

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
Insured/Policyholder	
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
EMail 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	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
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	

SKETCH PLAN

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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~~ 1051
15/01/2019

Driver's Signature

(If driver is not the policyholder)
Date & Time:



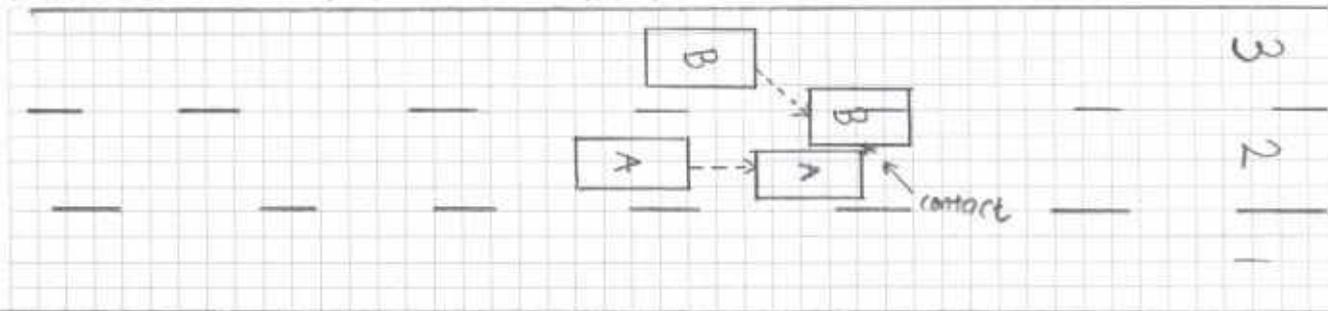
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN

PIE TAWAROR OTONGI



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

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REPORT TO POLICE REPORT
 1/2019/114/2069

DECLARATION

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


 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: *Rashid*
 NRIC/FIN No.:



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

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 COLLIDED 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 Station Of Origin
Traffic Police
110, Avenue 3 SINGAPORE 408865
Tel No. 65470000

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 Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /

Contact No.:

Authentication Stamp
NP168

Signature Of Informant:

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

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Claim Handling

Accident MT/1025491

Policy No.	5050531751-07	Vehicle No.	FBF35491	GST Registration No.	
Certificate No.				Policyholder NRIC	S8523011E
Policyholder Name	HAJREEL IZAN BIN JAFFAR	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	+ No Yes	eCode Reason	
KFR	+ No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	28/12/2018 12:54	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	24/12/2018	Time of Accident (h:mm)	08:35	Country of Accident	Singapore
Reporting Centre	adminstrator	Orange Force	Yes	ICM No.	3815925
Accident Location	PIE (AIRPORT) LP1470				

Excess

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefita

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 657A #02-67A	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 641657
Address 4		Address Type	Singapore address	Post Code	641657
Unit No.		Related Policy Number	505176000-01		

DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.				Driver Insurer Company	
Does he own a Singapore Registered car?	Yes No	Driver Vehicle No.			

Modification History

Claim 001

Claim Handling

Accident MT/1025492

Policy No.	5050531751-07	Vehicle No.	FBF35491	GST Registration No.	
Certificate No.				Policyholder NRIC	S8523011E
Policyholder Name	HAJREEL IZAN BIN JAFFAR	Cover Type	Third Party, Fire & Theft	Loading	0
Product Code	MOTORCYCLE INSURANCE	Contact No. (Office)		Contact No. (Home)	
Contact No. (Mobile)	NA	Special Remark		eCode	No
Email Address		TCA	+ No Yes	eCode Reason	
KFR	+ No Yes	NCD Entitlement(%)	20	Private Hire	No
NCD Protection	No				

Accident Details

Report Date	28/12/2018 12:54	Accident Report Within 24 hrs	Yes	Accident Type	Unknown
Date of Accident	24/12/2018	Time of Accident (h:mm)	08:35	Country of Accident	Singapore
Reporting Centre	adminstrator	Orange Force	Yes	ICM No.	3815925
Accident Location	PIE (AIRPORT) LP1470				

Total Excess Applicable

Own Damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			
Excess Type		Windscreen Excess			
All Claims Excess		Driver is Covered?			
YIED All Claim Excess					
Total All Claim Excess Applicable		TP Standard Excess		Driver is Covered?	
OD Standard Excess		YIED TP Excess			
YIED OD Excess					
Additional Excess		Total TP Excess Applicable			
Total OD Excess Applicable					

Benefita

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BLK 657A #02-67A	Address 2	JURONG WEST STREET 65	Address 3	SINGAPORE 641657
Address 4		Address Type	Singapore address	Post Code	641657
Unit No.		Related Policy Number	505176000-01		

DI Driver Info

Driver Name		Driver Type		Driver DOB	
Unnamed driver Name		Driver NRIC		Driving Experience	
Register Date of Driver License		Driver Age		Contact No. (Home)	
Contact No. (Mobile)		Contact No. (Office)		Address 3	
Address 1		Address 2		Post Code	
Address 4		Address Type	Foreign address		
Unit No.					



NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 23 Jan 2019 18:03

NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 23 Jan 2019 18:03

NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 23 Jan 2019 18:03

NAC_BUKIT_MERAH_800676: NATIONAL ASSESSMENT CENTRE SERVICE
S (BUKIT MERAH) on 23 Jan 2019 18:03

Photos

Normal

Photos

Normal

Photos

Normal

Photos

Normal

Photos 2019-1-23

Photos 2019-1-23

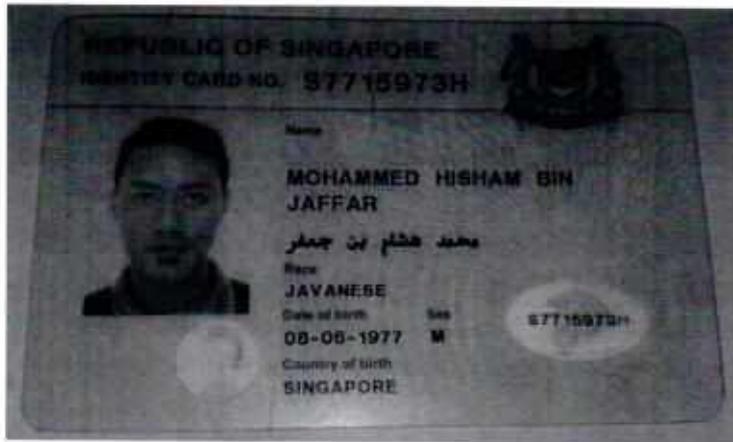
Photos 2019-1-23

Photos 2019-1-23

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window Scan and uploading



REPUBLIC OF SINGAPORE DRIVING LICENCE

Portrait of a man

License Number: S7715973H

Name: MOHAMMED HISHAM BIN JAFFAR

Birth Date: 08 Jun 1977

Issue Date: 30 Oct 2003

0009664778



YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES:

Class	Description	Issue Date
Class 2B	Motorcycles not exceeding 200 cc	30 Oct 2003
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	30 Oct 2003

Licence No: S7715973H



NP 425A

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. **S8523011E**



Name

HAIREEL IZAN BIN JAFFAR

هايريل عزان بن جعفر

Race

JAVANESE

Date of birth

15-07-1985

Sex

M

Country/Place of birth

SINGAPORE



haireelizan@gmail.com

THE SCHEDULE

Motorcycle Insurance Policy

This Policy sets out the terms of a contract between NTUC Income Insurance Co-operative Limited (INCOME) and you (the Insured named in the schedule to this Policy).

The statements, information and declaration provided by you at the time of proposal shall form the basis of this contract. We (INCOME) will provide the insurance set out in this Policy in respect of events occurring during the Period of Insurance shown in the Schedule and any further period for which we may accept a renewal premium.

The provision of this insurance is subject to:

1. any Endorsement specified as operative in the Schedule
2. the Conditions and General Exclusions of this Policy, and
3. the payment of the premium specified in the Schedule.

This Policy, the Schedule and the Certificate of Insurance are to be read together as one document.

GST Reg No. M4-0003030-8

Policy Number	: 5050531751-07
The Policyholder	: HAIREEL IZAN BIN JAFFAR BLK 657A #02-674 JURONG WEST STREET 65 SINGAPORE 641657

Period of Insurance	: 16 Sep 2018 To 15 Sep 2019
Sum Insured	: Market Value of Insured Vehicle at Time of Loss
Premium (inclusive GST)	: S\$189.49

Interest Insured

Cover Type	: Third Party, Fire & Theft	
Named Driver (1)	: HAIREEL IZAN BIN JAFFAR	
Named Driver (2)	: MOHAMMED HISHAM BIN JAFFAR	
Make/Model	: PIAGGIO/GILERA RUNNER	
Capacity	: 200cc	Number of Seater : 2
Registration Number	: FBF3549J	Registration Year : 2010
Chassis Number	: ZAPM4640100004568	Insure with COE : YES
Excess (Section 1)	: N/A	NCD Entitlement : 20%
Excess (Section 2)	: N/A	Loyalty Discount : 5%
Hire Purchase Company	: SPEEDWAY MOTOR PTE LTD	

Memo A : N/A

Endorsement Operative: M2

Agency	: AXIS LINK PTE LTD (00000614797)
Date of Issue	: 21 Aug 2018 00:03 hrs

DUTY OF DISCLOSURE

We would remind you that you must disclose to us, fully and faithfully, the facts you know or ought to know, otherwise you may not receive any benefit from your Policy.

Signed in Singapore by order of the Board of Directors



Chief Executive