 25 Apr 2018 |
| 4. Expiry Date of Insurance | : 25 Apr 2019 |
| 5. Persons or Classes of Persons entitled to drive# | |

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: HAZANI BIN WASHTREE
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: DYNASTY MOTOR PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

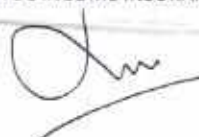
Agency	: TONG HIN INSURANCE AGENCY PTE. LTD. (00000614661)
Date of Issue	: 07 Apr 2018 15:20 hrs
Reprint	: 07 Apr 2018 15:21 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

Authorised Officer



Chief Executive