

## 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	23/01/2019 17:49
Date Of Accident	24/12/2018 08:30
Exact Location Of Accident	ALONG PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3549J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	HAIREEL IZAN BIN JAFFAR
NRIC No	S8523011E
Email Address	HAIREELIZAN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81571547
Alternative Phone No	OTHERS-88214585

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER-198CC ST 200
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5050531751-07
Cover Note Number	

### Driver

Name of Driver	MOHAMMED HISHAM BIN JAFFAR
NRIC No	S7715973H
Date Of Birth	08/06/1977
Occupation	OUTDOOR
Date Of Driving Pass	23/11/1993
Driving Experience	25 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-81571547
Fax Number	
Contact Number	OTHERS-88214585
EEmail Address	HAIREELIZAN@GMAIL.COM

Address	BLK 715 JURONG WEST STREET 71 #03-63
Postcode	640715
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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 - SINGAPORE CITY
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

PLEASE REFER TO POLICE REPORT T/20190114/2069

#### 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	UNKNOWN
Vehicle Make/Model/Colour	LORRY
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	MOHAMMED HISHAM BIN JAFFAR
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBF3549J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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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: ~~15/01/2019~~ 10.51  
15/01/2019

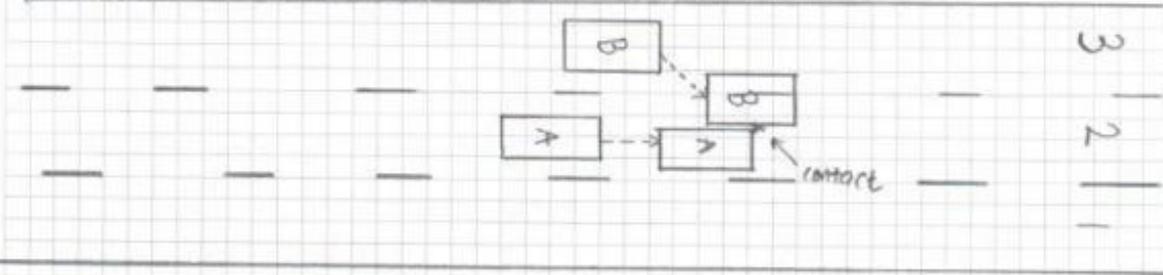
\_\_\_\_\_  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

  
Reporting Centre Personnel's Signature  
Name:   
NRIC/FIN No.:   
23/01/2019  
Roshan

Accident Sketch Plan

SKETCH PLAN

PIE TAWARDS OTONGI



- A) FB# 3549J (Motorbike)
- B) unknown (Lorry)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~RTS REPORT TO POLICE REPORT  
7/2019/14/2069~~

DECLARATION

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

*Pinet* 15/01/2019  
1200hrs

Policyholder's Signature  
Date & Time:

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

23/01/2019  
Reporting Centre Personnel's Signature  
Name: *Resli Wati*  
NRIC/FIN No.:

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190114/2069

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

1 of 3

Report No. T/20190114/2069

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/01/2019 14:01	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMMED HISHAM BIN JAFFAR		Address: APT BLK 715 JURONG WEST STREET 71 #03-63 SINGAPORE 640715	
ID Type / ID No.: NRIC NO / S7715973H		Contact No.:	Mobile: 88214585
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 41	Date of Birth: 08/06/1977	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 24/12/2018 08:30	Type of Location: Straight Road
Location: Along Road 1 PAN-ISLAND EXPRESSWAY TWDS CHANGI				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBF3549J	Motorcycle					0

Details of Person Involved

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

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190114/2069

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

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Report No. T/20190114/2069

CONTINUATION OF REPORT

Rider			
Name	MOHAMMED HISHAM BIN JAFFAR	ID No.	S7715973H
Related Vehicle	NIL	Contact No.	88214585
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	24/12/2018	Date Discharge	31/12/2018
No. of Days granted Medical Leave	30	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE & LOCATION,

I WAS RIDING MY BIKE ALONG THE STRAIGHT ROAD OF THE EXPRESSWAY ON THE LANE 2 OF 3. THE OTHER PARTY WAS ON THE THIRD LANE .AS I WAS RIDING STRAIGHT, SUDDENLY THE LORRY DRIVER COLIDED ON MY BIKE FROM THE SIDE.

I WAS HIT BY MY LEFT AND FALL OFF FROM MY BIKE AND LANDED ON THE GROUND. I SUSTAINED INJURIES AND WAS UNCONSCIOUS.

I WAS BROUGHT OVER TO THE HOSPITAL AND MY BIKE WAS TOWED BY TRAFFIC POLICE.

THATS ALL

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190114/2069

Force Station Of Origin:  
Traffic Police  
100, South Avenue 3, SINGAPORE 408865  
Tel No: 65475000

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Report No: T/20190114/2069

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 /  
YOGENDRAN S/O RAJASAKARAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
14/01/2019 14:01

Officer In Charge Of Case:  
TP / GIT /

Classification Of Case:

Contact No.:



SINGAPORE  
POLICE FORCE

Authentication Stamp  
NP160

Signature:

Accident Photo



Accident Photo



Driving License



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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