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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	20/04/2019 15:27
Date Of Accident	17/04/2019 12:45
Exact Location Of Accident	ALONG DUNEARN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK5696C
Insured/Policyholder	
Name Of Registered Owner	AMIR HAMZA BIN SAMAT
NRIC No	S6926271F
Email Address	ZAINI.RAHMAT1269@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83865937
Alternative Phone No	OTHERS-83865937
Vehicle Particulars	
Manufacturer	KAWASAKI
Model	VERSYS 1000 MANUAL
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107353314
Cover Note Number	
. .	

Driver

Name of Driver MOHD HUSAINI BIN RAHMAT

NRIC No S1374034H

Date Of Birth 24/08/1959

Occupation INDOOR

Date Of Driving Pass 01/12/1978

Driving Experience 40 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-83865937

Fax Number

Contact Number OTHERS-83865937

EMail Address ZAINI.RAHMAT1269@GMAIL.COM

Address BLK 488 SEGAR ROAD

#04-558

Postcode 670488

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 SIDE SWIPE
Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

YES

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 BUKIT PANJANG

Police Station Address ROAD: 1 SEGAR ROAD , POSTCODE: 677738 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-8929999 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

NO

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190417/2210

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SCH9289Y

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

DETAILS OF INJURED PERSON 1

Name MOHD HUSAINI BIN RAHMAT

Approximate Age

Injuries Sustain SLIGHT Injured person in which vehicle? FBK5696C

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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- 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.
- 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.
- 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:
 - 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 Centr

Name:

NRIC/FIN No.: /

Accident Sketch Plan

SKETCH PLAN	(A)	(8)	
7) FBK5696C 3) SCH9289Y	AS AS	國面	DYMHARM RAAD TOWN
DESCRIBE CIRCUMSTANC	ES OF THE ACCIDENT		
		out of	Joh 1/201x
	10	Pola 1	700
210	ENGA!	210	
	1/26/6		
DECLARATION I/We declare the foregoing par	ticulars are true in every respo	ect.	/ 1 1 . a
Policyholder's Signature Date & Time:	Driver's Signature (If driver is not the po	licyholder) Na	porting Centre Personnel's Signature





1 of 3

Report No. T/20190417/2210

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

Date/Time Report Made: 17/04/2019 22:33			Vide Report No.:	Station Diary No.	
	nt's Particu	ılars	THE PROPERTY OF THE PARTY OF TH	CALLES AND	
Name of	Informant:	N RAHMAT	Address: APT BLK 488 SEGAR ROAD	#04-558 SINGAPORE 670488	
ID Type			Contact No.: Home/Office:	Mobile: 83865937	
National			Email:		
Sex: Male	Age: 59	Date of Birth: 24/08/1959	Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupa			Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:	
INIT THAT IS	Base 1 To				

Type of Accident:	Injury Conveyed By Ambula	Drink Drive: No	Date/Time o Accident: 17/04/2019	Straight Road	
Location: DUNEARN F	OAD	OF CHANC	ERY ROAD, BEFOR	E ESSO STATION	
Weather: Roa Clear Dry		Road Sunace	ð:	1,000 07-1-	
Traffic Flow: Traffi		Traffic Contro Traffic Light		Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Sam				Anyone conveyed by	

Vehicle No. Type Make Model Color Condition No of Passen	Details of V	ehicle Involve	d		10-00-00	Condition	No of Passanger
VEHICLE NO. 113PO	Vahicle No	Type	Make	Model	Color	Condition	NO DI Passorigo
FBK5696C Motorcycle	Vernore INO.						0

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





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Report No. T/20190417/2210

Police Station Of Origin: Bukit Panjang N.P.C

1 Segar Road #01-05 SINGAPORE 677738

Tel No: 1800-8929999

CONTINUATION OF REPORT

Rider		unificated editor for	William States	LOSSIES !		to a license in the second
Name	MOHD HUSAINI BII	N RAHMAT		ID No	4	S1374034H
Related Vehicle	FBK5696C (Motorcy	ycle)		Conta	ct No.	83865937
Hospital/Clinic	TAN TOCK SENG	HOSPITAL		Class Drivin Licen Expin	g	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	17/04/2019	Commercial	Date Disc	harge	17/04	1/2019
No. of Days gran	ted Medical Leave				Sligh	t

Brief Details.

On 17/04/2019 at around 1245hrs, I was riding my motorbike bearing FBK5696C along Dunearn Road towards city after Chancery Road X-Junction before Esso station on lane 1. There was a Silver Landrover with the word ""DISCOVERY" at the back of the vehicle driving in front of me. The silver Landrover then filtered in to the left lane, therefore I sped up. However when I sped up, the Silver Landrover swerved back into lane 1 and hit onto me. I fell off from the bike onto the grasspatch by the right side of the road. I have abrasion on my right knee, right calf and left hand. I also felt pain on my back area. I was subsequently conveyed by the Ambulance.





3 of 3

Report No. T/20190417/2210

Police Station Of Origin: Bukit Panjang N.P.C 1 Segar Road #01-05 SINGAPORE 677738 Tel No: 1800-8929999

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: J / Sgt 3 CHOO HONG REN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 17/04/2019 22:33
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	









































