

Surveyor
kk - Steve

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 | 21/05/2019 09:37 |
| Date Of Accident | 13/05/2019 07:30 |
| Exact Location Of Accident | ALONG PASIR RIS DRIVE 3 TOWARDS LOYANG AVE |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------------|
| Vehicle Registration Number | FBP2763K |
| Insured/Policyholder | |
| Name Of Registered Owner | MOHAMMAD NUR HISYAM BIN ADAM |
| NRIC No | S9010048C |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-91164253 |
| Alternative Phone No | OFFICE-91164253 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | YAMAHA |
| Model | GDR 155 A |
| 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 FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | 5107966517 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------------|
| Name of Driver | MOHAMMAD NUR HISYAM BIN ADAM |
| NRIC No | S9010048C |
| Date Of Birth | 24/03/1990 |
| Occupation | INDOOR |
| Date Of Driving Pass | 30/05/2014 |
| Driving Experience | 4 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-91164253 |
| Fax Number | |
| Contact Number | OFFICE-91164253 |
| EMail Address | NOEMAIL |

| | |
|---|-------------------------------|
| Address | BLK 613 ELIAS ROAD #04-130 |
| Postcode | 510613 |
| 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 - CROSS JUNCTION |
| 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 | PASIR RIS NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 1 PASIR RIS DRIVE 4 , POSTCODE: 519457 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-5852999 - FAX NO: 65855261 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER 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 | YL6254K |
| Vehicle Make/Model/Colour | REFER POLICE REPORT |
| Details Of Properties | REFER POLICE REPORT |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | NA |
| NRIC/Passport Number | |
| Contact Number | NA |
| Address | |
| Postcode | |
| Insurance Company Name | |

Nature Of Damage

REFER POLICE REPORT

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

| | |
|---|-------------------------------|
| Name | MOHAMMAD NUR HISYAM BIN ADAM |
| Approximate Age | |
| Injuries Sustain | REFER POLICE REPORT |
| Injured person in which vehicle? | FBP2763K |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | BLK 613 ELIAS ROAD #04-130 |
| Postcode | 510613 |

Sketch Plan Pg. 1

SKETCH PLAN

Fastir Ris Drive 3

A: FBP 2763 K
B: YL 6254 K

DESCRIBE THE SCENE

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


As A Police Report T/20190513/2150

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:


 24.05.2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:


SKETCH PLAN

IMPORTANT NOTICE

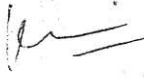
1. Please report correctly the details of the accident to speed up the claims process.
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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. 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:

 21.05.2019
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190513/2150

1 of 4

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

Report No. T/20190513/2150

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|---------------------------|
| Date/Time Report Made: 13/05/2019 19:11 | Vide Report No.: | Station Diary No.: 120 |
|--|------------------|---------------------------|

Informant's Particulars

| | | | | | |
|---|------------|------------------------------|---|--|----------------------------|
| Name of Informant: MOHAMMAD NUR HISYAM BIN ADAM | | | Address: APT BLK 613 ELIAS ROAD #04-130 SINGAPORE 510613 | | |
| ID Type / ID No.: NRIC NO / S9010048C | | | Contact No.: Home/Office: Mobile: 91164253 | | |
| Nationality: SINGAPORE CITIZEN | | | Email: | | |
| Sex: Male | Age: 29 | Date of Birth: 24/03/1990 | Type of Informant: Rider | | |
| Race: Malay | | | Language: English | | Institution / School Name: |
| Occupation: MAINTANENCE TECHINICIAN | | | 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: 13/05/2019 07:30 | Type of Location: Straight Road |
| Location: Along Road 1 PASIR RIS DRIVE 3 | | | | |
| Along Pasir Ris Drive 3 heading towards Loyang Ave, near Pasir Ris Walk pedestrian crossing. | | | | |
| Weather: Clear | | Road Surface: Dry | | Road Speed Limit: |
| Traffic Flow: Dual Carriage Way | | Traffic Control: | | Traffic Volume: Moderate |
| Type of Collision: Between Moving Vehicles - Head To Side | | | | Anyone conveyed by ambulance: No |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Condition | No of Passenger |
|-------------|------------|--------|--------------------|-------|----------------------|-----------------|
| FBP2763K | Motorcycle | YAMAHA | GDR155A (AEROX) | Black | Seriously Damaged | 0 |
| YL6254K | Lorry | NISSAN | | White | No Damage | 7 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No. | Effective | Expiry Date |
|-------------|---|---------------|------------|-------------|
| FBP2763K | NTUC Income Insurance Co-Operative Limited | 5107966517 | 05/03/2019 | 04/03/2020 |



**SINGAPORE
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T/20190513/2150

Police Station Of Origin:
Pasir Ris N.P.C
1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

2 of 4

Report No. T/20190513/2150

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|------------------------------|--|-----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | MOHAMMAD NUR HISYAM BIN ADAM | ID No. | S9010048C |
| Related Vehicle | FBP2763K (Motorcycle) | Contact No. | 91164253 |
| Hospital/Clinic | NIL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 13/05/2019 | Date Discharge | 13/05/2019 |
| No. of Days granted Medical Leave | 03 | Degree of Injury | Slight |
| Driver | | | |
| Name | AHAMMED KAWSAR | ID No. | G6658747P |
| Related Vehicle | YL6254K (Lorry) | Contact No. | NIL |
| 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 13/05/2019 at about 7:30am, I was traveling along Pasir Ris Dr 3 on my vehicle (FBP2763K) heading towards Loyang Ave. I was heading to work at that point of time. I came across a red traffic light at the pedestrian crossing along Pasir Ris Dr 3 near to the junction of Pasir Ris Walk and Pasir Ris Dr 3 (Near to the Mosque). I stopped at the stop line and waited for the traffic light to turn green.

As the traffic light turned green, I accelerated my motorcycle and moved forward. Suddenly, as I was moving forward, I saw a white lorry (YL6254K) suddenly make a right turn into Pasir Ris Walk from the opposite lane. I tried to brake to avoid a collision but was unsuccessful. I knocked into the rear left wheel of the lorry and I fell off my motorcycle due to the impact. I was still conscience when I fell off my bike but I felt pain on my right elbow, groin area and right bottom leg area. I was able to stand and went to confront the driver of the lorry. One of the driver's who witness the incident called for ambulance for me, he also informed me that he will be willing to stand as a witness for the accident. His name and contact is, Ibrahim HP: 81118061. I checked my motorcycle and the whole front area of the bike has been damaged and crushed.

Soon, traffic police and the ambulance arrived. Traffic police informed me that my bike will be towed and that the IO will contact me. I was assisted by the paramedics and they made the decision to convey me to Changi General Hospital. I was unable to remember exactly how many passengers were aboard the lorry. After my treatment at Changi General Hospital, I received some bruises and abrasions on my right elbow, groin area and right leg.



**SINGAPORE
POLICE FORCE**



T/20190513/2150

3 of 4

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Tel No: 1800-5852999

Report No. T/20190513/2150

CONTINUATION OF REPORT



SINGAPORE
POLICE FORCE



T/20190513/2150

Police Station Of Origin:
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1 Pasir Ris Drive 4 #01-01 SINGAPORE
519457
Tel No: 1800-5852999

4 of 4

Report No. T/20190513/2150

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:

G /

Sgt 2 LECK WEN HAO, DANIEL

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

13/05/2019 19:11

Officer In Charge Of Case:

TP / GIT /

Insp TAN CHIN YONG

Contact No.: 65476178

Classification Of Case:

Authentication Stamp

NP168

