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 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.

ACCIDENT STATEMENT	
Date Of Report	02/01/2019 09:49
Date Of Accident	01/01/2019 10:15
Exact Location Of Accident	JLN DAMAI B4 CARPARK ENTRANCE OF BLK 666-672
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBL7683X
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD FAIZAL BIN SHALIHUDDIN
NRIC No	S9426187B
Email Address	MENTARI94@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-94561104
Alternative Phone No	OTHERS-94561104
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
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	5100237424
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD FAIZAL BIN SHALIHUDDIN
NRIC No	S9426187B
Date Of Birth	24/07/1994
Occupation	OUTDOOR
Date Of Driving Pass	30/03/2016
Driving Experience	2 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94561104
Fax Number	
Contact Number	OTHERS-94561104
EMail Address	MENTARI94@HOTMAIL.COM

Address	BLK 127 BEDOK NORTH ST 2 #02-68
Postcode	460127
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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 30 BEDOK NORTH ROAD , **POSTCODE:** 469676 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-2449999 - **FAX NO**: 62447258
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190101/2078

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	PA9326G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MAHAYINTHERAN S/O PAKIRSAMY
NRIC/Passport Number	S6838852Z
Contact Number	86243114
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD FAIZAL BIN SHALIHUDDIN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBL7683X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN

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**.
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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:

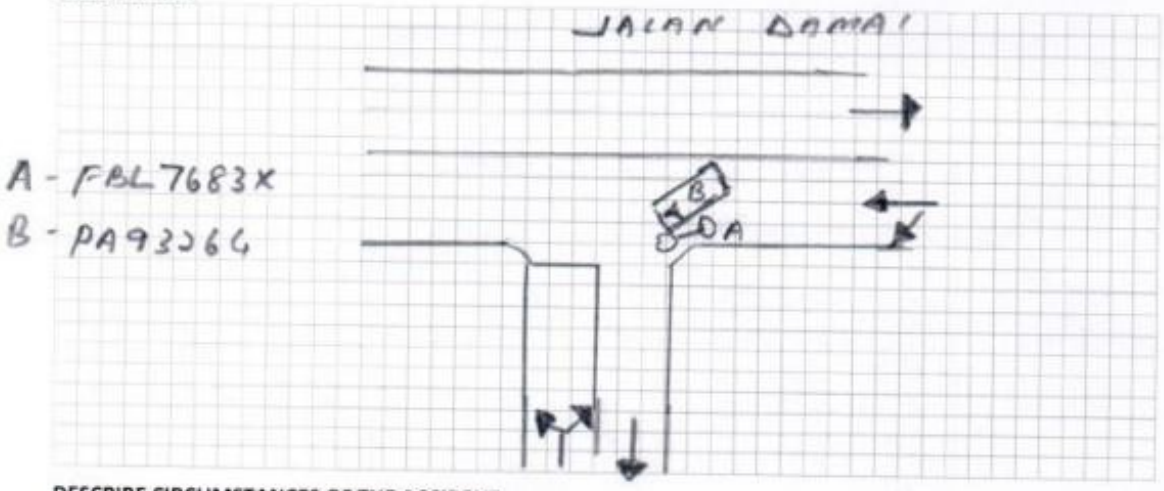
   (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

   (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:	02/01/19 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

P/s refer to the police report: T/20190101/0078

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:	02/01/19 Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

SINGAPORE POLICE FORCE

T/20190101/2078

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20190101/2078

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	MUHAMMAD FAIZAL BIN SHALIHUDDIN		ID No.	S9426187B	
Related Vehicle	FBL7683X (Motorcycle)		Contact No.	94561104	
Hospital/Clinic	CHANGI GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	01/01/2019		Date Discharge	01/01/2019	
No. of Days granted Medical Leave	04		Degree of Injury	Slight	
Driver					
Name	MAHAYINTHERAN S?O PAKIRSAMY		ID No.	S6838852Z	
Related Vehicle	PA9326G (Omnibus)		Contact No.	86243114	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 01/01/2019 at about 1015hrs, I was riding my motorcycle bearing registration number FBL7683X alone, traveling straight along Jalan Damai. I was riding at less than 25km/h. Road traffic was smooth and road surface even with no road hazards.

I was riding straight and kept to the left as I intended to make a left turn into the carpark of Blk 666 - 672 Jalan Damai. There was a vehicle bearing registration number PA9326G in front of me and I maintained a safe following distance. Upon approaching the said car park, vehicle PA9326G suddenly jammed the brakes. I could not react in time but to swerve slight to the left to the left side in between the front left portion of the vehicle and the road kerb.

I recalled there was no signal light intention from PA9326G and no other vehicle traveling in front of it. Vehicle PA9326G suddenly made a left turn into the carpark, and its' front left portion hit onto the right handle bar of my bike, causing me to fall onto the road surface. After the driver of PA9326G parked his vehicle, we met up and inspected the damage. There were scratches found on the left front portion of PA9326G, and the right side of my bike was damaged. I could start the engine but the bike would not move even after gear was engaged. I suffered abrasion and cuts on both my left arms and right foot. My right foot was swollen after the accident. There was no injury observed from the driver of PA9326G. We exchanged particulars and left scene shortly after.

I seek medical treatment at CGH and was given 4 days of MC.

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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Accident Photo

Accident Photo

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SINGAPORE POLICE FORCE

T/20190101/2078

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469976
Tel No: 1800-2449999

Report No. T/20190101/2078

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
01/01/2019 17:15		57

Informant's Particulars

Name of Informant: MUHAMMAD FAIZAL BIN SHALIHUDDIN			Address: APT BLK 127 BEDOK NORTH STREET 2 #02-68 SINGAPORE 460127	
ID Type / ID No.: NRIC NO / S9426187B			Contact No.: Home/Office: Mobile: 94561104	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 24	Date of Birth: 24/07/1994	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: SMRT DEPOT Supervisor			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/01/2019 10:15	Type of Location: Straight Road
Location: Along Road 1 JALAN DAMAI Before carpark entrance of Blk 666-672 Jalan Damai				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: No Traffic
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
FBL7883X	Motorcycle	HONDA	CBF190WH	Black	Slightly Damaged	0
PA8326G	Omnibus	TOYOTA		White	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7883X	NTUC Income Insurance Co-Operative Limited	5100237424	27/04/2018	02/03/2019

SINGAPORE POLICE FORCE

T/20190101/2075

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20190101/2078

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Rider					
Name	MUHAMMAD FAIZAL BIN SHALIHUDDIN			ID No.	S9426187B
Related Vehicle	FBL7683X (Motorcycle)			Contact No.	94561104
Hospital/Clinic	CHANGI GENERAL HOSPITAL			Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	01/01/2019		Date Discharge	01/01/2019	
No. of Days granted Medical Leave	04		Degree of Injury	Slight	
Driver					
Name	MAHAYINTHERAN S?O PAKIRSAMY			ID No.	S6838852Z
Related Vehicle	PA9326G (Omnibus)			Contact No.	86243114
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	

Brief Details.

On 01/01/2019 at about 1015hrs, I was riding my motorcycle bearing registration number FBL7683X alone, traveling straight along Jalan Damai. I was riding at less than 25km/h. Road traffic was smooth and road surface even with no road hazards.

I was riding straight and kept to the left as I intended to make a left turn into the carpark of Blk 668 - 672 Jalan Damai. There was a vehicle bearing registration number PA9326G in front of me and I maintained a safe following distance. Upon approaching the said car park, vehicle PA9326G suddenly jammed the brakes. I could not react in time but to swerve slight to the left to the left side in between the front left portion of the vehicle and the road kerb.

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I seek medical treatment at CGH and was given 4 days of MC.

SINGAPORE
POLICE FORCE

T/20190101/2078

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469675
Tel No: 1800-2449999

Report No: T/20190101/2078

CONTINUATION OF REPORT

SINGAPORE POLICE FORCE

T/20190101/2078

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No: T/20190101/2078

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: G / Sr Staff Sgt MUHAMMAD SUFFIAN BIN ABDUL RAHIM	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 01/01/2019 17:15
Officer In Charge Of Case: TP / AEIT / Contact No.:	Classification Of Case:

Authentication Stamp

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: S66SS0020G / GST Reg. No.: M400017735

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 : NMA/19000107 Vehicle Registration No: FBL 7683X

Name(as shown in NRIC) : MUHAMMAD FAIZAL BIN SHAHUDDIN NRIC/FIN/Passport No : S9426187B

(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate

Address : 127 GLOOK NORTH ST 2 #02-68 Singapore(460127)

Contact (Tel) : Mobile No. : 96561104

Email Address : monta.094@hotmail.com

Date of Accident : 01/01/2019 Time of Accident : 10:15

Place of Accident : JLN DAMAI

Insurance Company : NTUC INCOME.

(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:

From REPORTING To THIRD PARTY CLAIMS

Policyholder / Driver's Signature
Date: 05/01/19

Reporting Centre Personnel's Signature
Name: ROSLI BIN ABAS
NRIC/FIN No.:
Date: 05/01/2019.