

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	17/04/2019 10:57
Date Of Accident	14/04/2019 14:10
Exact Location Of Accident	CARPARK ENTRANCE NEAR TO BLK 4 MARSILING ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBB6376S
Insured/Policyholder	
Name Of Registered Owner	RENT-A-BIKE PTE. LTD.
Co Reg No	201907523C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-98983441

Vehicle Particulars

Manufacturer	YAMAHA
Model	SPARK-135CC
Exact Purpose for which vehicle was being used at time of accident	WORKING
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	5108631899
Cover Note Number	-

Driver

Name of Driver	MUHAMMAD NAZRI BIN HADRI
NRIC No	T0005798Z
Date Of Birth	27/02/2000
Occupation	OUTDOOR
Date Of Driving Pass	14/02/2019
Driving Experience	0 YEAR AND 2 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87498312
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 577 WOODLANDS DRIVE 16 #12-566
Postcode	730577
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
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	SJS2450C
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 OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SMK457D
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 NAZRI BIN HADRI
Approximate Age
Injuries Sustain BODY
Injured person in which vehicle? FBB6376S
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
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:

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

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

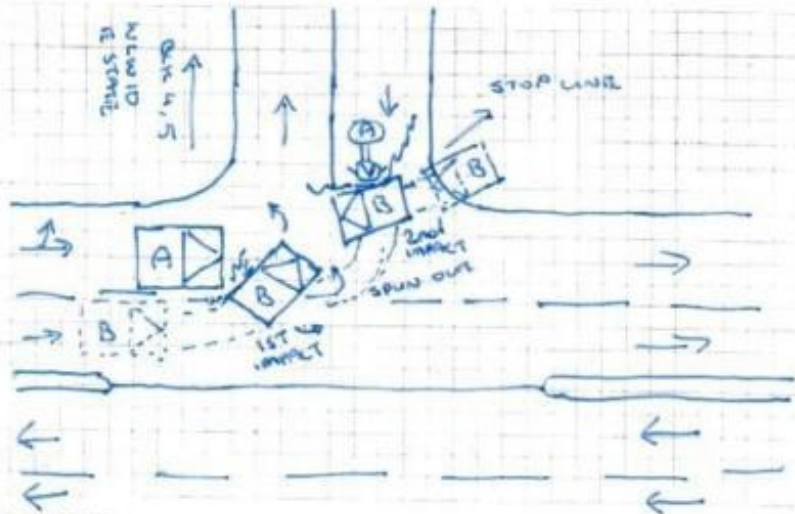
Accident Sketch Plan

SKETCH PLAN

VEHICLE A
- FBB 63765

VEHICLE B
-SSS 24506

VEHICLE C
- SMK 4570



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PBR POLICE REPORT.

REPORT NUMBER
T/2019 0415/2001

VEHICLE A
- FBB63765

VEHICLE B
- SJS 2450C

VEHICLE C
- SMK 457D

OIC:
SA STAFF SGT NOR PAIZAL
BIN BAHKA

CONTACT NO: 65476202.

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/20190415/2001

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

1 of 4

Report No: T/20190415/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/04/2019 00:51	Vide Report No.:	Station Diary No.: 10
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Informant's Particulars			
Name of Informant: MUHAMMAD NAZRI BIN HADRI		Address: APT BLK 577 WOODLANDS DRIVE 16 #12-566 SINGAPORE 730577	
ID Type / ID No.: NRIC NO / T0005798Z		Contact No.: Home/Office: Mobile: 87498312	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 19	Date of Birth: 27/02/2000	Type of Informant: Rider
Race: Boyanese		Language: English	Institution / School Name:
Occupation: DELIVERY RIDER		Driving Licence Information: Class: 2B Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 14/04/2019 14:10	Type of Location: Car Park
Location: Along Road 1 MARSILING ROAD				
Carpark Entrance near to Blk 4 Marsiling Road				
Weather: Clear		Road Surface: Wet		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Light
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
FBB6376S	Motorcycle					0
SJS2450C	Car					0
SMK457D	Car					0

POLICE REPORT



**SINGAPORE
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T/20190415/2001

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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Report No. T/20190415/2001

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD NAZRI BIN HADRI	ID No.	T0005798Z
Related Vehicle	FBB6376S (Motorcycle)	Contact No.	87498312
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/04/2019	Date Discharge	14/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight
Driver			
Name	MOHAMED DUAD BIN MOHAMED JAMIL	ID No.	S1054143C
Related Vehicle	SJS2450C (Car)	Contact No.	92205584
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 14/04/2019 at around 1410hrs, I am riding my rental motorcycle FBB6376S for delivery. At that point of time, I just finish my delivery at Blk 5 Marsiling Drive and was leaving the carpark. As I exit the carpark going to the main road of Marsiling Road. My motorcycle was stationary at the stop line as there were on coming car on the main road.

I noticed that there was this Toyota salon car, SJS2450C traveling on the first lane of the two lanes traffic and one Mercedes car, SMK457D which was traveling on the second lane of the two lanes traffic. The said Toyota car was trying to overtake the Mercedes and wanted to turn into the carpark. Suddenly, the Mercedes and Toyota car collided with each other and the impact of the Toyota car had hit onto me. I fall to the ground and injured my left hand. I am unsure what are the damages to the motorcycle I am riding.

Subsequently, I was conveyed to Khoo Teck Puat Hospital by the ambulance. After seeing the doctor, I was given 7days MC. I was advised by one traffic police investigation officer to lodge a traffic accident report.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190415/2001

Police Station Of Origin:
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Report No. T/20190415/2001

CONTINUATION OF REPORT

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190415/2001

Police Station Of Origin:
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569784
Tel No: 1800-4849999

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Report No. T/20190415/2001

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 /
Staff Sgt TAN CHENG HEONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
15/04/2019 00:51

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Classification Of Case:

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

