

## 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	17/01/2019 16:05
Date Of Accident	07/01/2019 22:00
Exact Location Of Accident	YIO CHU KANG ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG6692C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD HAIQAL BIN ADNAN
NRIC No	S9906942B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90303294
Alternative Phone No	OTHERS-90303294

### Vehicle Particulars

Manufacturer	RIEJU
Model	MARATHON PRO 125-124CC (M)
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	5099804846
Cover Note Number	

### Driver

Name of Driver	AHMED YASEEN MARICAR BIN KABAR SHAHIB MARICAR
NRIC No	T0019132E
Date Of Birth	03/06/2000
Occupation	INDOOR
Date Of Driving Pass	29/10/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90303294
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 473D UPPER SERANGOON CRESCENT #02-359
Postcode	538473
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT

#### 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	SKE6527B
Vehicle Make/Model/Colour	
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	AHMED YASEEN MARICAR BIN KABAR SHAHIB MARICAR
Approximate Age	
Injuries Sustain	REFER REPORT
Injured person in which vehicle?	FBG6692C
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

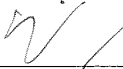
SKETCH PLAN

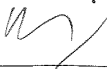
IMPORTANT NOTICE

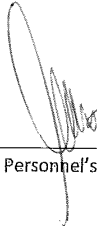
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

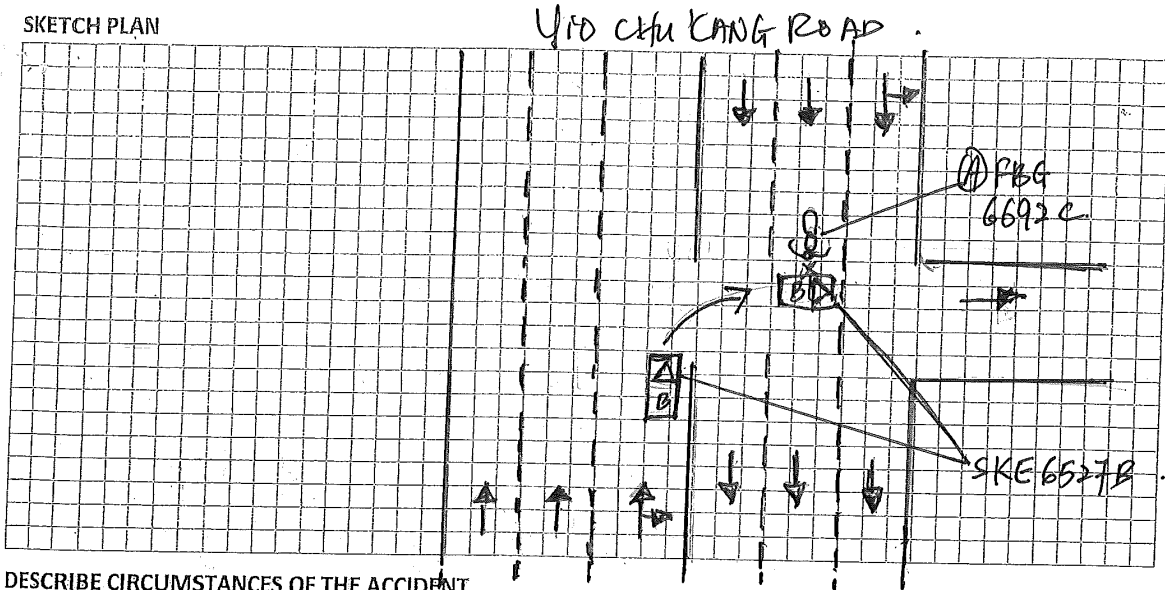
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report No: T/20190111/7011

DECLARATION

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

X  
Policyholder's Signature  
Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20190111/7011

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

1 of 3

Report No. T/20190111/7011

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 11/01/2019 16:09		Vide Report No.:		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: AHMED YASEEN MARICAR BIN KABAR SHAHIB MARICAR			Address: APT BLK 473D UPPER SERANGOON CRESCENT #02-359 SINGAPORE 538473		
ID Type / ID No.: NRIC NO / T0019132E			Contact No.: Home/Office: Mobile: 90303294		
Nationality: SINGAPORE CITIZEN			Email: yaseen369@hotmail.com		
Sex: Male	Age: 18	Date of Birth: 03/06/2000	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		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 22:00	Type of Location: Straight Road
Location:  YIO CHU KANG ROAD				
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: Yes

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG6692C	Motorcycle	RIEJU	Marathon Pro 125	Red		1
SKE6527B	Car			Grey		0

**Details of Person Involved**

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

## Common Statement Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20190111/7011

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

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Report No. T/20190111/7011

## CONTINUATION OF REPORT

Rider			
Name	AHMED YASEEN MARICAR BIN KABAR SHAHIB MARICAR		ID No. T0019132E
Related Vehicle	FBG6692C (Motorcycle)		Contact No. 90303294
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	08/01/2019		Date Discharge 08/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	Serious

## Brief Details.

On 07/01/2019 at about 10PM, I was riding along 152 Yio Chu Kang Road heading towards Hougang Ave 2 for food delivery. The weather was fine and road surface was dry. The traffic flow was light. I was riding on the second lane at a normal speed heading straight after the junction at Yio Chu Kang Link. Suddenly a vehicle(SKE6527B) drove and turn in from the minor road on my right side. I tried to avoid the collision but the driver stopped in the center lane and my bike hit the left side of the vehicle(SKE6527B) making it a T collision. I hit the left side door of the vehicle and fractured my right wrist and my left palm, along with some bruises on my left leg and shoulder. The driver took some time before heading out to assist me after the incident and was missing after several pedestrians helped me lie down on the pavement by the side. After that police and the ambulance were at scene and I was conveyed to Sengkang General Hospital. Then I was transferred to Tan Tock Seng Hospital and warded for 1 day due to my injuries. I was discharged on 08/01/2019 and was given 7 days hospitalisation leave. I am lodging this report to seek redress from vehicle(SKE6527B) and insurance for all the damages and my injuries. Pictures after the incident have been taken and vehicle(SKE6527B) had a car camera installed. Thank you



**SINGAPORE  
POLICE FORCE**



T/20190111/7011

Police Station Of Origin:  
Traffic Police  
10 Ubi Avenue 3 SINGAPORE 408865  
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Report No. T/20190111/7011

**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 /  
MOHAMED SUFIAN BIN MOHAMED JUNID  
Contact No.: 65476247

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:  
11/01/2019 16:09

Classification Of Case:



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



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