

## 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	12/03/2019 11:39
Date Of Accident	02/03/2019 15:00
Exact Location Of Accident	ALONG JURONG CANAL DRIVE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBD6377D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SOUTHERN MOTOR
Co Reg No	23414700L
Email Address	MUHDKHAIRIN0810@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87500726
Alternative Phone No	OFFICE-87500726

### Vehicle Particulars

Manufacturer	YAMAHA
Model	T135-135CC
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	REPORTING ONLY
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	5100726122
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD KHAIRIN BIN BADRULJSHIZAN
NRIC No	T0034433D
Date Of Birth	08/10/2000
Occupation	INDOOR
Date Of Driving Pass	11/12/2018
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87500726
Fax Number	
Contact Number	OTHERS-87500726
Email Address	MUHDKHAIRIN0810@GMAIL.COM

Address	BLK 427 JURONG WEST AVENUE 1 #07-234
Postcode	640427
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190305/2060

#### 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 INJURED PERSON 1

Name	MUHAMMAD KHAIRIN BIN BADRULJSHIZAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBD6377D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE


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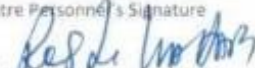
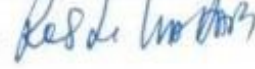
#### **8. Consent under the Personal Data Protection Act (PDPA)**

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.

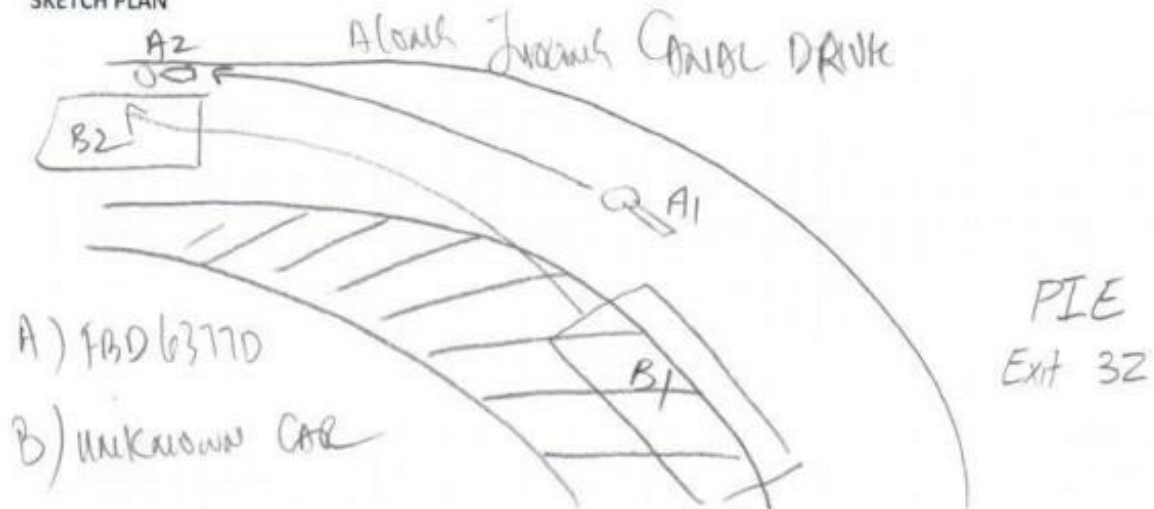
  
Policyholder's Signature  
Date & Time:

  
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

PLEASE REFER TO POLICE REPORT

1/20/2018 / 2060

## 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/20190305/2060

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

1 of 3

Report No. T/20190305/2060

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 05/03/2019 12:54		Vide Report No.: D/20190302/0100		Station Diary No.:	
<b>Informant's Particulars</b>					
Name of Informant: MUHAMMAD KHAIRIN BIN BADRULJSHIZAN			Address: 427 JURONG WEST AVENUE 1 #07-234 SINGAPORE 640427		
ID Type / ID No.: NRIC NO / T0034433D			Contact No.: Home/Office:		Mobile: 87500726
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 18	Date of Birth: 08/10/2000	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Student			Driving Licence Information: Class: 2B		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 02/03/2019 15:00	Type of Location: Bend
Location:  JURONG CANAL DRIVE  ALONG JURONG CANAL DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Others				Anyone conveyed by ambulance: Yes

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBD6377D	Motorcycle	YAMAHA	T135	Red		0



POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190305/2060

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

2 of 3

Report No. T/20190305/2060

CONTINUATION OF REPORT

**Brief Details.**

ON THE ABOVE MENTIONED DATE TIME AND LOCATION,  
I WAS TRAVELLING FROM MY MOTORCYCLE WORKSHOP, AT BUKIT MERAH LANE 2, WHERE I  
RENT THE MOTORCYCLE.  
AS I WAS NEGOTIATING THE LEFT BEND INTO JURONG CANAL DRIVE, I SUDDENLY SAW A CAR  
ON THE LEFT, I THEN VEERED TO MY RIGHT. MY RIGHT SIDE COLLIDED INTO THE CENTRE  
DIVIDER. I DID NOT FELL AND THERE WAS NO COLLISION WITH OTHER VEHICLE. THAT'S ALL.  
87500726

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190305/2060

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

3 of 3

Report No. T/20190305/2060

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 HAZIQ BIN SAIFUDDIN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
05/03/2019 12:54

Classification Of Case:

Accident Photo







Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo

