

## 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	22/02/2019 12:02
Date Of Accident	07/02/2019 16:45
Exact Location Of Accident	TRAFFIC LIGHT AFTER SLE TO WOODLANDS AVE 3 EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM3536J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHAMMAD TAUFIQ BIN KAMARUDIN
NRIC No	S8425195Z
Email Address	MDTAUFIQ170811@YAHOO.COM
Mobile Phone No	(LOCAL) +65-87683977
Alternative Phone No	OTHERS-87683977

### Vehicle Particulars

Manufacturer	HONDA
Model	FS150F-149CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5094591086-01
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD TAUFIQ BIN KAMARUDIN
NRIC No	S8425195Z
Date Of Birth	17/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	26/02/2007
Driving Experience	11 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87683977
Fax Number	
Contact Number	OTHERS-87683977
Email Address	MDTAUFIQ170811@YAHOO.COM

Address	BLK 81 COMMONWEALTH CLOSE #03-119
Postcode	140081
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	RAINING
Road Surface	WET

#### 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	QUEENSTOWN N.P.C
Police Station Address	<b>ROAD:</b> 3 QUEENSWAY #01-03 , <b>POSTCODE:</b> 149073 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4719999 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN AND POLICE REPORT T/20190212/2163

#### 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	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YANG DAJUN
NRIC/Passport Number	G2612052M
Contact Number	91210859
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD TAUFIQ BIN KAMARUDIN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM3536J
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### 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. 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: 8/2/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:



22/01/2019

Reporting Centre Personnel's Signature

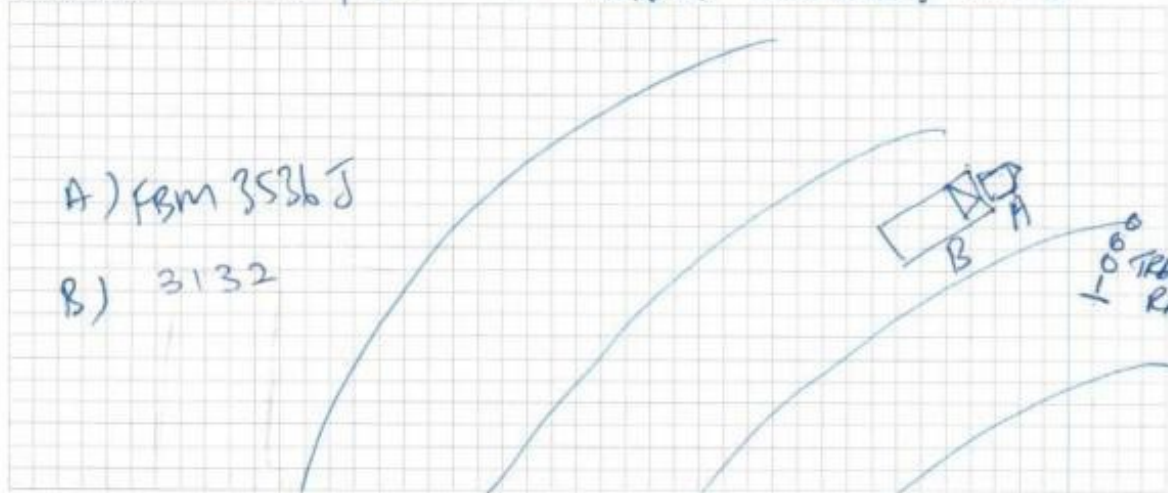
Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN

Exit 17 from BKE TOWARDS WOODLANDS AVE 3



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 07/02/2019 AT ABOUT 16:45 HRS I WAS AT  
EXIT ~~BKE~~ FROM BKE & WANTED TO GO TO WOODLANDS AVE  
3. STOP AT THE TRAFFIC & SUDDENLY I LOOK AT MY SIDE  
MIRROR A Lorry WAS APPROACHING NAAR & BEHIND THE REAR  
OF MY BIKE FRM 3536 J

POLICE REPORT T/20190212/2163

## DECLARATION

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

Policyholder's Signature

Date & Time: 8/2/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

22/02/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190212/2163

1 of 3

Report No. T/20190212/2163

Police Station Of Origin:  
Queenstown N.P.C  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 12/02/2019 19:15	Vide Report No.:	Station Diary No.: 85
--	------------------	--------------------------

### Informant's Particulars

Name of Informant: MUHAMMAD TAUFIQ BIN KAMARUDIN	Address: APT BLK 81 COMMONWEALTH CLOSE #03-119 SINGAPORE 140081	
ID Type / ID No.: NRIC NO / S8425195Z	Contact No.: Home/Office:	Mobile: 87683977
Nationality: SINGAPORE CITIZEN	Email:	
Sex: Male	Age: 34	Date of Birth: 17/08/1984
Race: Indian	Language: English	Institution / School Name:
Occupation: GRABFOOD RIDER	Driving Licence Information: Class: 2B,2A	Date of Expiry:

### General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/02/2019 16:45	Type of Location: T-Junction
Location: Along Road 1 WOODLANDS AVENUE 3				
Traffic light right after SLE woodlands ave exit				
Weather: Raining	Road Surface: Wet	Road Speed Limit:		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
FBM3536J	Motorcycle	HONDA	FS150F	Blue	Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBM3536J	NTUC Income Insurance Co-Operative Limited	5094591086-01	02/10/2018	01/10/2019

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190212/2163

2 of 3

Police Station Of Origin:  
Queenstown N.P.C.  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719996

Report No: T/20190212/2163

CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	MUHAMMAD TAUFIQ BIN KAMARUDIN	ID No.	S8425195Z
Related Vehicle	FBM3536J (Motorcycle)	Contact No.	87683977
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B, 2A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	Yang Daijun	ID No.	G2612052M
Related Vehicle	NIL	Contact No.	91210859
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 07/02/2019 at about 4.45pm, I have just exit SLE Woodlands Ave 3 exit and stop at the traffic light and it was raining. Suddenly I feel an impact from behind and it cause me to move forward. Luckily there was no car moving and I manage to balance myself. So I push my bike to the pavement and went to call him to come out of the lorry. I had tried to talk to him however he was unable to speak English. I only manage get my point across using simple Chinese. When I tried to get the plate no. he refused to give me. He want to have a private settlement. However I told him that I need to get the bike shop assessment on the damage.

I have already make a report on idac and was told by them that the company also refused to give them the plate number. I am currently still having back pain and was unable to sleep at night due to the pain.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190212/2163

3 of 3

Police Station Of Origin:  
Queenstown N.P.C.  
3 Queensway #01-03 SINGAPORE 149073  
Tel No: 1800-4719999

Report No. T/20190212/2163

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 LEE HONG HAI

Signature Of Informant:

Signature Of Interpreter:  
Not applicable

Date/Time:  
12/02/2019 19:15

Officer In Charge Of Case:  
TP / AEIT /  
Staff Sgt WONG SIEU LUI  
Contact No.: 65478151

Classification Of Case:

Authentication Stamp  
NPIS

SN 49

SIGNATURE



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo

