

## 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	09/04/2019 15:23
Date Of Accident	25/02/2019 08:40
Exact Location Of Accident	JUNCTION OF MANDAI ROAD AND MANDAI AVENUE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB1327S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAHKTIAR BIN MOHAMED
NRIC No	S8003318D
Email Address	MIMIBULLDOZ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87482206
Alternative Phone No	OFFICE-87482206

### Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-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	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	5064406494-04
Cover Note Number	

### Driver

Name of Driver	MUHAMMAD HELMI BIN SUHAIMI
NRIC No	S9509448A
Date Of Birth	21/03/1995
Occupation	INDOOR
Date Of Driving Pass	12/02/2015
Driving Experience	4 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87482206
Fax Number	
Contact Number	OFFICE-87482206
Email Address	MIMIBULLDOZ@GMAIL.COM

Address	BLK 439 YISHUN AVENUE 11 #09-416
Postcode	760439
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?	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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 31 YISHUN CENTRAL , <b>POSTCODE:</b> 768827 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8529999 - <b>FAX NO:</b> 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190311/2080

#### 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	SLJ5605C
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LI HAO
NRIC/Passport Number	
Contact Number	93899933
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	MUHAMMAD HELMI BIN SUHAIMI
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBB1327S
Were seat belts worn?	NO
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.

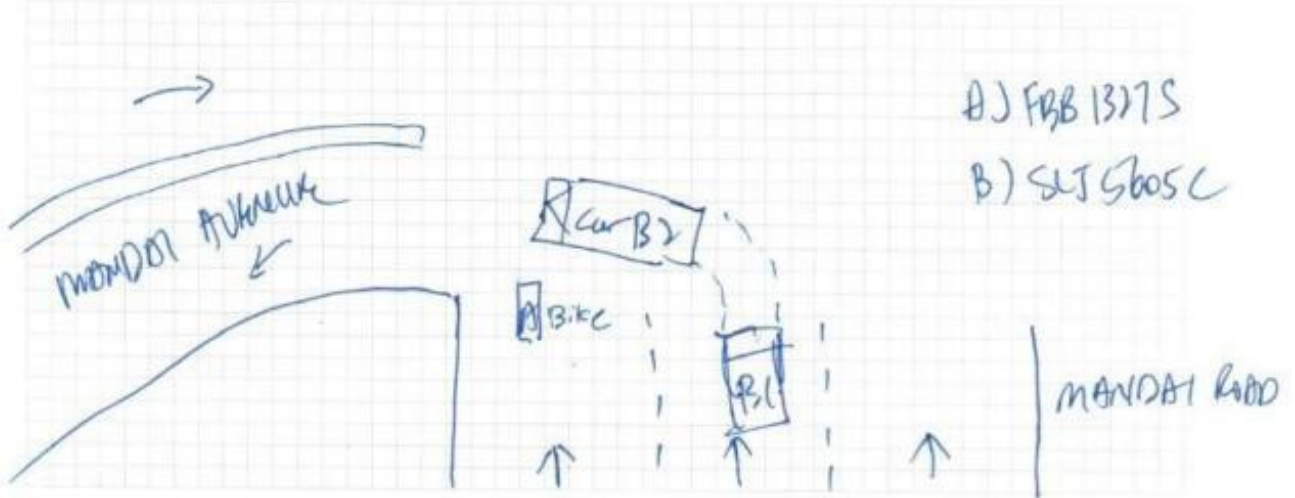
Policyholder's Signature  
Date & Time:

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

DIS 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:

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

CLARENCE SketchPlanForm\_v02



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190311/2080

1 of 3

Police Station Of Origin:  
Yishun North N.P.C  
31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

Report No. T/20190311/2080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/03/2019 13:22	Vide Report No.:	Station Diary No.: 111
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### Informant's Particulars

Informant's Particulars			Address:	
Name of Informant: MUHAMMAD HELMI BIN SUHAIMI			APT BLK 439 YISHUN AVENUE 11 #09-416 SINGAPORE 760439	
ID Type / ID No.: NRIC NO / S9509448A			Contact No.:	Mobile: 87482206
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 23	Date of Birth: 21/03/1995	Type of Informant: Rider	
Race: Javanese			Language:	Institution / School Name:
Occupation: AMBULANCE MEDIC			Driving Licence Information: Class:	

### General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 25/02/2019 08:40	Type of Location: T-Junction
Location: Along Road 1 MANDAI ROAD MANDAI AVENUE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
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
FBB1327S	Motorcycle	YAMAHA	SPARK135 M	Black	Seriously Damaged	0
SLJ5605C	Car	SUBARU	SUBARU XV 1.6i-S AWD CVT	Blue	Slightly Damaged	0

### Details of Person Involved

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

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Tel No: 1800-8529999

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Report No. T/20190311/2080

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	MUHAMMAD HELMI BIN SUHAIMI	ID No.	S9509448A
Related Vehicle	FBB1327S (Motorcycle)	Contact No.	87482206
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/02/2019	Date Discharge	01/03/2019
No. of Days granted Medical Leave	19	Degree of Injury	Serious
<b>Driver</b>			
Name	LI HAO	ID No.	NIL
Related Vehicle	SLJ5605C (Car)	Contact No.	93899933
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 25/02/2019 at 0840hrs, I was riding my motorcycle bearing vehicle registration number FBB1327S, along Mandai Road towards BKE. I was riding on the most left lane and as I was approaching the junction of Mandai Road and Mandai Avenue, a car bearing vehicle registration number SLJ5605C, suddenly changed into my lane abruptly. As a result, I could not stopped my vehicle in time and collided into the front left fender of the car. Due to the collision, I fell onto the ground and the driver of the car and a witness came to render assistance. Traffic Police and ambulance attended to the incident and I was conveyed to Khoo Teck Puat Hospital. My motorcycle was towed by Traffic Police and suffered damages on the side and front of the motorcycle. Due to the incident, I suffered fracture on my right thumb, open wound on right foot, abrasions on both arms and right knee, and broken eye socket bone. I was hospitalized on the same day and was only discharged on 01/03/2019. I was also given 19 days of MC starting from 25/02/2019. I wish to state that the driver of the car, Li Hao (HP: 93899933), had admitted verbally that he did not signal his intention to change lane and did so abruptly as he had missed the filter left lane and wanted to turn left at the junction instead.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190311/2080

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31 Yishun Central SINGAPORE 768827  
Tel No: 1800-8529999

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Report No. T/20190311/2080

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:  
L /  
Sgt 2 LOW WEI DE

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL  
Contact No.: 65476131

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
11/03/2019 13:22

Classification Of Case:



Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo



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