

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	29/01/2019 19:53
Date Of Accident	29/01/2019 11:10
Exact Location Of Accident	TEMASEK BOULEVARD (SUNTEC) TOWARDS ROCHOR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FL7321T
Insured/Policyholder	
Name Of Registered Owner	KAMIS BIN NOHBI
NRIC No	S1042036I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83486717
Alternative Phone No	OTHERS-83486717

Vehicle Particulars

Manufacturer	VESPA
Model	RED
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	5091275923-01
Cover Note Number	

Driver

Name of Driver	KAMIS BIN NOHBI
NRIC No	S1042036I
Date Of Birth	16/08/1944
Occupation	OUTDOOR
Date Of Driving Pass	30/09/1976
Driving Experience	42 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83486717
Fax Number	
Contact Number	OTHERS-83486717
Email Address	NOEMAIL

Address	BLK 2 DOVER ROAD #04-328
Postcode	130002
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	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?	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	DOVER NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 3 DOVER ROAD , POSTCODE: 130003 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7788999 - FAX NO: 67762859
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190130/2067

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	SHD7087M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SOO LAY SENG
NRIC/Passport Number	S1637119Z
Contact Number	91129132
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	KAMIS BIN NOHBI
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FL7321T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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: 29/1/19
3:55 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3:55 PM
29/1/19

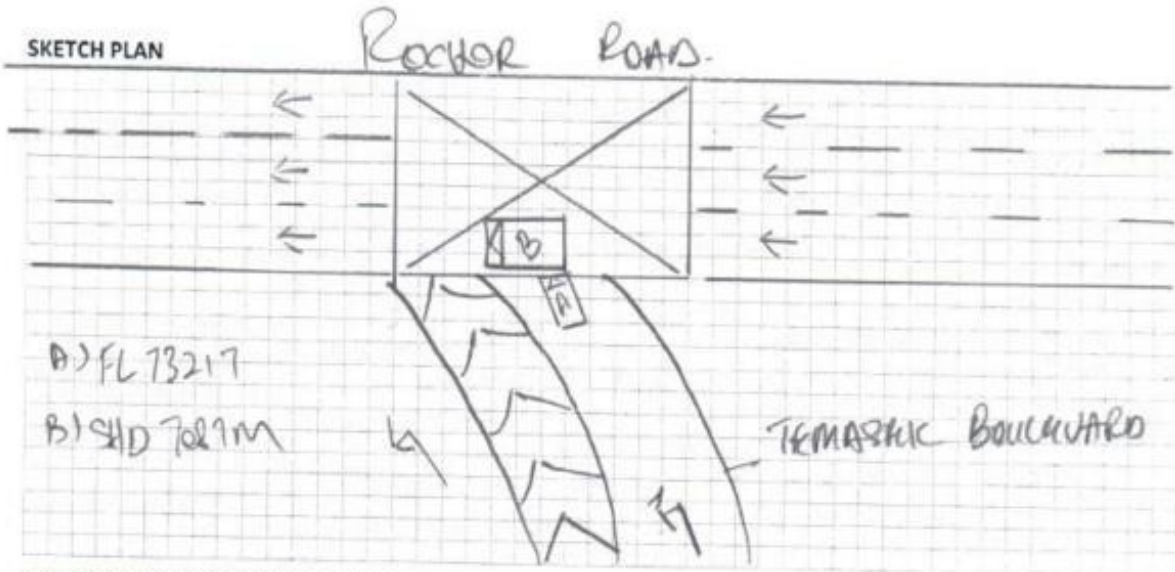
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 29/01/2019 AT ABOUT 11:10HRS I WAS AT TEMASEK BOULEVARD
 I WANTED TO TURN LEFT INTO ROCHOR ROAD BEFORE REACHING THE JUNCTION.
 I SLOW DOWN BECAUSE I SAW A TAXI ON MY RIGHT AT ROCHOR RD.
 SO WHEN REACHING THE JUNCTION I SLOW DOWN & MOVE ON THINKING
 THAT THE TAXI HAS GONE BUT NOT THE TAXI STOP AT THE YELLOW
 BOX & I COULD NOT BRAKE ON TIME & HIT THE LEFT REAR OF THE
 TAXI THATS ALL.

POLICE REPORT T/20150130/2067

ON 30/01/2019, I WENT TO NG LEEH FONG FOR CHECK UP AS I
 FELT PAIN ON MY LEFT SHOULDER. THE DOCTOR TOLD ME I HAD
 A FRACTURED LEFT SHOULDER & GAVE ME 14 DAYS.

DECLARATION

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

Policyholder's Signature

Date & Time: 29/1/19 3:55 PM

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190130/2067

1 of 3

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

Report No. T/20190130/2067

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2019 12:38	Vide Report No.:	Station Diary No.: 9
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Informant's Particulars

Name of Informant: KAMIS BIN NOHBI	Address: APT BLK 2 DOVER ROAD #04-328 SINGAPORE 130002		
ID Type / ID No.: NRIC NO / S10420361	Contact No.:	Mobile: 83486717	
Nationality: SINGAPORE CITIZEN	Home/Office:	Email:	
Sex: Male	Age: 74	Date of Birth: 16/08/1944	Type of Informant: Rider
Race: Malay	Language: English	Institution / School Name:	
Occupation: DISPATCH RIDER	Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 29/01/2019 11:10	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 TEMASEK BOULEVARD ROCHOR ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow: One Way	Traffic Control: Not Controlled	Traffic Volume: Moderate		
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
FL7321T	Motorcycle	VESPA	T5	Blue	Seriously Damaged	0
SHD7087M	Car	TOYOTA	PRIUS HYBRID 1.8 CVT	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FL7321T	NTUC Income Insurance Co-Operative Limited	5091275923-01	23/05/2018	31/03/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190130/2067

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

2 of 3

Report No. T/20190130/2067

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KAMIS BIN NOHBI	ID No.	S1042036I
Related Vehicle	FL7321T (Motorcycle)	Contact No.	83486717
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/01/2019	Date Discharge	30/01/2019
No. of Days granted Medical Leave	14	Degree of Injury	Serious
Driver			
Name	SOO LAY SENG	ID No.	S1637119Z
Related Vehicle	NIL	Contact No.	91129132
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 29/01/2019 at about 1110hrs, I was at Temasek Boulevard and wanted to turn left into Rochor Road. Before reaching the junction, I slowed down because I saw a taxi on my right at Rochor Road. So when reaching the junction, I slow down and move on thinking that the taxi move but the taxi stop at the yellow box and I could not brake in time and hit the left rear of the taxi. I fell to my left together with the motorcycle. The taxi driver alighted to check if I'm alright. He also helped to bring my bike up. My front mud guard was dented. I checked the taxi and saw a left rear bumper dented. We exchanged particulars and left.

On 30/01/2019, I went to Ng Teng Fong Hospital for check up as I felt pain on my left shoulder. The doctor told me I had a fractured left shoulder and gave me 14 days MC. The details of the accident are listed above.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190130/2067

Police Station Of Origin:
Dover NPP
3 Dover Road #01-368 SINGAPORE 130003
Tel No: 1800-7788999

3 of 3

Report No. T/20190130/2067

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:

D /

Sgt 3 MUHAMMAD FAUZY BIN HUSAIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/01/2019 12:38

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Classification Of Case:

Authentication Stamp

NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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: S66550010 / 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 : MNAY19014029 Vehicle Registration No: FL 73217

Name (as shown in NRIC) : KAMIS BIN MOHBI NRIC/FIN/Passport No : S60420361

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

Address : _____ Singapore ()

Contact (Tel) : _____ Mobile No. : 83486717

Email Address : _____

Date of Accident : 29/01/2019 Time of Accident : 11:10

Place of Accident : TEMASIK BOULEVARD (SUMMIT TOWARDS ROADER ROAD)

Insurance Company : NTUC

(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 PROPORTIONAL TO THIRD PARTY CLAIMS

WITH INJURED LEFT SHOULDER FRACTURE

Policyholder / Driver's Signature

Date: 31/1/19

Reporting Centre/Personnel's Signature

Name: KOS LI MOHBI

NRIC/FIN No.:

Date: 31/1/2019