

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	02/03/2019 15:13
Date Of Accident	31/12/2018 13:30
Exact Location Of Accident	STADIUM BLVD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG5941R
Insured/Policyholder	
Name Of Registered Owner	ALFAS NAZIMUDEEN
NRIC No	S9470181C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96672493
Alternative Phone No	OFFICE-96672493

Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R15 MANUAL
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	5070552925-03
Cover Note Number	

Driver

Name of Driver	ALFAS NAZIMUDEEN
NRIC No	S9470181C
Date Of Birth	11/10/1994
Occupation	INDOOR
Date Of Driving Pass	26/02/2015
Driving Experience	3 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96672493
Fax Number	
Contact Number	OFFICE-96672493
E-Mail Address	NOEMAIL

Address	BLK 213 BUKIT BATOK STREET 21 #04-213
Postcode	650213
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 - CHANGE/CROSS LANE
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?	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)	2
Passenger 1	NAME: : YASMIN BINTE HABIB NOOH 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/20190301/2208.

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	SMC8738H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name ALFAS NAZIMUDEEN

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG5941R

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

DETAILS OF INJURED PERSON 2

Name YASMIN BINTE HABIB NOOH

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FBG5941R

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:



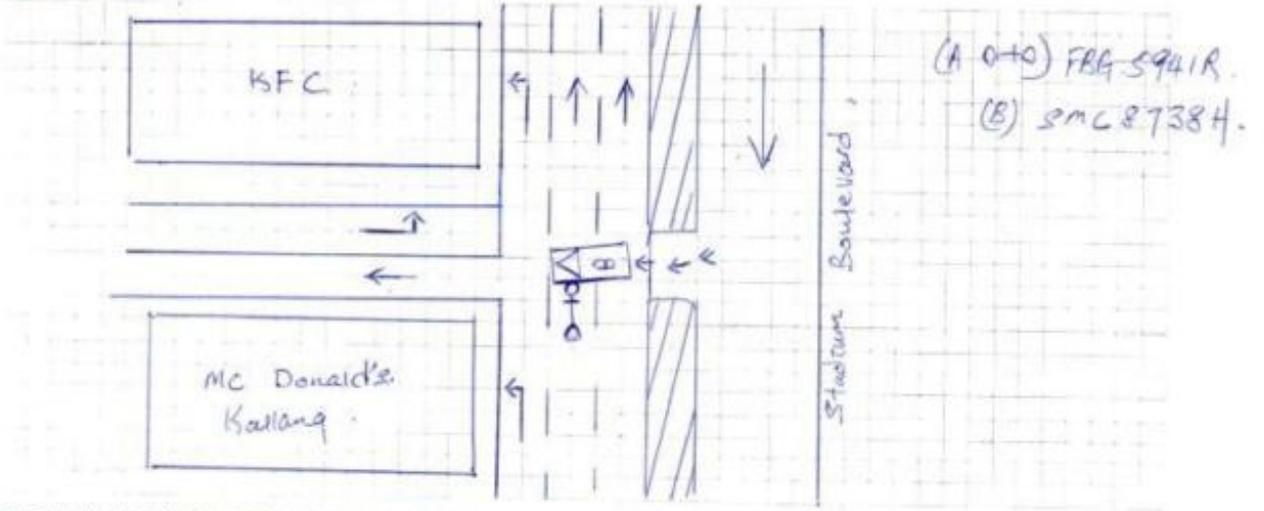
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report
No: T/20190301/2208.

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/20190301/2208

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

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Report No. T/20190301/2208

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALFAS NAZIMUDEEN	ID No.	S9470181C
Related Vehicle	FBG5941R	Contact No.	96672493
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	31/12/2018	Date Discharge	09/01/2019
No. of Days granted Medical Leave	42	Degree of Injury	Serious
Pillion			
Name	YASMIN BTE HABIB NOOH	ID No.	S9431479H
Related Vehicle	FBG5941R	Contact No.	92324217
Hospital/Clinic	RAFFLES HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	31/12/2018	Date Discharge	31/12/2018
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

WITH REF TO TRAFFIC ACCIDENT REPORT: T/20190228/2134

THE DATE OF ACCIDENT WAS WRONG. THE DATE OF ACCIDENT IS SUPPOSED TO BE 31/12/2018.

INITIALLY I DID NOT REMEMBER WHAT HAD HAPPENED AND ONLY REMEMBERED GOING OUT OF THE HOUSE AND WAKING UP AT HOME AFTER THE ACCIDENT
AFTER A WHILE, I MANAGED TO GET IN CONTACT WITH IO DYLAN AND MANAGED TO KNOW THAT MY ACCIDENT HAD HAPPENED AT AN UNCONTROLLED JUNCTION. AND ON 31/12/2018 @ AROUND 13.30 PM, I WAS RIDING MY MOTORCYCLE(FBG5941R) ALONG STADIUM BOULEVARD ON THE MIDDLE LANE OF THE 3-LANE ROAD ALONG WITH A PILLION. AND I HAD COLLIDED WITH A CAR(SMC8738H) THAT WANTED TO TURN RIGHT FROM MY RIGHT SIDE INTO A CARPARK ON THE OTHER SIDE OF THE ROAD WHILE I WAS TRAVELLING STRAIGHT. I COLLIDED INTO THE LEFT SIDE OF THE CAR.
I WAS CONVEYED TO TAN TOCK SENG HOSPITAL WHERE I RECEIVED 42-DAYS MC WHILE MY PILLION HAD 7-DAYS MC FROM RAFFLES HOSPITAL. AFTER THAT I HAD ANOTHER 42-DAYS MC.

MY PILLION DETAILS:
YASMIN BTE HABIB NOOH

Police Report



**SINGAPORE
POLICE FORCE**



T/20190301/2208

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

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Report No. T/20190301/2208

CONTINUATION OF REPORT

S9431479H
CONTACT NO:92324217

Police Report



SINGAPORE
POLICE FORCE



T/20190301/2208

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

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Report No. T/20190301/2208

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 /
TAN KOK RAY

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/03/2019 23:36

Officer In Charge Of Case:
TP / GIT /
Sgt 3 RASHIDAH BINTE AZMAN
Contact No.: 65476216

Classification Of Case:

SINGAPORE
POLICE FORCE

Authentication Stamp
NP168

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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