

## 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	02/04/2019 13:57
Date Of Accident	30/03/2019 17:20
Exact Location Of Accident	BEDOK RD TWDS UPPER CHANGI RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK4329U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KOH MULYADI HASHIM
NRIC No	S8533047J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90267194
Alternative Phone No	OFFICE-90267194

### Vehicle Particulars

Manufacturer	YAMAHA
Model	YZF-R3 ABS
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	5094032573-01
Cover Note Number	-

### Driver

Name of Driver	MOHAMMAD MURTADHA BIN SYAMSUDDIN
NRIC No	S9290123H
Date Of Birth	29/05/1992
Occupation	INDOOR
Date Of Driving Pass	04/03/2013
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96431186
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 522C TAMPINES CENTRAL 7 #17-31
Postcode	523522
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 - CROSS JUNCTION
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?	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	TRAFFIC POLICE DIVISION HQ
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.

#### 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	SHC5212L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MOHAMMAD MURTADHA BIN SYAMSUDDIN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBK4329U
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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6. The 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 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.

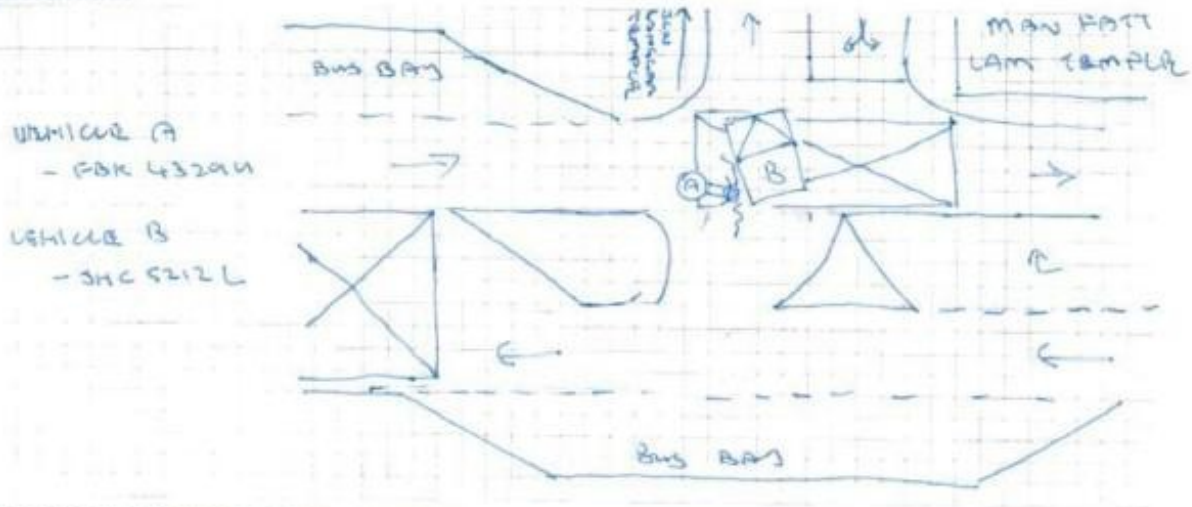
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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

AS PAR POLICE REPORT.

REPORT NUMBER  
7/20190401/2048

VEHICLE A - FBK 43294

VEHICLE B - SHC 52126



## 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/20190401/2048

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

1 of 3  
Report No. T/20190401/2048

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/04/2019 11:56	Vide Report No.:	Station Diary No.:
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### Informant's Particulars

Name of Informant: MOHAMMAD MURTADHA BIN SYAMSUDDIN			Address: APT BLK 522C TAMPINES CENTRAL 7 #17-31 TAMPINES GREENLEAF SINGAPORE 523522		
ID Type / ID No.: NRIC NO / S9290123H			Contact No.: Home/Office: Mobile: 96431186		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 26	Date of Birth: 29/05/1992	Type of Informant: Driver		
Race: Malay			Language: English		Institution / School Name:
Occupation: Grab			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: 30/03/2019 17:20	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 BEDOK ROAD JALAN LANGGAR BEDOK				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Heavy		
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK4329U	Motorcycle					0

SHCS212L CAR

Red

### Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Eunos NPP

Block 629 Bedok Reservoir Road  
#01-1620 Singapore 470629  
Tel: 1800-4439999

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190401/2048

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

2 of 3

Report No. T/20190401/2048

## CONTINUATION OF REPORT

Driver			
Name	S9290123H	ID No.	S9290123H
Related Vehicle	FBK4329U (Motorcycle)	Contact No.	96431186
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	30/03/2019	Date Discharge	30/03/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

### Brief Details.

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS GOING STRAIGHT ALONG BEDOK ROAD, ON THE LEFT LANE, WHILE GOING STRAIGHT A RED COLOURED TAXI SUDDENLY MADE A RIGHT TURN FROM OPPOSITE DIRECTION. I TRIED TO VEER MY VEHICLE TO THE RIGHT TO AVOID COLLISION BUT STILL COLLIDED ONTO THE REAR LEFT BUMPER OF THE TAXI. I WAS CONVEYED TO CGH AFTERWARDS AND DISCHARGED ON THE SAME DAY WITH 3 DAYS OF MEDICAL LEAVE.

## POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190401/2048

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

3 of 3

Report No. T/20190401/2048

### 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 /  
ZENG ZI CONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /

Contact No.:

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
01/04/2019 11:56

Classification Of Case:



SINGAPORE  
POLICE FORCE

Signature:



POLICE REPORT

Officer- In -Charge  
Investigation Section  
Traffic Police  
No. 10 Ubi Avenue 3  
Singapore 408865

Name : Mohammad Murtadha  
NRIC : S9290123H  
Address : B.L.S.22C Tampines Central 7  
#17-31  
Singapore ( 523522 )  
Tel : .....  
Pg / Hp : ..... 96431186 .....

Dear Sir

ACCIDENT INVOLVING FBK4329U AND SHC5212L

ALONG JUNCTION OF BEDOK ROAD AND JALAN LANGGAR BEDOK

ON 30/03/2019 AT 5.20 PM

With reference to the above, I have on 01/04/2019 (date) at 1156 (time)  
make a police report at TRAFFIC POLICE HQ (Name of police station / NPP) in  
NP 168 / T/20190401/2048

2 On 01/04/2019 (date), at 1620 HOURS (time), at EUNOS NPP  
(Name of Police Station/NPP), I make the following amendments to the above report.

TAXI BEARING VEHICLE REGISTRATION NUMBER SHC5212L WAS ADDED  
TO VEHICLES INVOLVED.

That is all.

Yours faithfully

  
Signature

If a police officer records this amendment, please complete the following:	
Name / Rank No: <u>Sgt 3 T150213 Khairi</u>	Station Diary No. <u>16</u>
Signature	

  
**Eunos NPP**  
Block 629 Bedok Reservoir Road  
#01-1620 Singapore 470629  
Tel: 1800-4439999

Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



Accident Photo



Accident Photo





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