

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	14/05/2019 16:23
Date Of Accident	11/05/2019 00:25
Exact Location Of Accident	JUNCTION OF ORCHARD ROAD AND ANGULLIA PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FW8695A
Insured/Policyholder	
Name Of Registered Owner	MD SYAHFIE B MD YOSOPE
NRIC No	S9027846J
Email Address	MDSYAHFIE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-82903606
Alternative Phone No	OTHERS-82903606

Vehicle Particulars

Manufacturer	HONDA
Model	NF125MD-125CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY HOME
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	5108379205
Cover Note Number	

Driver

Name of Driver	MD SYAHFIE B MD YOSOPE
NRIC No	S9027846J
Date Of Birth	11/08/1990
Occupation	INDOOR
Date Of Driving Pass	17/07/2018
Driving Experience	0 YEAR AND 9 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82903606
Fax Number	
Contact Number	OTHERS-82903606
EEmail Address	MDSYAHFIE@GMAIL.COM

Address	BLK 546B SEGAR ROAD #02-55
Postcode	672546
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	SIDE SWIPE
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	BISHAN NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-5529999 - FAX NO: 65561905
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190511/2012

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 Witness 1

Name	OBBARD
Phone Number	82296008
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7976M
Vehicle Make/Model/Colour	HYUNDAI I40
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	MD SYAHFIE B MD YOSOPE
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FW8695A
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

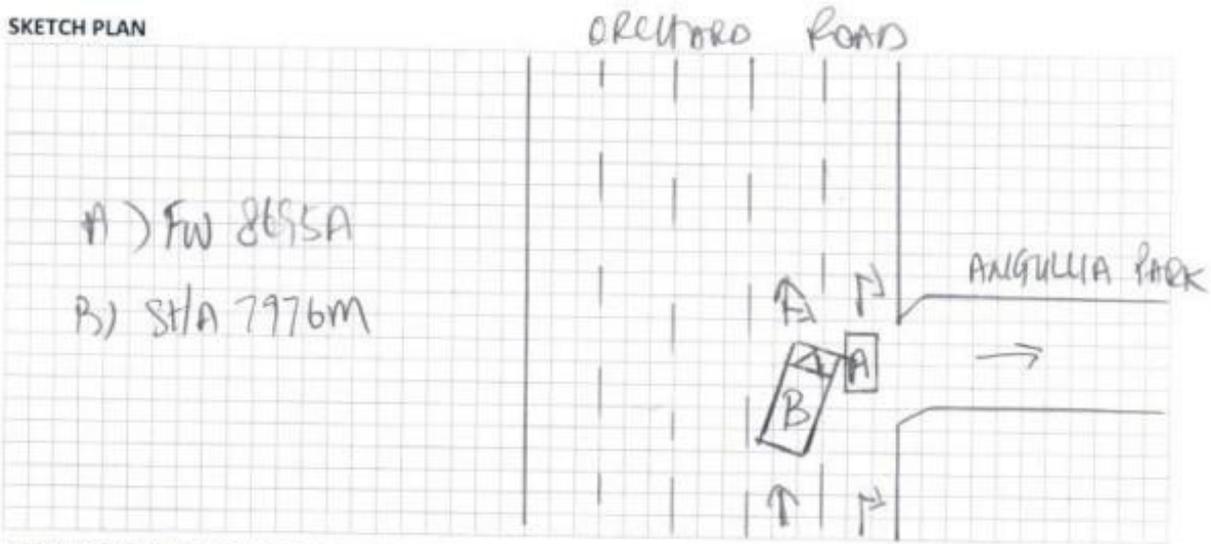
 13/05/2019
Policyholder's Signature
Date & Time: 11 50 HRS

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

*NO REFERR TO POLICE REPORT
7/20190511/2012*

DECLARATION

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

sd 13/05/2019
Policyholder's Signature
Date & Time: 1150 HRS

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

sd 14/05/2019
Reporting Centre Personnel's Signature
Name: *Roshan Luthans*
NRIC/FIN No.:

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POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190511/2012

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190511/2012

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FW8695A	NTUC Income Insurance Co-Operative Limited	5108379205	21/03/2019	20/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	MUHAMMAD SYAHFIE BIN MOHAMED YOSOPE	ID No.	S9027846J	
Related Vehicle	FW8695A (Motorcycle)	Contact No.	82903606	
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3,4 Date of Expiry: NIL	
Date Treatment	11/05/2019	Date Discharge	NIL	
No. of Days granted Medical Leave	03	Degree of Injury	Slight	

Brief Details.

On 11 May 2019 at 12.25am, I was riding my motorcycle (FW8695A, Honda NF125MD, Black) along Orchard Road. I was on the rightmost lane and positioned to turn right towards Patterson Road.

There was a Comfort Taxi (SHA7976M, Hyundai, Blue) on my left. He was on the straight ahead lane only. However, the taxi wanted to make a right turn into Angullia Park and stopped his taxi in the middle of my lane. I slowed down but the taxi did not move forward. Thus, I decided to proceed forward.

Suddenly, the taxi made the right turn into Angullia Park and I could not stop in time. I hit onto the taxi's right side mirror. I fell and sustained injuries such as abrasions and numbness on my wrist. I called the ambulance and police also arrived (Vide E/20190511/0005).

There was a passer-by who claimed that he witnessed the accident. (Jeff Obbard, Hp: 822296008).

I was then conveyed to Tan Tock Seng Hospital. My motorcycle was towed to Traffic Police. I was given 3 days medical leave. I am lodging this report for insurance claim purposes.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190511/2012

Police Station Of Origin:
Bishan N.P.C
20 Bishan Street 23 SINGAPORE 579757
Tel No: 1800-5529999

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Report No. T/20190511/2012

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: E / Sgt 3 NUR MARISSA SYAQILA BINTE SAMSAIDI	Signature Of Informant: <i>sk</i>
Signature Of Interpreter: Not applicable	Date/Time: 11/05/2019 02:40
Officer In Charge Of Case: TP /GIT / SI MOHAMMAD SHAHRIL BIN ABDULLAH Contact No.: 65476083	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



Accident Photo



Accident Photo

