

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	10/04/2019 17:32
Date Of Accident	09/04/2019 14:30
Exact Location Of Accident	SIMS AVENUE TOWARDS KEMBANGAN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP713T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ALFIZ BIN KAMBALI
NRIC No	S8921589G
Email Address	MD.ALFIZ.K@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91818434
Alternative Phone No	OTHERS-91818434

Vehicle Particulars

Manufacturer	HONDA
Model	CB150R-149CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5107304688
Cover Note Number	

Driver

Name of Driver	MUHAMMAD ALFIZ BIN KAMBALI
NRIC No	S8921589G
Date Of Birth	04/07/1989
Occupation	INDOOR
Date Of Driving Pass	19/05/2011
Driving Experience	7 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91818434
Fax Number	
Contact Number	OTHERS-91818434
Email Address	MD.ALFIZ.K@GMAIL.COM

Address	BLK 42 CHAI CHEE STREET #07-40
Postcode	461042
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	BEDOK POLICE DIVISIONAL HQ (G DIVISION)
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2440000 - FAX NO: 64443009
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190409/7029

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	SLV2091R
Vehicle Make/Model/Colour	TOYOTA MARK X
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHNG JOON ANN WILLIAM
NRIC/Passport Number	S0081417B
Contact Number	98173688
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 1

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ALFIZ BIN KAMBALI

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBP713T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


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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.

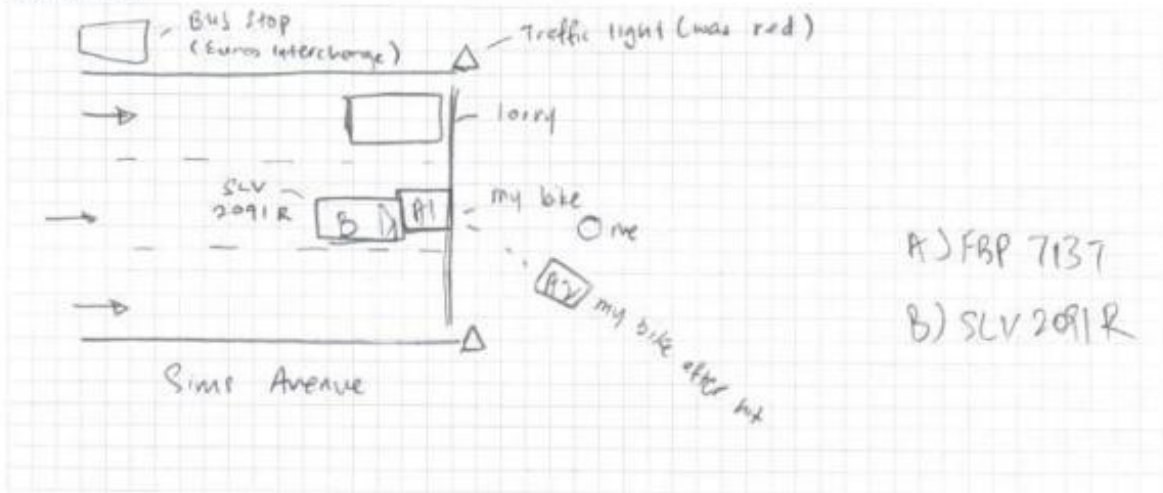

Policyholder's Signature
Date & Time: 10/04/19

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


Reporting Centre Personnel's Signature
Name: Kesh W H HOBBS
NRIC/FIN No.: _____

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PS Refd to Police Report
15/20190409/7029

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Pt 10/04/19
Policyholder's Signature
Date & Time:

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

as 10/04/2019
Reporting Centre Personnel's Signature
Name: Roshan
NRIC/FIN No.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20190409/7029

1 of 3

POLICE REPORT (NP299)

Report No. G/20190409/7029

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No:1800-2440000

Date/Time Report Made 09/04/2019 18:42	Vide Report No.	Station Diary No.
Name Of Informant MUHAMMAD ALFIZ BIN KAMBALI	Address APT BLK 42 CHAI CHEE STREET #07-40 SINGAPORE 461042	
ID Type / ID No. NRIC NO / S8921589G	Contact No. Home/Office:	Mobile: 91818434
Nationality SINGAPORE CITIZEN	Email Address md.alfiz.k@gmail.com	
Occupation Project Manager	Sex Male	Age 29
Institution/School Name	Date of Birth 04/07/1989	Race Malay
Date/Time Of Incident 09/04/2019 14:50 - 09/04/2019 15:35	Location Of Incident SIMS AVENUE	

Brief details.

On 9 April 2019, at around 2.50PM, I was riding on my motorbike (Honda CB150R, license plate FBP713T) towards Kembangan on Sims Avenue. At the traffic light junction near the bus stop outside Eunos interchange, I slowed down and made a stop as the light turned red. While stationary, I was hit from behind hard, and was flung from my bike as my bike fell on its side, and me on my back. The vehicle that hit me was a brownish Toyota Mark X with the license plate number SLV2091R. After being flung, a passing motorcyclist helped to lift my bike up and brought it to the side of the road, while some passersby and vehicles on my left and right got out of their vehicles to help me up. The driver then proceeded to

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 18:42
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20190409/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190409/7029

move his car to the front and side of the road, assumingly to avoid congestion. After the road was clear, I asked the driver as to what would be the cause for him to hit me so hard at a traffic light junction that has turned red. He then said that his phone rang, and while he was trying to look at his phone, he got distracted and did not realize that the traffic had actually stopped. After changing particulars, the driver in question's identity is a Mr Chng Soon Ann William, S0081417B, and did not sustain any injuries. I then proceeded to the hospital where I suffered some bodily injury and nausea. I was given treatment, dressing, medication, and 3 days medical leave by the doctor and had to pay with my own money. I am not sure if there are street/traffic cameras in the area of incident, but I do have photos of the damages to the car and my bike.

Subjects Involved			
Suspect			
Person Name	Chng Soon Ann William		
ID Type	NRIC NO	ID No	S0081417B
Gender	Male	Age	66-66
Race	Chinese	Language	English
Occupation	not sure	Mobile No	98173688
Relation To Informant	none		
Victim			
Person Name	MUHAMMAD ALFIZ BIN KAMBALI		
ID Type	NRIC NO	ID No	S8921589G
Gender	Male	Age	29
Race	Malay	Language	English
Signature Of Officer Recording The Report:		Signature Of Informant:	
Not applicable		The identity of the person making this report has been authenticated by SingPass. No signature is required.	
Signature Of Interpreter:		Date/Time:	
Not applicable		09/04/2019 18:42	
Officer In-Charge Of Case:		Classification Of Case:	

Authentication Stamp

POLICE REPORT



**SINGAPORE
POLICE FORCE**



G/20190409/7029

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20190409/7029

Occupation	Project Manager	Address Type	
Address	APT BLK 42 CHAI CHEE STREET #07-40 SINGAPORE 461042	Mobile No	91818434
Is Informant A Victim?	Yes		
Person Name	MUHAMMAD ALFIZ BIN KAMBALI (Informant)		

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 09/04/2019 18:42
Officer In-Charge Of Case:	Classification Of Case:
Authentication Stamp	



**Changi
General Hospital**
SingHealth

GST Registration No.: M2-0088821-9

Bill To MUHAMMAD ALFIZ BIN KAMBAL
42 CHAI CHEE STREET
#07-40 SINGAPORE 461042

Name of Patient MUHAMMAD ALFIZ BIN K

Service Descripti

DRUGS / PRESCRIPTIONS / INJECTIC
A&E ATTENDANCE FEE
A&E PROCEDURES

TOTAL CHARGES
LESS : GOVERNMENT GRANT

AMOUNT PAYABLE BEFORE TAX
ADD : 7% GST

AMOUNT PAYABLE AFTER TAX
LESS : GST ABSORBED BY THE GOVERNMENT

NET AMOUNT PAYABLE

PAYMENT
MUHAMMAD ALFIZ BIN KAMBALI

AMOUNT DUE
MUHAMMAD ALFIZ BIN KAMBALI

FOR INFORMATION:
ST: P SN: S8921589G

PAYMENT DETAILS
NAME
MUHAMMAD ALFIZ BIN KAMBALI



L1 A&E REGISTRATION
2 SIMEL STREET 3
LEVEL 1 MB A&E REGISTRATION
SINGAPORE S29886

DATE/TIME: 09/04/19 17:47:44
MID: 000001050637765
TID: 51512945 INV: 005809
BATCH: 000713 TRACE: 008068
S/W: 2311.00.01.4
APPR CODE: 008674

CONTACTLESS SALE

MASTERCARD OFFUS
***** \$190
ENT: PAYPASS
REF NUM: 000041008068

BASE : S\$ 129.35
TOTAL : S\$ 129.35

I AGREE TO PAY FOR THIS AMOUNT

Mon-Fri 9.00am-5.30pm (Excl. Public Holidays)
+66 6012 / 6936 6013 Email: billing@cgh.com.sg

EFDA1

PAGE: 1 /

09.04.2019 17:48 hrs

MRN/NRIC : S8921589G
CASE NUMBER : 6919338473Z
CUSTOMER : 3022170236
DATE VISIT : 09.04.2019 16:04

Amount (S\$)	
Total Charges Before Govt Grant	Total Amt Payable After Govt Grant
5.30	3.35
256.00	126.00
25.00	0.00
286.30	
156.95-	
	129.35
	9.05
	138.40
	9.05-
	129.35
	129.35-
	0.00
AMOUNT	PAYMENT TYPE
129.35	VISA/MASTERCARD

"VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at <http://www.cpf.gov.sg> and proceed to My Statements Section B> Medisave/MediShield Life/Integrated Shield Plan Claims and Reimbursements. For more information, please visit <http://www.cpf.gov.sg> FAQ> Healthcare. REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at <http://www.cpf.gov.sg> and proceed to Employers' Services> Medisave/MediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan." Payment may be made at DBS (Banking, ANS) or NETS station, via Visa/MasterCard/NETS direct debit at <https://services.healthhub.sg/public-payments/singhealth> or by cheque. Payment may also be made at the Patient Service Centre during office hours or at A&E Registration Counter after office hours.

F/BO:02-003.R1

Please attach this portion to your cheque payment.

Cheque should be crossed and made payable to "Changi General Hospital Pte Ltd".

Please mail to Tampines Central Post Office PO Box 500 Singapore 915217.

09.04.2019

17:48 hrs

Amount Enclosed : S\$ 129.35
Cheque No./Bank :
8921589G MUHAMMAD ALFIZ BIN KAMBALI

MRN/NRIC : S8921589G
CASE NUMBER : 6919338473Z
ADMISSION DATE : 09.04.2019

ORIGINAL

MEDICAL CERTIFICATE

EMD201968687

Name MUHAMMAD ALFIZ BIN KAMBALI		NRIC No. S8921589G
This is to certify that the above-named is unfit for duty for a period of <u>3</u> days from <u>09-Apr-2019</u> to <u>11-Apr-2019</u>		
Type of medical leave granted :		
<input type="checkbox"/> Hospitalization Leave	<input checked="" type="checkbox"/> Outpatient Sick Leave	
Admitted on : _____	<input type="checkbox"/> Maternity Leave	Delivered on : _____
Discharged on : _____	<input type="checkbox"/> Sterilization Leave	Operated on : _____
This certificate is not valid for absence from court attendance.		
Diagnosis		Surgical Operation (if applicable)
Fit for light duty from <u>N.A.</u> to <u>N.A.</u>		
Comments :		
The above-named patient attended my clinic at <u>N.A.</u> and left at <u>N.A.</u>		
No medical leave is necessary.		
Hospital/Clinic Emergency Medicine Changi General Hospital	Ward No. CGH Accident & Emergency Date 09-Apr-2019	Signature, Name (in BLOCK LETTERS) and Designation/MCR No.  NARAIN PURUSHOTORMAN , 61952C

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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