

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	31/01/2019 14:57
Date Of Accident	29/01/2019 07:50
Exact Location Of Accident	ALONG SINARAN DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD5172J
Insured/Policyholder	
Name Of Registered Owner	AZHAR B RIDWAN
NRIC No	S7138808E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93665100
Alternative Phone No	OFFICE-93665100

Vehicle Particulars

Manufacturer	HONDA
Model	CBX 250 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	5069828267-03
Cover Note Number	

Driver

Name of Driver	AZHAR BIN RIDWAN
NRIC No	S7138808E
Date Of Birth	09/11/1971
Occupation	INDOOR
Date Of Driving Pass	08/03/1996
Driving Experience	22 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93665100
Fax Number	
Contact Number	OFFICE-93665100
Email Address	NOEMAIL

Address	BLK 687B WOODLANDS DRIVE 75 #03-35
Postcode	732687
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)	2
Passenger 1	NAME: : ISMARYANTY GENDER: : FEMALE

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

REFER TO POLICE REPORT - T/20190130/2061.

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	SLZ8907C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM CHUNG WOO
NRIC/Passport Number	S2162033E
Contact Number	

GENDER: :

Postcode

Postcode

SKETCH PLAN

(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.

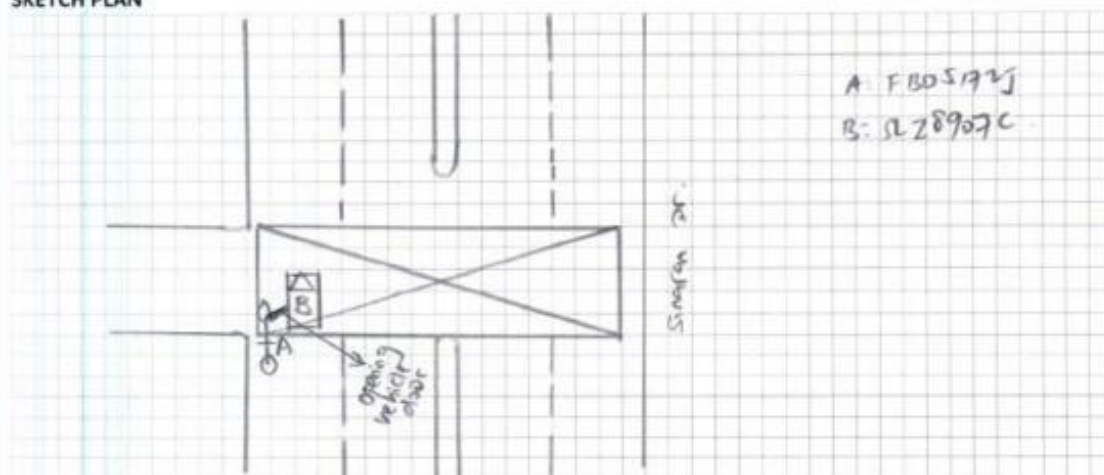
(e) the information so collected under (d) above may be shared / disclosed:

- (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.

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report - 7/20/9030/2061

DECLARATION

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

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190130/2061

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

1 of 3

Report No. T/20190130/2061

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/01/2019 12:09	Vide Report No.: E/20190129/0045	Station Diary No.:
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Informant's Particulars				
Name of Informant: AZHAR BIN RIDWAN		Address: 687B WOODLANDS DRIVE 75 #03-35 SINGAPORE 732687		
ID Type / ID No.: NRIC NO / S7138808E		Contact No.: Home/Office: Mobile: 93665100		
Nationality:		Email:		
Sex: Male	Age: 47	Date of Birth: 09/11/1971	Type of Informant: Rider	
Race:		Language:	Institution / School Name:	
Occupation: COURT CLERK		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 29/01/2019 07:50	Type of Location: Straight Road
Location: Along Road 1 SINARAN DRIVE IN BETWEEN TTSH AND NOVENA SQUARE 2				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: CAR DOOR AGAINST MOVING BIKE			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD5172J	Motorcycle	HONDA	CBX 250 M	Black		1
SLZ8907C	Car					1

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBD5172J	NTUC Income Insurance Co-Operative Limited	5069828267-03	26/01/2018	25/03/2019

Police Report



**SINGAPORE
POLICE FORCE**



T/20190130/2061

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

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Report No. T/20190130/2061

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	AZHAR BIN RIDWAN	ID No.	S7138808E
Related Vehicle	FBD5172J (Motorcycle)	Contact No.	93665100
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	29/01/2019	Date Discharge	29/01/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL
Pillion			
Name	ISMARYANTY	ID No.	S8322786I
Related Vehicle	FBD5172J (Motorcycle)	Contact No.	97859530
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	29/01/2019	Date Discharge	29/01/2019
No. of Days granted Medical Leave	09	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED TIME,DATE AND LOCATION.

I WAS RIDING ON THE LEFT OF 2 LANES AT THE MENTIONED LOCATION. THE CAR MENTIONED STOPPED AT THE YELLOW BOX BEFORE THE TRAFFIC LIGHT. THE CAR WAS QUITE A DISTANCE AWAY FROM THE KERB. I WAS INTENDING TO RIDE PAST THE LEFT SIDE OF THE CAR WITH INTENTION TO TURN LEFT AT THE FRONT JUNCTION. HOWEVER, WHILE I WAS PASSING BY THE CAR, THE PASSENGER OPENED THE FRONT LEFT DOOR OF THE CAR WHICH HIT AGAINST MY BIKE. AS A RESULT, MY PILLION AND I FELL ONTO THE GRASS PATCH ON THE SIDE. WE WERE BOTH INJURED AS A RESULT OF THIS ACCIDENT. I WALKED OVER TO TAN TOCK SENG HOSPITAL AS IT WAS NEARBY AND I WAS GIVEN 7 DAYS MC WHILE MY PILLION WAS HELPED BY THE PASSENGER OF THE CAR, PUSHING HER ON A WHEELCHAIR TO THE HOSPITAL AND WAS GIVEN 9 DAYS MC.

Police Report



SINGAPORE
POLICE FORCE



T/20190130/2061

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

3 of 3

Report No. T/20190130/2061

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 /
KHALED AMR HASSAN MOHSEN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
30/01/2019 12:09

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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