

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	10/01/2019 15:28
Date Of Accident	07/01/2019 19:00
Exact Location Of Accident	RIVERVALE LINK TWDS BUANGKOK DR INFRT PARK GREEN C
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FU629E
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90147200
Alternative Phone No	OTHERS-90147200

Vehicle Particulars

Manufacturer	KAWASAKI
Model	KRRZX150
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	5095263643-01
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIZEHAN BIN ABDUL GANI
NRIC No	S9746263A
Date Of Birth	31/12/1997
Occupation	INDOOR
Date Of Driving Pass	13/10/2016
Driving Experience	2 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90147200
Fax Number	
Contact Number	OTHERS-90147200
E-Mail Address	NOEMAIL

Address	BLK 672B EDGEFIELD PLAINS #10-549
Postcode	822672
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	PUNGGOL N.P.C
Police Station Address	ROAD: 21A TEBING LANE , POSTCODE: 828837 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190108/2111

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	SKV8041H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASPER LIM CHENG FENG
NRIC/Passport Number	S9921343D
Contact Number	850051251
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	MUHAMMAD RIZEHAN BIN ABDUL GANI
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FU629E
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.
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. 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:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190108/2111

2 of 4

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T/20190108/2111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU629E	NTUC Income Insurance Co-Operative Limited	5095263643-01	26/10/2018	25/10/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD RIZEHAN BIN ABDUL GANI	ID No.	S9746263A	
Related Vehicle	FU629E (Motorcycle)	Contact No.	90147200	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL	
Date Treatment	07/01/2019	Date Discharge	07/01/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	JASPER LIM CHENG FENG	ID No.	S9921343D	
Related Vehicle	SKV8041H (Car)	Contact No.	850051251	
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 07/01/2019 at 1900hrs, I was riding my motorcycle bearing registration number FU629E. I was approaching the entrance of Park Green Condominium along Rivervale Link when a vehicle which was in front of me bearing registration number SKV8041H made an abrupt left turn in to the condominium. The car immediately encroached in to my path and I could not stop in time. My motorcycle then hit the left side of the said vehicle. I then fell from the motorcycle and hit the road. The security officers from Park Green Condominium saw what the accident and called for assistance from the police and paramedics. I was able to get up after the accident and exchanged particulars with the driver. Paramedics and police soon attended to me and I refused to be conveyed. Subsequently, I felt pain around right knee cap area and suffered a few abrasions. I then decided to seek treatment at Sengkang General Hospital where I was given 3 days of MC. There was also a footage of the accident which was captured by the condominium's security camera.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190108/2111

1 of 4

Police Station Of Origin:
Punggol M.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6048999

Report No: T/20190108/2111

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made 08/01/2019 18:19	Video Report No.	Station Diary No.: 56
---	------------------	--------------------------

Informant's Particulars			
Name of Informant: MUHAMMAD RIZEHAN BIN ABDUL GANI		Address: APT BLK. 672B EDGEFIELD PLAINS #10-54B SINGAPORE 822672	
ID Type / ID No.: NRIC NO / S8746263A		Contact No.: Home/Office:	Mobile: 90147200
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 21	Date of Birth: 31/12/1997	Type of Informant: Rider
Race: Boyanes		Language:	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 07/01/2019 19:00	Type of Location: Straight Road
Location: Along Road 1 RIVERVALE LINK In front of Park Green Condominium Lamp Post Number: 5				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FU629E	Motorcycle	KAWASAKI	KRRZX150	Silver	Seriously Damaged	0
SKV8041H	Car					0

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

Police Report



**SINGAPORE
POLICE FORCE**



T201901082111

2 of 4

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No. T201901082111

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FU629E	NTUC Income Insurance Co-Operative Limited	5095283643-01	26/10/2018	25/10/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD RIZEHAN BIN ABDUL GANI	ID No.	S9746263A	
Related Vehicle	FU629E (Motorcycle)	Contact No.	90147200	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE. LTD.	Class of Driving Licence & Expiry Date	Class: 2B.3 Date of Expiry: NIL	
Date Treatment	07/01/2019	Date Discharge	07/01/2019	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	
Driver				
Name	JASPER LIM CHENG FENG	ID No.	S9921343D	
Related Vehicle	SKV8041H (Car)	Contact No.	850051251	
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	

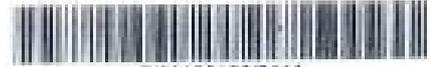
Brief Details.

On 07/01/2019 at 1900hrs, I was riding my motorcycle bearing registration number FU629E. I was approaching the entrance of Park Green Condominium along Rivervale Link when a vehicle which was in front of me bearing registration number SKV8041H made an abrupt left turn in to the condominium. The car immediately encroached in to my path and I could not stop in time. My motorcycle then hit the left side of the said vehicle. I then fell from the motorcycle and hit the road. The security officers from Park Green Condominium saw what the accident and called for assistance from the police and paramedics. I was able to get up after the accident and exchanged particulars with the driver. Paramedics and police soon attended to me and I refused to be conveyed. Subsequently, I felt pain around right knee cap area and suffered a few abrasions. I then decided to seek treatment at Sengkang General Hospital where I was given 3 days of MC. There was also a footage of the accident which was captured by the condominium's security camera.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190108/2111

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

3 of 4:

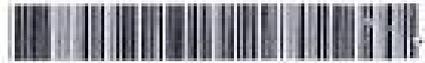
Report No: T/20190108/2111

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/201901082111

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 628637
Tel No: 1900-6049999

4 of 4

Report No. T/201901082111

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: P/ Staff Sgt MUHAMMAD AQIB BIN MOHAMMAD AKHTAR	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2019 18:19
Officer In Charge Of Case: TP / GIT / Insp TAN CHIN YONG Contact No.: 65476178	Classification Of Case:

Authentication Stamp
NP168