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.

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	08/03/2019 15:01
Date Of Accident	07/03/2019 18:10
Exact Location Of Accident	PIE (TUAS) BEFORE ADAM RD EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK1972G
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD LUTFI HAIKEL BIN MD ANWAR
NRIC No	S9501555G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97542744
Alternative Phone No	OFFICE-97542744
Vehicle Particulars	
Manufacturer	YAMAHA
Model	YZF-R15
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	5090252926-01
Cover Note Number	
Driver	

Name of Driver SYAFIQ BIN ISMADY

NRIC No S9605712A

Date Of Birth 23/02/1996

Occupation OUTDOOR

Date Of Driving Pass 21/02/2019

Driving Experience 0 YEAR AND 0 MONTH

Gender MALE

Mobile Number (LOCAL) +65-97542744

Fax Number

Contact Number OFFICE-97542744

EMail Address NOEMAIL

Address BLK 311 JURONG EAST STREET 32

#02-329

Postcode 600311

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured FRIEND

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 CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES

JKU7107 (PRIVATE CAR)

Number of vehicles (including own vehicle)

Foreign Vehicle Registration Number

involved in the accident

3

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

2

Number of Passengers (Including Driver)

Passenger 1

NAME: : NUR AISIAH BTE SOHAMMAD AZA HARI

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 - T20190308/2089.

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 SKG4730H Vehicle Make/Model/Colour KIA FORTE

Details Of Properties

Vehicle Category PRIVATE CAR
Name of Driver TAY AI WEI
NRIC/Passport Number S8040118C

Contact Number 93376978

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number JKU7107

Vehicle Make/Model/Colour PROTON SAGA

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver SAIFULNIZAM BIN MD JOHARI

NRIC/Passport Number

Contact Number 88095288

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SYAFIQ BIN ISMADY

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBK1972G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

DETAILS OF INJURED PERSON 2

Name NUR AISIAH BTE SOHAMMAD AZA HARI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBK1972G

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

NO

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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- Information provided must be as truthful and accurate as possible. Any wilful misrapresentation or withholding of material facts may allow insurance companies to <u>repuritive policy liability</u>.
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- The report will be forwarded by the inturers of the GIA Records Management Centre established by the General Insurance
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 interested parties.
- by the lodgment of this report to the insurers, you hareby consent to the archiving of this report at the centre and to copies of the suport being made available aforeseld.
- 1. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (2) 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 oppostessed 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 relientively 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 :
 - processing, handling and/or doubling 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) administoring my claims (including the melling 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 low in saministering, processing, handling and/or dealing with my dains.(collectively the "Purposes")
- (b) oil insurer(s) who have insured vehicle(s) involved in this accident and the insurers' (awyers/law firms, they/are permitted to tollast, use, disclass and/or process my Personal information for one or more of the above Perposes; and
- (ii) my Personal Information may/ran be disclosed by any of the insurers and/or GIA to their third party service providers or agents(including their lawyers) aw firms), which may be sited outside of Singaporo, for one or more of the chove Purposes.
- (b) any Personal Information will also be collected and used to compile claims Eletary for the purpose of freud detection, invastigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / chaclesode
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agandes as reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, faws or court orders.

Pot'cytologies Signetice Date & Time: Driver's Signature (If driver is not the policyholder) Date & Timer Reporting Contro Personnel's Signature

KRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN	4-14-14-14-14-14-14-14-14-14-14-14-14-14	
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DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT	
nesk to police	18/2014-1/201903-8/2089.	
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CLARATION		
We declare the foregoing pan	litelors are true in every respect.	
	w	
Feyholder's Sighature	Orivor's Signature	Reporting Centre Personne's Signature
te & Turbin	(If driver is not the policyholder) Date & Time:	Martie:

Police Report





Police Station Of Origin:

Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

1 of 3 Report No. T/20190308/2089

REPORT	OF A TRAFFI	C ACCIDENT		
Date/Time Report Made: 08/03/2019 13:26		Vide Report No.:	Station Diary No.:	
Informa	nt's Partic	ulars	对自己的国际	
Name of Informant: SYAFIQ BIN ISMADY		Address: 311 JURONG EAST STREET 32 #02-329 JURONG EAST 32 SINGAPORE 600311		
ID Type / ID No.: NRIC NO / S9605712A		Contact No.: Home/Office:	Mobile: 97542744	
Nationality: SINGAPORE CITIZEN		Email:		
Sex: Male	Age: 23	Date of Birth: 23/02/1996	Type of Informant:	
Race: Boyanese		Language: English	Institution / School Name:	
Occupation: STUDENT		Driving Licence Inform Class: 2B	ation: Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 07/03/2019 18:10	Type of Location	
	EXPRESSWAY ADAMS ROAD EXI	т			
Weather:		Road Surface:	Re	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Tr	Traffic Volume:	
riamo riow.					

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK1972G						0
JKU7107						0
SKG4730H						0

Police Report





T/20190308/2089

Police Station Of Origin: Traffic Police

10 Ubi Avenue 3 SINGAPORE 408865

Tel No: 65470000

2 of 3 Report No. T/20190308/2089

CONTINUATION OF REPORT

Brief Details.

ON 7/3/19 @ AROUND6.11 PM, I WAS RIDING MY BIKE(FBK1972G) ALONG PIE ON THE RIGHT SIDE OF THE 2ND LANE FROM THE RIGHT SIDE ALONG WITH MY PILLION AS I WANTED TO BE READY IN CASE THE FRONT VEHICLES EMERGENCY BRAKED AFTER I HAD FILTERED IN FROM THE 1ST LANE, I WAS NEGOTIATING A LEFT BEND WHEN SUDDENLY A CAR THAT WAS ON THE 1ST LANE WENT INTO MY LANE AND SIDE-SWIPED THE RIGHT SIDE OF MY BIKE. THIS RESULTED IN ME LOSING CONTROL OF MY BIKE AND I WENT FORWARD AND SIDE-SWIPED THE RIGHT SIDE OF A MALAYSIAN CAR(JKU7107) THAT WAS TRAVELLING INFRONT OF ME ON LANE 1 AND WE FELL. LTA WAS THERE AND ADVISED US TO MAKE A REPORT. WE WENT TO NUH AFTER THE ACCIDENT AND I RECEIVED 6-DAYS MC AND MY WIFE RECEIVED 7-DAYS MC AND SUFFERED FRACTURED RIGHT LEG AND TOTALLY DEPENDED ON THE CRUTCHES TO MOVE AROUND.

WHEN THE ACCIDENT HAPPENED WE HAD EXCHANGED PARTICULARS.

Police Report





Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865 Tel No: 65470000 3 of 3 Report No. T/20190308/2089

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 / MUHAMMAD SYUKRI BIN ABU BAKAR	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 08/03/2019 13:26
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case: SINGAPORE POLICE FORCE
Authentication Stamp NP168 Signature:	\$















































