

## 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	31/12/2018 14:46
Date Of Accident	08/11/2018 18:10
Exact Location Of Accident	ALONG PASIR PANJANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9202P
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TOPIWALA MURTUZA KUTUBUDDIN
NRIC No	S8262540B
Email Address	MURTAZAT@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-96710193
Alternative Phone No	OTHERS-96710193

### Vehicle Particulars

Manufacturer	BAJAJ
Model	PULSAR 200 NS-200CC
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
Fleet Policy	NO
Policy Number	5087154662-01
Cover Note Number	

### Driver

Name of Driver	TOPIWALA MURTUZA KUTUBUDDIN
NRIC No	S8262540B
Date Of Birth	05/10/1982
Occupation	INDOOR
Date Of Driving Pass	30/12/2009
Driving Experience	8 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96710193
Fax Number	
Contact Number	OTHERS-96710193
Email Address	MURTAZAT@HOTMAIL.COM

Address	55 TAMPINES CENTRAL 7 #13-08
Postcode	528617
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	SIDE SWIPE
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?	NO
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	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT /20181121/7037 AND T/20181121/7019

#### 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	SJS892Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GAN MENG KIONG
NRIC/Passport Number	S7223797H
Contact Number	81985692
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name TOPIWALA MURTUZA KUTUBUDDIN

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBG9202P

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

## Accident Sketch Plan

### SKETCH PLAN

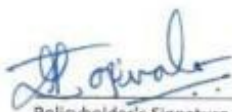
#### IMPORTANT NOTICE

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:

  
Reporting Centre Personnel's Signature  
Name: Rashid  
NRIC/FIN No.: 311123456

# Accident Sketch Plan

## SKETCH PLAN

PASIR PANJANG ROAD

A) FOG 9202P  
B) SJS 892Z

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Handwritten note across the section:*  
 PLS REFER TO POLICE REPORT  
 D/2018/121/2017 & T/2018/121/2019

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*Signature of Policyholder*  
 Policyholder's Signature

Date & Time:

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

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



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20181121/7037

1 of 3

## POLICE REPORT (NP299)

Report No. D/20181121/7037

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Date/Time Report Made 21/11/2018 21:00		Vide Report No.		Station Diary No.	
Name Of Informant TOPIWALA MURTUZA KUTUBUDDIN		Address 55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528617			
ID Type / ID No. NRIC NO / S8262540B		Contact No. Home/Office: Mobile: 96710193			
Nationality SINGAPORE CITIZEN		Email Address murtazat@hotmail.com			
Occupation Information technology project manager		Sex Male	Age 36	Date of Birth 05/10/1982	Race Indian
Institution/School Name		Language English			
Date/Time Of Incident 08/11/2018 18:10		Location Of Incident PASIR PANJANG ROAD			

### Brief details.

This incident happened on 8th November 18:10 while i was returning back home from office...I was riding on a motorbike going towards Alexandra road, the car in front suddenly turned left without checking the blind spot and giving any indicator..I was coming from behind on the left and banged into the front door of the car.. Fell off from the motorbike with the bike on my right leg...The impact was so bad that my motorcycle handle broke into half . I had bruises on my hand and leg, my right foot had little swelling but i was able to walk and parked my bike into the car park..I exchanged the particulars with the driver and he went away.. After an hour my right foot was swollen and i couldn't walk at all, i called my friend who drove me to Changi General Hospital for medical assistance.. Xrays were taken and it turned out to be a

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: 21/11/2018 21:00
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20181121/7037

2 of 3

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181121/7037

fracture on the foot, since then i'm bed ridden and the doctor advised for a complete bedrest for 4-6 weeks before i could walk again..i'm trying to contact the car driver through whatsapp, he did not have a courtesy to check on me despite me sending multiple messages on WA which he has read..

I would like to file a report against the driver for his negligence and want this to be investigated, the particulars of the driver is as below..

Driver Name : Gan Meng Kiong

ID Number :S7223797H

Subjects Involved			
Suspect			
Person Name	Gan Meng Kiong		
ID Type	NRIC NO	ID No	S7223797H
Gender	Male	Age	46
Race	Chinese	Language	English
Victim			
Person Name	TOPIWALA MURTUZA KUTUBUDDIN		
ID Type	NRIC NO	ID No	S8262540B
Gender	Male	Age	36
Race	Indian	Language	English
Occupation	Information technology project manager	Address Type	

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

The identity of the person making this report has been authenticated by SingPass. No signature is required.

Date/Time:

21/11/2018 21:00

Classification Of Case:

POLICE REPORT



SINGAPORE  
POLICE FORCE



D/20181121/7037

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20181121/7037

Address	55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528617	Mobile No	96710193
Is Informant A Victim?	Yes		
Person Name	TOPIWALA MURTUZA KUTUBUDDIN (Informant)		

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: 21/11/2018 21:00
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



SINGAPORE  
POLICE FORCE



T/20181121/7019



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181121/7019

1 of 4

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

Report No. T/20181121/7019

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/11/2018 21:28		Vide Report No.: D/20181121/7037	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: TOPIWALA MURTUZA KUTUBUDDIN		Address: 55 TAMPINES CENTRAL 7 #13-08 SINGAPORE 528617	
ID Type / ID No.: NRIC NO / S8262540B		Contact No.: Home/Office:	Mobile: 96710193
Nationality: SINGAPORE CITIZEN		Email: murtazat@hotmail.com	
Sex: Male	Age: 36	Date of Birth: 05/10/1982	Type of Informant: Rider
Race: Indian		Language: English	Institution / School Name:
Occupation: Information technology project manager		Driving Licence Information: Class: Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/11/2018 18:10	Type of Location: Straight Road
Location:  PASIR PANJANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9202P	Motorcycle	BAJAJ CHETAK	PULSAR+20 0+NS+MAN UAL	Black	Seriously Damaged	1
SJS892Z	Car	MITSUBISHI		Red	Slightly Damaged	1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181121/7019

2 of 4

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

Report No. T/20181121/7019

## CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9202P	NTUC Income Insurance Co-Operative Limited	5087154662-01	02/01/2018	01/01/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	TOPIWALA MURTUZA KUTUBUDDIN		ID No.	S8262540B
Related Vehicle	FBG9202P (Motorcycle)		Contact No.	96710193
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	08/11/2018		Date Discharge	08/11/2018
No. of Days granted Medical Leave		30	Degree of Injury	Serious
Driver				
Name	Gan Meng Kiong		ID No.	S7223797H
Related Vehicle	SJS892Z (Car)		Contact No.	81985692
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave		NIL	Degree of Injury	NIL

### Brief Details.

This incident happened on 8th November 18:10 while i was returning back home from office...I was riding on a motorbike going towards Alexandra road, the car in front suddenly turned left without checking the blind spot and giving any indicator..I was coming from behind on the left and banged into the front door of the car.. Fell off from the motorbike with the bike on my right leg...The impact was so bad that my motorcycle handle broke into half . I had bruises on my hand and leg, my right foot had little swelling but i was able to walk and parked my bike into the car park..I exchanged the particulars with the driver and he went away.. After an hour my right foot was swollen and i couldn't walk at all, i called my friend who drove me to Changi General Hospital for medical assistance.. Xrays were taken and it turned out to be a fracture on the foot, since then i'm bed ridden and the doctor advised for a complete bedrest for 4-6 weeks before i could walk again..I'm trying to contact the car driver through whatsapp, he did not have a courtesy to check on me despite me sending multiple messages on WA which he has read..

- Pictures of the incidents are available
- Traffic light turning left to Mapletree business city
- Pasir Panjang Road

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181121/7019

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

3 of 4

Report No. T/20181121/7019

### CONTINUATION OF REPORT

I would like to file a report against the driver for his negligence and want this to be investigated, the particulars of the driver is as below..

Driver Name : Gan Meng Kiong  
ID Number :S7223797H

## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20181121/7019

4 of 4

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

Report No. T/20181121/7019

### 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 / TPIB /  
MOHAMAD ZULFAZDLI BIN ABDULLAH  
Contact No.: 65476204

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:  
21/11/2018 21:28

Classification Of Case:



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





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