

## 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	20/02/2019 15:42
Date Of Accident	17/02/2019 08:05
Exact Location Of Accident	CTE IN FRONT OF MAR THOMAS PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FR807Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHD NOOR BIN AB HAMID
NRIC No	S1202964J
Email Address	CHAOS_PEDANG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91067625
Alternative Phone No	OTHERS-91067625

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX 200E
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	5003624516-13
Cover Note Number	

### Driver

Name of Driver	MOHD NOOR BIN AB HAMID
NRIC No	S1202964J
Date Of Birth	11/12/1955
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1976
Driving Experience	42 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91067625
Fax Number	
Contact Number	OTHERS-91067625
EEmail Address	CHAOS_PEDANG@HOTMAIL.COM

Address	BLK 543 BEDOK NORTH STREET 3 #06-1320
Postcode	460543
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?	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	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 30 BEDOK NORTH ROAD , <b>POSTCODE:</b> 469676 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-2449999 - <b>FAX NO:</b> 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190302/2025

#### 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	FBJ4195T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	MOHD NOOR BIN AB HAMID
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FR807Z
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Sketch Plan

### 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:

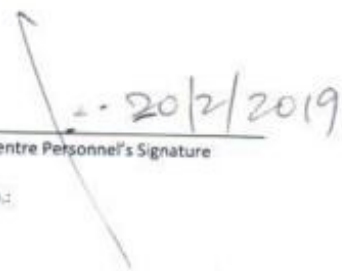
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:



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



20/2/2019

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

# Accident Sketch Plan

3/2/2019

E-FILE

Sketch Plan #2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls Refer to the Police Report  
T/20690302/2025

## 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.:

3-20/2/2019



## POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190302/2025

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

1 of 3

Report No. T/20190302/2025

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/03/2019 07:53		Vide Report No.: T/20190217/2093		Station Diary No.: 27
<b>Informant's Particulars</b>				
Name of Informant: MOHD NOOR BIN AB HAMID		Address: APT BLK 543 BEDOK NORTH STREET 3 #06-1320 SINGAPORE 460543		
ID Type / ID No.: NRIC NO / S1202964J		Contact No.: Home/Office: Mobile: 91067625		
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 63	Date of Birth: 11/12/1955	Type of Informant: Rider	
Race: Indian		Language:	Institution / School Name:	
Occupation: SECURITY SUPERVISOR		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/02/2019 08:05	Type of Location: Bend
Location: Along Road 1 CENTRAL EXPRESSWAY in front of Mar Thomas Park				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
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
FBJ4195T	Motorcycle					0
FR807Z	Motorcycle			Green	Seriously Damaged	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/20190302/2025

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190302/2025

## CONTINUATION OF REPORT

Rider			
Name	MOHD NOOR BIN AB HAMID		ID No. S1202964J
Related Vehicle	FR807Z (Motorcycle)		Contact No. 91067625
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/02/2019	Date Discharge	17/02/2019
No. of Days granted Medical Leave	04	Degree of Injury	Serious

### Brief Details.

On 17/02/2018 at about 0805hrs, I was riding my dark green Vespa, FR807Z travelling straight at the extreme left lane along CTE Expressway in front of Mar Thomas Park. Subsequently, I felt an impact from my rear portion as such I skidded to my left while holding on to my handle. At that point of time, I was shocked and managed to stand by my own before two cars come stop-by and assist me. Thereafter, the drivers assisted me to call for ambulance. Both the lady motorist and I was conveyed to Tan Tock Seng Hospital. I was given 4 days MC from 17/02/2019 to 20/02/2019. So far, I do not have any witness and I sustained abrasion on my forehead, left calf, right forearm and both fingers. There is CCTV at the vicinity along the road. The lady motorcycle is only known as black color and I had yet to check the damage of my motorcycle as it had been towed to TP HQ.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190302/2025

Police Station Of Origin:  
Bedok North N.P.C  
30 Bedok North Road SINGAPORE 469676  
Tel No: 1800-2449999

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Report No. T/20190302/2025

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:

G /

Sgt 3 ANWAR MUSHADAD BIN ABDUL  
RAHMAN

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
02/03/2019 07:53

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MARIAH BINTE ZAKARIA  
Contact No.: 65476433

Classification Of Case:

FILED IN  
DATE: 02/03/2019

Authentication Stamp  
NP168



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



# Addendum Sheet

GENERAL  
INSURANCE  
ASSOCIATION

RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE  
6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6724 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
UEN: S66550020G / 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: XINA119023836 Vehicle Registration No: FR 807Z  
Name (as shown in NRIC): MOHD NOOR BIN AB HAMID NRIC/FIN/Passport No: 81202964J  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address: \_\_\_\_\_ Singapore( )  
Contact (Tel): \_\_\_\_\_ Mobile No.: 91067625  
Email Address: \_\_\_\_\_  
Date of Accident: 17/02/2019 Time of Accident: 08:05  
Place of Accident: C7E IN FRONT OF MAR THOMAS PARK  
Insurance Company: MTC

### (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:

To INSTRUCT NEW POLICE REPORT 7/20190302/2025  
WITH TP VEHICLE NUMBER FB341957

Policyholder / Driver's Signature  
Date:

Reporting Centre Personnel's Signature  
Name: Rashid Usman  
NRIC/FIN No.:  
Date: 02/03/2019