### 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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	26/02/2019 14:42
Date Of Accident	25/02/2019 20:25
Exact Location Of Accident	JUNC YISHUN IND PARK A & CANBERRA LINK
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC2051A
Insured/Policyholder	
Name Of Registered Owner	MOHAMAD HALID BIN SHALONG
NRIC No	S8323268D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93636036
Alternative Phone No	OFFICE-93636036
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400 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	5100719047
Cover Note Number	
Driver	
Name of Driver	MOHAMAD HALID BIN SHALONG

Name of Driver MOHAMAD HALID BIN SHALONG

NRIC No S8323268D

Date Of Birth 04/08/1983

Occupation INDOOR

Date Of Driving Pass 28/07/2009

Driving Experience 9 YEARS AND 6 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93636036

Fax Number

Contact Number OFFICE-93636036

EMail Address NOEMAIL

**BLK 115D CANBERRA WALK** Address

#11-179

Postcode 754115

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

2

**General Information of the Accident** 

**COLLISION - HEAD TO REAR** Type Of Accident

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

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by NO

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

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 SEMBAWANG NEIGHBOURHOOD POLICE CENTRE

NO

ROAD: 4 SEMBAWANG CRESCENT, POSTCODE: 757633, COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-5549999 - FAX NO: 68522499

Was notice of intended Prosecution given? NO

If Yes, against whom?

**Circumstances of Accident** 

REFER TO POLICE REPORT - T/20190226/2068.

Was there any video captured by Car Camera?

Attachment(s)

Are accident photos available for attachment? YES YES

Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER

NO Was there any audio recorded?

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number XE2162S

Vehicle Make/Model/Colour

**Details Of Properties** 

**COMMERCIAL VEHICLE** Vehicle Category Name of Driver RENGASAMY ALAGU

NRIC/Passport Number F8070751R **Contact Number** 91013599

Address Postcode Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1** 

Name MOHAMAD HALID BIN SHALONG

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBC2051A

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

1

Address Postcode

### Accident Sketch Plan

### SKETCH PLAN

### IMPORTANT NOTICE

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- 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)
  - (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
- 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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, (d) 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:

Reporting Centre Personnel's Signature

Name NRIC/FIN No.:

### **Accident Sketch Plan**

SKETCH PLAN		
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ECLARATION		
	iculars are true in every respect.	
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#6/02		
Ilas M		
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyho Date & Time:	lder) Name: NRIC/FIN No.:

### Police Report





1 of 3 Report No. T/20190226/2068

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633

Tel No: 1800-5549999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 26/02/2019 12:45		Made:	Vide Report No.:	Station Diary No. 76		
Informa	nt's Partic	ulars				
	Informant: IAD HALID	BIN SHALONG	Address: APT BLK 115D CANBERF 754115	RA WALK #11-179 SINGAPORE		
ID Type / ID No.: NRIC NO / S8323268D			Contact No.: Home/Office:	Mobile: 93636036		
Nationality: SINGAPORE CITIZEN		EN	Email;			
Sex: Male	Age: 35	Date of Birth: 04/08/1983	Type of Informant: Rider			
Race: Malay			Language:	Institution / School Name:		
Occupation: Resident technical officer		officer	Driving Licence Informatio Class: 2B,2A,2,3,4,5	n: Date of Expiry:		

Type of	Injury	Drink Date/Time of Accident: No 25/02/2019 20:		Type of Location	
Accident:	Others			T-Junction	
CANBERRA YISHUN IND	USTRIAL PARK A	n industrial park a and Road Surface: Dry	Canberra link	Road Speed Limit:	
Traffic Flow:		Traffic Control:	orking	Traffic Volume:	
Two Way		Traffic Light - Wo		Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance:	

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBC2051A	Motorcycle	HONDA	CB400 M	Blue	Seriously Damaged	0
XE2162S	Lorry					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBC2051A	NTUC Income Insurance Co-Operative Limited	5100719047	14/05/2018	13/05/2019

### **Police Report**



T/20190226/2068

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 2 of 3 Report No. T/20190226/2068

Tel No: 1800-5549999

### CONTINUATION OF REPORT

Details of Perso Any Pedestrian In	TO LOCAL DESIGNATION OF THE PARTY OF THE PAR			1000	250	
No. of Pedestrian	MANAGEMENT OF THE PARTY OF THE		Use of Peo	destrian	Cross	sing: NA
Rider		THE RES		SECORT	non-Arra	
Name	MOHAMAD HALID	BIN SHAL	ONG	ID No	8)	S8323268D
Related Vehicle	NIL			Contact No.		93636036
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	25/02/2019		Date Disc	harge	25/02	2/2019
No. of Days gran	ted Medical Leave	03	Degree of		NIL	********
Driver				A STATE OF		THOUSAND A SHARE
Name	Rengasamy Alagu			ID No		F8070751R
Related Vehicle	NIL			Conta	ct No.	91013599
Hospital/Clinic	NIL			Class of Driving Licence & Expiry Date		Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Disc	harge	NIL	
No. of Days gran	ted Medical Leave	NIL	Degree of		NIL	

### Brief Details.

On 25/02/2019 at about 2025hrs, I was riding my motorcycle bearing the registration plate number FBC2051A along Yishun industrial park A towards Canberra link. I approached a T- junction (yishun industrial park a turning right on to Canberra link). A lorry bearing registration plate number XE2162S was waiting at the traffic light. Then I stopped in front of the lorry and waited for the traffic light to turn green. Then only pedestrian light turned green and not the main traffic light. Then the lorry driver moved forward and hit on to my bike causing me and my bike to topple. The lorry continued moving forward and I quickly managed to move away and after which the lorry realise there was a bike in front of him. We then exchanged particulars. There is a cctv in my bike capturing the incident. I felt pain on my back and ankle area. As such visited the GP doctor at T medical clinic located at Blk 115 Canberra walk, and was given 3 days MC. I the cost of damage is around SGD\$3000/.

### **Police Report**



T/20190226/2068

Police Station Of Origin: Sembawang N.P.C 4 Sembawang Crescent SINGAPORE 757633 Tel No: 1800-5549999 3 of 3 Report No. T/20190226/2068

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:  L / Sgt 3 MUHAMMAD SHAHIR S/O DHULKARNAI	Signature Of Informant:
Signature Of Interpreter: Co Force  Not applicable	Date/Time: 26/02/2019 12:45
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:
Authentication Stamp NP168	



















































