

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	15/02/2019 12:12
Date Of Accident	20/01/2019 10:55
Exact Location Of Accident	ALONG DEPOT ROAD TOWARDS HENDERSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG9680S
Insured/Policyholder	
Name Of Registered Owner	ABDUL AZIZ BIN MOHAMED SHAIB
NRIC No	S9411125J
Email Address	ABDUL.AZIZ.BMS@GMAIL.COM
Mobile Phone No	(LOCAL) +65-92393746
Alternative Phone No	OTHERS-92393746

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX-R 1000-988CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING HOME
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	5096375955-01
Cover Note Number	

Driver

Name of Driver	ABDUL AZIZ BIN MOHAMED SHAIB
NRIC No	S9411125J
Date Of Birth	24/03/1994
Occupation	OUTDOOR
Date Of Driving Pass	19/10/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92393746
Fax Number	
Contact Number	OTHERS-92393746
Email Address	ABDUL.AZIZ.BMS@GMAIL.COM

Address	BLK 6 TELOK BLANGAH CRESCENT #03-424
Postcode	090006
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 - HEAD TO REAR
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	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190131/2124

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	GBC2999R
Vehicle Make/Model/Colour	
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	ABDUL AZIZ BIN MOHAMED SHAIB
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBG9680S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
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.

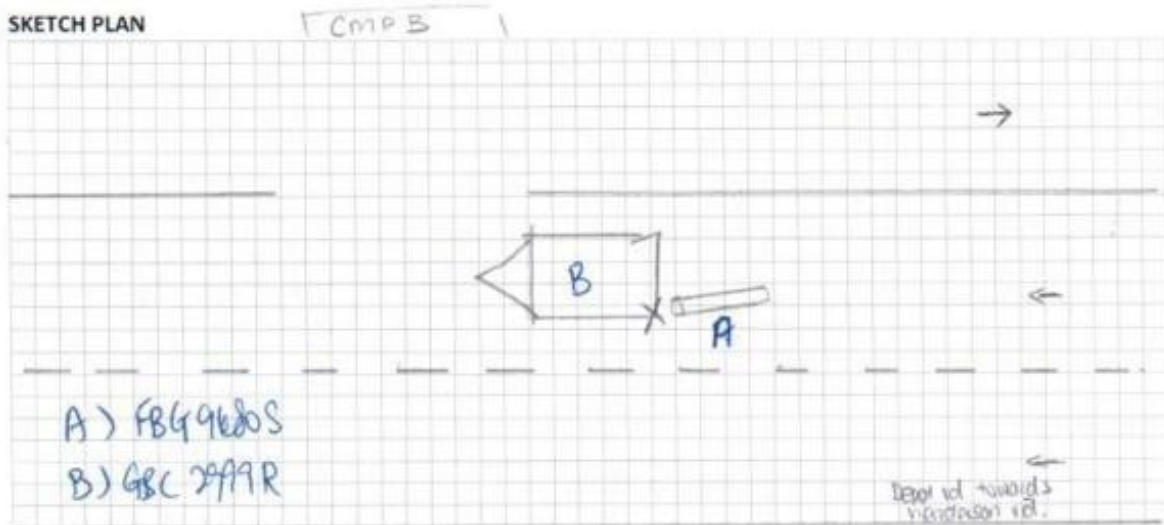

Policyholder's Signature
Date & Time: 15/12/19
10:00 hrs.

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section: "PLS REFER TO Police Report 7/20/90/31/2124"

DECLARATION

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

Policyholder's Signature
Date & Time: 15/12/19
10:45hrs

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

Reporting Centre Personnel's Signature
Name: 15/12/2019
NRIC/FIN No.: [Signature]

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190131/2124

1 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No. T/20190131/2124

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 31/01/2019 16:33	Vide Report No.:	Station Diary No.: 48
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Informant's Particulars

Name of Informant: ABDUL AZIZ BIN MOHAMED SHAIB	Address: APT BLK 6 TELOK BLANGAH CRESCENT #03-424 SINGAPORE 090006
ID Type / ID No.: NRIC NO / S9411125J	Contact No.: Home/Office: Mobile: 92393746
Nationality: SINGAPORE CITIZEN	Email:
Sex: Male Age: 24 Date of Birth: 24/03/1994	Type of Informant: Rider
Race: Indian	Language: Institution / School Name:
Occupation: AETOS OFFICER	Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 20/01/2019 10:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 DEPOT ROAD HENDERSON ROAD Incident occurred along Depot Road, opposite of CMPB.				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG9680S	Motorcycle	SUZUKI	GSX-R1000 M	White	Totally Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG9680S	NTUC Income Insurance Co-Operative Limited	5096375955-01	28/12/2018	27/12/2019

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190131/2124

2 of 3

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

Report No: T/20190131/2124

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ABDUL AZIZ BIN MOHAMED SHAIB	ID No.	S9411125J
Related Vehicle	FBG9680S (Motorcycle)	Contact No.	92393746
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	20/01/2019	Date Discharge	21/01/2019
No. of Days granted Medical Leave	21	Degree of Injury	Serious

Brief Details.

On 20/01/2019 at around 1055hrs, I was riding my motorcycle bearing FBG9680S (Suzuki GSX1000M) along Depot Road towards Henderson Road. I was on the first lane at that point of time. There was a van in front of me had made a sudden brake. I made a swerved towards lane 2 however I could not managed to brake on time and crashed against the vehicle in front me. I could not recall what happened after that. I was conveyed to Singapore General Hospital by ambulance and I was warded for a day. On 21/01/2019 at around 1300hrs, I was discharged from hospital and I was given 21 days hospitalization leave. I am lodging this report for my insurance claim and also as advised by the Traffic police Investigation officer namely IO Sufian.

POLICE REPORT

SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Merah West N P C
400 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

T/20190131/2124

T/20190131/2124

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Report No. T/20190131/2124

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 85474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:

D /

Staff Sgt MUHAMMAD RAUF BIN KASMANI,

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

31/01/2019 16:33

Officer In Charge Of Case:

TP / GIT/

Sr Staff Sgt YUS MASTARI I KHAZALI

Contact No.: 65476214

Classification Of Case:

Authentication Stamp

NP168

SM 45



Singapore
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

SUR201927412

Name ABDUL AZIZ BIN MOHAMED SHAIB		NRIC No. S9411125J
This is to certify that the above-named is unfit for duty for a period of <u>21</u> days from <u>20-Jan-2019</u> to <u>09-Feb-2019</u> inclusive.		
Type of medical leave granted:		
<input checked="" type="checkbox"/> Hospitalization Leave	<input type="checkbox"/> Outpatient Sick Leave	
Admitted on: <u>20-Jan-2019</u>	<input type="checkbox"/> Maternity Leave	Delivered on: _____
Discharged on: <u>21-Jan-2019</u>	<input type="checkbox"/> Sterilization Leave	Operated on: _____
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (if applicable)
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments: The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.		
Hospital/Clinic General Surgery Singapore General Hospital	Ward No. W57 Date 21-Jan-2019	Signature, Name (in BLOCK LETTERS) and Designation/MGR No. LAU HIU YEUNG, P1018C



Singapore
General Hospital
SingHealth

ORIGINAL

MEDICAL CERTIFICATE

PLS201945503

Name ABDUL AZIZ BIN MOHAMED SHAIB		NRIC No. S9411125J	
This is to certify that the above-named is unfit for duty for a period of inclusive <u>19</u> days from <u>10-Feb-2019</u> to <u>28-Feb-2019</u>			
Type of medical leave granted :			
<input checked="" type="checkbox"/> Hospitalization Leave		<input type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____		<input type="checkbox"/> Maternity Leave, Delivered on : _____	
Discharged on : _____		<input type="checkbox"/> Sterilization Leave, Operated on : _____	
This certificate is not valid for absence from court attendance.			
Diagnosis		Surgical Operation (if applicable)	
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>			
Comments : The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u> No medical leave is necessary.			
Hospital/Clinic Singapore General Hospital	Ward No. SGH-SOC Clinic J Date 01-Feb-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No. FONG HUI CHAI 18808E	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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