

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	21/12/2018 13:50
Date Of Accident	17/12/2018 05:10
Exact Location Of Accident	PIE TWDS CHANGI AIRPORT NEAR EXIT 3B
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM913Z
Insured/Policyholder	
Name Of Registered Owner	STARK HOLDINGS INN BIKE LEASING PTE. LTD.
Co Reg No	201419069W
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83829351
Alternative Phone No	OFFICE-83829351

Vehicle Particulars

Manufacturer	YAMAHA
Model	XABRE TFX150

Exact Purpose for which vehicle was being used at time of accident

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	5087852172-01 (TPFT)
Cover Note Number	

Driver

Name of Driver	MOHAMMAD RAZALI BIN OSMAN
NRIC No	S8322817B
Date Of Birth	26/07/1983
Occupation	OUTDOOR
Date Of Driving Pass	22/03/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83829351
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 188B BEDOK NORTH STREET 4 #04-78 FENGSHAN GREENVILLE
Postcode	S462188
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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 (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
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

REFER TO POLICE REPORT T/20181220/2051 (ATTENDED BY IFAH)

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	SHC7388A
Vehicle Make/Model/Colour	HYUNDAI SONATA (YELLOW CITYCAB)
Details Of Properties	
Vehicle Category	TAXI
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	MOHAMMAD RAZALI BIN OSMAN
Approximate Age	
Injuries Sustain	10 DAYS MC
Injured person in which vehicle?	FBM913Z
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan Pg. 1

SKETCH PLAN

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1. Please report correctly the details of the accident to speed up the claims process.
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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. 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.



Policyholder's Signature
Date & Time:

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

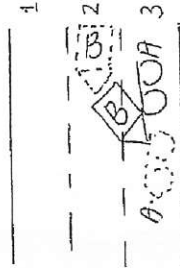
IDAC SIN MING (VAC)
385 Sin Ming Drive
Singapore 575718
Tel: 64555358(ARC), 66975243
Fax: 64526621

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

PIE towards Changi Airport Near Exit 88



① PBM 7132

② SIC 388A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please refer to the Police Report No. T/20181220/2051 and T/20181220/2011

I am travelling straight along PIE. I notice lane 1 and 2 had an accident. while I am moving pass them

veh B "I supposed they tried to move to road shoulder" just hit onto my bike.

as he is trying to move to the road shoulder

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:

IDAC SIN MING (VAC)

385 Sin Ming Drive
Singapore 575718
Tel: 64555358(ARC), 66975243
Fax: 64526621

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



**SINGAPORE
POLICE FORCE**



T/20181220/2051

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

1 of 3

Report No. T/20181220/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2018 13:00		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD RAZALI BIN OSMAN			Address: APT BLK 188B BEDOK NORTH STREET 4 #04-78 FENGSHAN GREENVILLE SINGAPORE 462188		
ID Type / ID No.: NRIC NO / S8322817B			Contact No.: Home/Office: Mobile: 83829351		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 35	Date of Birth: 26/07/1983	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: BUS CAPTAIN			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/12/2018 05:10	Type of Location:
Location: Along Road 1 PAN ISLAND EXPRESSWAY TOWARDS CHANGI AIRPORT NEAR EXIT 3B				
Weather:		Road Surface:		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBM913Z	Motorcycle	YAMAHA	XABRE TFX150			0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20181220/2051

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

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Report No. T/20181220/2051

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD RAZALI BIN OSMAN	ID No.	S8322817B
Related Vehicle	FBM913Z (Motorcycle)	Contact No.	83829351
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	17/12/2018	Date Discharge	17/12/2018
No. of Days granted Medical Leave	10	Degree of Injury	NIL

Brief Details.

ON STATED TIME, DATE AND LOCATION,
I NOTICE THAT ON THE FIRST AND SECOND LANE, ALL THE VEHICLES ARE ON STATIC POSITION AND HORNING AT EACH OTHER. SO AS I WAS RIDING ON THE THIRD LANE FROM THE RIGHT, A YELLOW TAXI SUDDENLY SWERVE INTO MY LANE INFRONT OF ME. AS THE DISTANCE WAS TO CLOSE, I DID NOT MANAGE TO STOP IN TIME AND COLLIDED ONTO THE TAXI LEFT FRONT PORTION. THE IMPACT CAUSED ME TO FALL OF MY BIKE AND DROPPED ALL THE WAY TO THE ROAD SHOULDER. WHILE I WAS ON THE GROUND, THE TAXI DRIVER WHO HAD COLLIDED ONTO ME DID NOT GOT OUT FROM HIS VEHICLE BUT JUST STAYED INSIDE THE VEHICLE. MOMENTS LATER ANOTHER TAXI CAME, WENT TO THE SIDE OF THE FIRST TAXI AND THEY TALKED FOR AWHILE. SOON AFTER THAT THE DRIVER AND PASSENGER OF THE TAXI WHO HAD COLLISION WITH ME, CAME OUT FROM THE TAXI AND STOOD THERE WITHOUT APPROACHING ME. SOON THE AMBULANCE CAME AND CONVEYED ME TO THE HOSPITAL.

I SUSTAINED FRACTURED COLLAR BONE ON MY RIGHT ARM AND SOME ABBRASION ON BOTH ARMS.



**SINGAPORE
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T/20181220/2051

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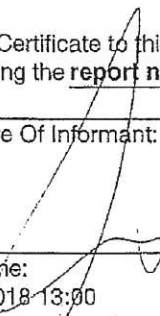

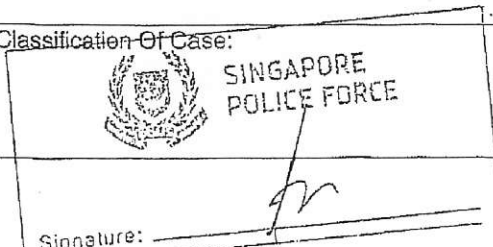
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Report No. T/20181220/2051

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 / MOHAMED ANWAR BIN MOHAMED IBRAHIM	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 20/12/2018 13:00
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216 	Classification Of Case: 
Authentication Stamp NP168	

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181220/7011

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

1 of 3
Report No. T/20181220/7011

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/12/2018 14:43		Vide Report No.: T/20181220/2051		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD RAZALI BIN OSMAN			Address: APT BLK 188B BEDOK NORTH STREET 4 #04-78 SINGAPORE 462188		
ID Type / ID No.: NRIC NO / S8322817B			Contact No.: Home/Office: Mobile: 83829351		
Nationality: SINGAPORE CITIZEN			Email: md.razali.osman@gmail.com		
Sex: Male	Age: 35	Date of Birth: 26/07/1983	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,3,4A		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 17/12/2018 05:10	Type of Location: Straight Road
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Wet	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBM913Z	Motorcycle					0
SHC7388A	Taxi	HYUNDAI	Sonata	Yellow	Slightly Damaged	0

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

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20181220/7011

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10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20181220/7011

CONTINUATION OF REPORT

Rider			
Name	MOHAMMAD RAZALI BIN OSMAN	ID No.	S8322817B
Related Vehicle	FBM913Z (Motorcycle)	Contact No.	83829351
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3,4A Date of Expiry: NIL
Date Treatment	17/12/2018	Date Discharge	17/12/2018
No. of Days granted Medical Leave	10	Degree of Injury	Serious

Brief Details.

I have already lodge a report ref T/20181220/2051. I wish to add on the following statement.

Before the accident happen i have noticed that at lane 1 and lane 2 vehicles stopped and horn at each other as such i slowed down. I believed that the taxi (yellow city cab) was already involved in a minor accident with another taxi (comfort blue taxi) at lane 1 and lane 2 before hitting onto me at lane 3 as I saw the taxi driver (comfort blue taxi) was showing the damages to the other taxi driver (yellow CityCab) at the road shoulder. I wish to add the taxi number as SHC 7388 C (Yellow CityCab).



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T/20181220/7011

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

3 of 3
Report No. T/20181220/7011

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 / TPHQ /
RASHIDAH BINTE AZMAN
Contact No.: 65476216

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:
20/12/2018 14:43

Classification Of Case: