

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	14/11/2018 16:18
Date Of Accident	22/09/2018 09:30
Exact Location Of Accident	CENTRAL EXPRESSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FJ7379M
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Insured/Policyholder

Name Of Registered Owner	MUHAMMAD ASYRAF BIN KAMSANI
NRIC No	S9111496H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92339036
Alternative Phone No	OTHERS-92339036

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	5083689968-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ASYRAF BIN KAMSANI
NRIC No	S9111496H
Date Of Birth	04/04/1991
Occupation	INDOOR
Date Of Driving Pass	28/11/2012
Driving Experience	5 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92339036
Fax Number	
Contact Number	OTHERS-92339036
Email Address	NOEMAIL

Address	BLK 164 RIVERVALE CRESCENT #09-282
Postcode	541164
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles 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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20180925/2006

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	SGY265M
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)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD ASYRAF BIN KAMSANI
Approximate Age	27
Injuries Sustain	
Injured person in which vehicle?	FJ7379M
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 164A #09-282 RIVERVALE CRESCENT RIVERVALE DELTA
Postcode	541164

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.

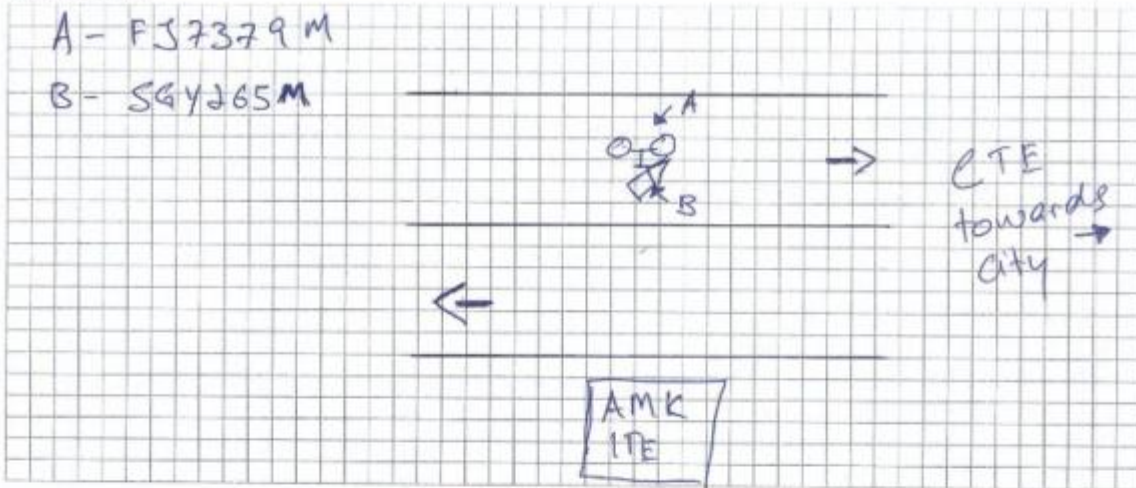

Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)

Reporting Centre
Name: **23 Kaki Bukit Ave 4**
Singapore **415933**
Tel: **67416697** Fax: **67492305**
Email: **vackb@singnet.com.sg**

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

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:

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Singapore 415933

Reporting Centre Personnel's Signature
Name:
Tel: 67416697 Fax: 67492305
NRIC/PIN NO.
Email: vackb@singnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20180925/2006

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180925/2006

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 25/09/2018 01:30	Vide Report No.:	Station Diary No.: 24
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Informant's Particulars

Name of Informant: MUHAMMAD ASYRAF BIN KAMSANI			Address: APT BLK 164A RIVERVALE CRESCENT #09-282 SINGAPORE 541164		
ID Type / ID No.: NRIC NO / S9111496H			Contact No.: Home/Office: Mobile: 92339036		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 27	Date of Birth: 04/04/1991	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: System Engineer			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/09/2018 09:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY Along CTE(Ang Mo Kio Avenue 5) towards City				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control:	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FJ7379M	Motorcycle	YAMAHA	RXZ	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FJ7379M	NTUC Income Insurance Co-Operative Limited	5083689968-02	02/09/2018	02/09/2019

Accident Sketch Plan



**SINGAPORE
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T/20180925/2006

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180925/2006

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD ASYRAF BIN KAMSANI	ID No.	S9111496H
Related Vehicle	FJ7379M (Motorcycle)	Contact No.	92339036
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	22/09/2018	Date Discharge	22/09/2018
No. of Days granted Medical Leave	03	Degree of Injury	Serious

Brief Details.

On 22/09/2018, at about 0930hrs. I am riding along Centre Expressway (CTE) on the third lane from the right. The vehicle from the forth lane from the right change lane to my lane without signaling. Therefore, I inch out to the right hand side to avoid the vehicle. However, while I was riding to the right, this vehicle from the second lane which was driving beside me all along, suddenly knocked into my motorcycle. The vehicle knocked onto my right handle bar and as a result I lose my balance and fell to the ground as a result.

After I fell to the ground, no one helped me up. There was land transport authority (LTA) officer at scene. I did not manage to get the particulars of the vehicles that was involved. After which, there was an ambulance at scene and they conveyed me to the Tan Tock Seng Hospital (TTSH). I am being given three days of medical certificate by TTSH. I am discharge on the 2209/2018. On 22/09/2018 night, I went to Singapore General Hospital (SGH) for follow up check up and was given two days of hospitalization leave and was discharge on the 23/09/2018. On 24/09/2018, I went to Sengkang Polyclinic for check up and was given three days of medical certificate.

I am also diagnosed with multiple abrasion and three broken tooth.

Accident Sketch Plan



**SINGAPORE
POLICE FORCE**



T/20180925/2006

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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Report No. T/20180925/2006

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:

F /

Sgt 2 TAN BING REN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Insp MOHAMMED FADZLY BIN ABDUL AZIZ

Contact No.: 65476355



Authentication Stamp
NP168

Signature Of Informant:

Date/Time:

25/09/2018 01:30

Classification Of Case:

SN 085

Signature: _____

Singapore Police Force

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

