

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	16/05/2019 15:15
Date Of Accident	27/04/2019 04:00
Exact Location Of Accident	ALONG JALAN SULTAN INFRONT OF SULTAN HOTEL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS9241R
Insured/Policyholder	
Name Of Registered Owner	ROHAINIZAH BINTE ADNAN
NRIC No	S8309697G
Email Address	MDYUSRI.SAMSUDIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90237770
Alternative Phone No	OTHERS-90237770

Vehicle Particulars

Manufacturer	HONDA
Model	RVF400RT-399CC (M)
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	REPORTING ONLY
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	5086319589-02
Cover Note Number	

Driver

Name of Driver	MUHAMAD YUSRI BIN SAMSUDIN
NRIC No	S7314600C
Date Of Birth	28/04/1973
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2006
Driving Experience	13 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90237770
Fax Number	
Contact Number	OTHERS-90237770
Email Address	MDYUSRI.SAMSUDIN@GMAIL.COM

Address	BLK 62A STRATHMORE AVENUE #04-42
Postcode	142062
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	NO COLLISION
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	1
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
Was any other material or property damaged?	NO
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	QUEENSTOWN N.P.C
Police Station Address	ROAD: 3 QUEENSWAY #01-03 , POSTCODE: 149073 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4719999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190428/2027

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 INJURED PERSON 1

Name	MUHAMAD YUSRI BIN SAMSUDIN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FS9241R
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: 16/05/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time: 16/05/2019

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

ALONG JALAN SILKAR

SKIDDED

A3

A2

A1

CENTRE DIVIDER

A) FS9241R

B) PHOASTRION


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS REFER TO POLICE REPORT

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: 16/5/19


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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190428/2027

1 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No. T/20190428/2027

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2019 12:42		Vide Report No.: A/20190427/0072		Station Diary No.: 31	
Informant's Particulars					
Name of Informant: MUHAMAD YUSRI BIN SAMSUDIN			Address: APT BLK 62A STRATHMORE AVENUE #04-42 SINGAPORE 142062		
ID Type / ID No.: NRIC NO / S7314600C			Contact No.: Home/Office: Mobile: 90237770		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 46	Date of Birth: 28/04/1973	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: LOGISTICS EXECUTIVE			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/04/2019 04:00	Type of Location: Straight Road
Location: Along Road 1 JALAN SULTAN				
Infront of Sultan Hotel				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Skidded while avoiding jaywalker				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS9241R	Motorcycle	HONDA	RVF400RT	Multi-Colored		0

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190428/2027

2 of 3

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

Report No: T/20190428/2027

CONTINUATION OF REPORT

Rider			
Name	MUHAMAD YUSRI BIN SAMSUDIN	ID No.	S7314600C
Related Vehicle	FS9241R (Motorcycle)	Contact No.	90237770
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2019	Date Discharge	27/04/2019
No. of Days granted Medical Leave	07	Degree of Injury	NIL

Brief Details.

On the 27/04/2019 at around 0400hrs, I was riding my motorcycle(FS9241R) along Jalan Sultan on the middle lane of the 3 lane road. I was heading towards Bugis.

While I was riding, I suddenly spotted one person running from the centre divider on my right. I then tried to apply my e-brake but skidded and fell. I subsequently have no recollection of what happened.

All I can recall is that there was a female Indian lady whom was helping me after I fell. Subsequently, the police and ambulance arrived and I was conveyed to Tan Tock Seng Hospital. I am unsure on how the jaywalker got injured but she was also conveyed together with me. The jaywalker was a young female PRC.

I wish to state that I have sustained a cut on my lip which required 1 stitch. I also suffered a fracture on my left thumb along with abrasions and bruises.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190428/2027

Police Station Of Origin:
Queenstown N.P.C
3 Queensway #01-03 SINGAPORE 149073
Tel No: 1800-4719999

3 of 3

Report No. T/20190428/2027

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:

D /

Sgt 1 SURENDDHARAN S/O PURANA
CHANDRAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt SYED ZAYID MUHAMMAD BIN
SYED ABDUL WAHID ALHINDUAN

Contact No.: 65476394

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

28/04/2019 12:42

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours: Monday to Friday, 09:00 - 17:00
VEN: S665500200 / GST Reg. No. M400017731

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MA419063818 Vehicle Registration No: F89241R
Name (as shown in NRIC) : MUHAMMAD YUSRI BIN SAMPUDAN NRIC/FIN/Passport No : S7314600C
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : 90237770
Email Address : _____
Date of Accident : 27/04/2019 Time of Accident : 04:00
Place of Accident : ALONG JALAN SULTAN INFRONT OF SULTAN HOTEL
Insurance Company : NMC

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

LOCATION OF ACCIDENT ALONG JALAN SULTAN INFRONT OF SULTAN HOTEL

Policyholder / Driver's Signature
Date:

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