

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	18/03/2019 15:19
Date Of Accident	15/03/2019 16:00
Exact Location Of Accident	LOYANG AVE JUNC OF CHANGI VILLAGE ROAD NEAR LP : 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	AW7724R
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD RIZWAN BIN RADZALI
NRIC No	S8935733J
Email Address	RIZWANRADZALI@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83880337
Alternative Phone No	OTHERS-83880337

Vehicle Particulars

Manufacturer	VESPA
Model	SPRI
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	5098891167
Cover Note Number	

Driver

Name of Driver	MUHAMMAD RIZWAN BIN RADZALI
NRIC No	S8935733J
Date Of Birth	14/10/1989
Occupation	INDOOR
Date Of Driving Pass	06/12/2013
Driving Experience	5 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83880337
Fax Number	
Contact Number	OTHERS-83880337
Email Address	RIZWANRADZALI@GMAIL.COM

Address	BLK 206 PETIR ROAD #06-587
Postcode	670206
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	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	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	BUKIT PANJANG
Police Station Address	ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT : T/20190316/2055

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	XE4320P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD RIZWAN BIN RADZALI
Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	AW7724R
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

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:

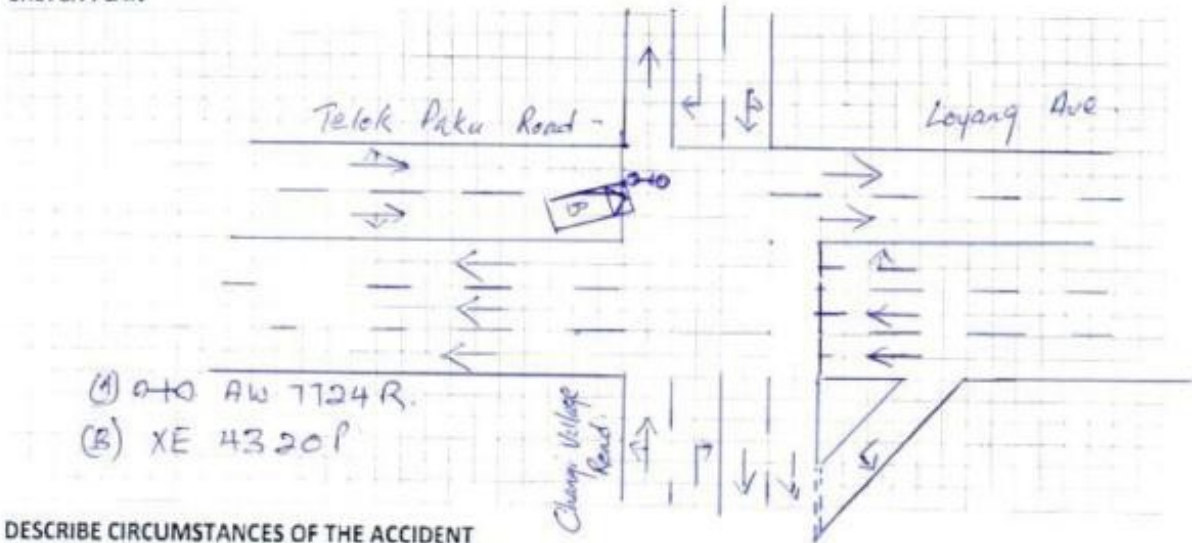
Driver's Signature
(if driver is not the policyholder)
Date & Time:

18/3/2019

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

Sketch Plan #2

SKETCH PLAN




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report
 No : 7/20190316/2055

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.:

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20190316/2055

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

2 of 3

Report No. T/20190316/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD RIZWAN BIN RADZALI	ID No.	S8935733J
Related Vehicle	AW7724R (Motorcycle)	Contact No.	83880337
Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Other Person Involved			
Name	Peh Yong Chuan	ID No.	S1360296D
Related Vehicle	NIL	Contact No.	NIL
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 15/3/2019 at around 1600hrs, I was riding my vehicle, Metallic Grey Vespa (AW7724R), along Telok Paku Road towards Loyang Ave junction of Changi Village Road. I was stopped at a red light, on the second lane. On the first lane, there was a lorry (XE4320P), on my right. When the traffic light turned green, I drove forward. All of a sudden, I was hit from the rear by said lorry (XE4320P) and my vehicle was pushed forward. I instinctively increased my speed to avoid getting run over by it. However, I was hit in the rear again by the lorry a second time. This time, I jumped off my vehicle to my left while the lorry continued driving forward. The other vehicles around alerted the lorry driver namely, Peh Yong Chuan S1360296D, and he eventually stopped. I suffered abrasions to my left and right leg. Adding to that, I am also feeling pressure on my right foot when I stand. I am also experiencing pain in my right wrist as well as the right side of my back. I consulted the doctor at Countryside Clinic & Surgery and received 03 days MC. My vehicle had the rear rack, front right frame, rear right frame, front left frame scratched and dented. Additionally, there were damages to my vehicle's engine.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



**SINGAPORE
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T/20190316/2055

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

1 of 3

Report No. T/20190316/2055

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/03/2019 12:03	Vide Report No.: G/20190315/0130	Station Diary No.: 28
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Informant's Particulars			
Name of Informant: MUHAMMAD RIZWAN BIN RADZALI		Address: APT BLK 206 PETIR ROAD #06-587 SINGAPORE 670206	
ID Type / ID No.: NRIC NO / S8935733J		Contact No.: Home/Office: Mobile: 83880337	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 29	Date of Birth: 14/10/1989	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Air traffic controller		Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 15/03/2019 16:00	Type of Location: T-Junction
Location: Along Road 1 LOYANG AVENUE				
Loyang Ave Junction of Changi Village Rd Near LP 1 Lamp Post Number: 1				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
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
AW7724R	Motorcycle	VESPA	SPRI	Gold	Seriously Damaged	0
XE4320P	Lorry				Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
AW7724R	NTUC Income Insurance Co-Operative Limited	5098891167	17/03/2018	18/04/2019

Accident Photo



**SINGAPORE
POLICE FORCE**



T/20190316/2055

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190316/2055

CONTINUATION OF REPORT

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Hospital/Clinic	COUNTRYSIDE CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	15/03/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Serious
Other Person Involved			
Name	Peh Yong Chuan	ID No.	S1360296D
Related Vehicle	NIL	Contact No.	NIL
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.

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Accident Photo



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T/20190316/2055

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1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No. T/20190316/2055

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:

J/

FUAD ISKANDAR BIN JUMAT

Fz

Signature Of Informant:

[Handwritten Signature]

Signature Of Interpreter:

Not applicable

Date/Time:

16/03/2019 12:03

Officer In Charge Of Case:

TP / GIT /

Staff Sgt NORAMEERA BINTE MOHAMED
HUSSEIN

Contact No.: 65476236

SN 117

Classification Of Case:

Authentication Stamp

NP168



Signature: Fz