

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 12:12
Date Of Accident	16/05/2019 09:00
Exact Location Of Accident	JUN OF TAMPINES AVE 10 & TAMPINES AVE 05
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ7766B
Insured/Policyholder	
Name Of Registered Owner	MOHD RAZIEP BIN MD TAIB
NRIC No	S1811654E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96830689
Alternative Phone No	OTHERS-96830689

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF 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	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	5068589789-04
Cover Note Number	

Driver

Name of Driver	MOHD RAZIEP BIN MD TAIB
NRIC No	S1811654E
Date Of Birth	25/10/1967
Occupation	INDOOR
Date Of Driving Pass	15/12/1988
Driving Experience	30 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96830689
Fax Number	
Contact Number	OTHERS-96830689
EEmail Address	NOEMAIL

Address	BLK 727 #07-13 TAMPINES STREET 71
Postcode	520727
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 - HEAD TO REAR
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?	NO
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

R

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	GBA2568L
Vehicle Make/Model/Colour	TOYOTA DYNA 150 MANUAL
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	LEE MUN HON
NRIC/Passport Number	S1647054F
Contact Number	82283391
Address	BLK 726 TAMPINES STREET 71 #06-185
Postcode	520726
Insurance Company Name	
Nature Of Damage	FRONT PORTION
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	MOHD RAZIEP BIN MD TAIB
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Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBJ7766B

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 727 #07-13 TAMPINES STREET 71

Postcode

520727

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.



Policyholder's Signature
Date & Time:



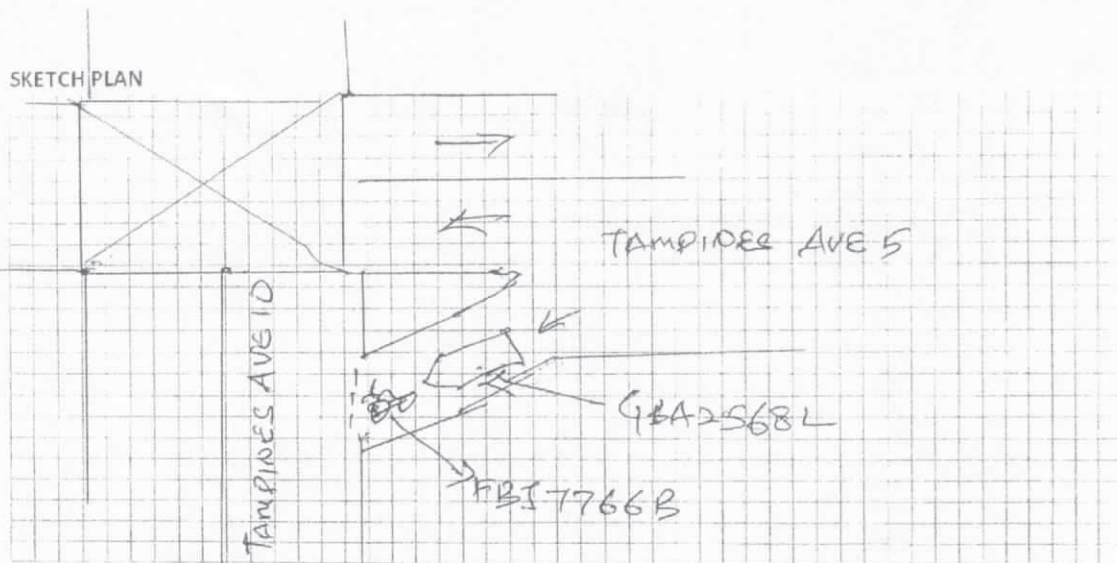
Driver's Signature
(If driver is not the policyholder)
Date & Time:

16 MAY 2019

IDAC KAKI BUKIT (VAC)

Reporting Centre Roadblock Signature
Name: 23 Kaki Bukit Ave 4
Singapore 415933
NRIC/TEL: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

Sketch Plan #2 Pg. 1




DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


At 9.00 am on the 16/5/19 I stop at the Y-junction from Tampines Ave 5 to Tampines Ave 10 to wait for the traffic from the main road to clear when suddenly a lorry G8A2568L rear ended me. I was thrown off my motorcycle and the collision cause slight injury to my back and also damaged to my motorcycle. I've taken photo as proof of the accident.

DECLARATION

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


Policyholder's Signature

Date & Time: 16/5/19 9:00 am


Driver's Signature

(If driver is not the policyholder)
Date & Time:

16 MAY 2019

IDAC KAKI BUKIT (VAC)

23 Kaki Bukit Ave 4

Reporting Centre Personnel's Address

Name: Singapore 415933

Tel: 67416697 Fax: 67492305

NRIC: 900000000000

Email: vockb@singnet.com.sg

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5068589789-04 **Cover** : Third Party, Fire & Theft

- | | |
|--|-------------------------|
| 1. Index mark and Registration Number of Vehicle | : FBJ7766B |
| Chassis Number | : NC421600758 |
| 2. Name of Policyholder | : MOHD RAZIEP B MD TAIB |
| 3. Effective Date of Insurance | : 13 Oct 2018 |
| 4. Expiry Date of Insurance | : 12 Oct 2019 |

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

- (a) Use for hire or reward.
- (b) Use for racing, pace-making, reliability trial or speed-testing.
- (c) Use for the carriage of goods (other than samples) in connection with any trade or business.
- (d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)	: N/A
EXCESS (SECTION 2)	: N/A
EXCESS (THEFT OUTSIDE SINGAPORE)	: PLEASE REFER OVERLEAF
INSURE WITH COE	: YES
NAMED DRIVER (1)	: MOHAMED RAZIEP BIN MOHAMED TAIB
NAMED DRIVER (2)	: N/A
HIRE PURCHASE COMPANY	: A.S. PHOON PTE LTD
SUM INSURED	: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : A S PHOON PTE LTD (00000571911)
 Date of Issue : 29 Sep 2018 15:43 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Countersigned By:

 Authorised Officer



 Chief Executive

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number: **S1811654E**

Name: **MOHAMED RAZIEP BIN MOHAMED TAIB**

Birth Date: **25 Oct 1967**

Issue Date: **01 Dec 2003**

001029069B

REPUBLIC OF SINGAPORE



IDENTITY CARD NO. S1811654E

Name: **MOHAMED RAZIEP BIN MOHAMED TAIB**

Race: **JAVANESE**

Date of Birth: **25-10-1967**

Sex: **M**





YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

Class	Description	Pass Date
Class 2B	Motorcycles not exceeding 200 cc	15 Dec 1988
Class 2A	Motorcycles between 201 cc and 400 cc	15 Dec 1988
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	14 May 1991

NP 428A

Licence No: **S1811654E**



20939

NRIC No: S1811654E



Blood Group: **O+**

Date of Issue: **05-06-1994**

Address: **APT BLK 727 TAMPINES STREET 71 #07-13 SINGAPORE 620727**

NRIC No: **S1811654E**

Date: **12-06-2001** No: **3999989**



SINGAPORE POLICE FORCE



T/20190516/2186

1 of 4

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190516/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/05/2019 23:02	Vide Report No.:	Station Diary No.: 137
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Informant's Particulars

Name of Informant: MOHAMED RAZIEP BIN MOHAMED TAIB			Address: APT BLK 727 TAMPINES STREET 71 #07-13 SINGAPORE 520727		
ID Type / ID No.: NRIC NO / S1811654E			Contact No.: Home/Office: Mobile: 96830689		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 25/10/1967	Type of Informant: Rider		
Race: Javanese			Language:		Institution / School Name:
Occupation: MACHINIST			Driving Licence Information: Class: 2B,2A,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 16/05/2019 09:00	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 10 TAMPINES AVENUE 5				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ7766B	Motorcycle	HONDA	CB400SF M	Red	Slightly Damaged	0
GBA2568L	Lorry					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBJ7766B	NTUC Income Insurance Co-Operative Limited	5068589789-04	13/10/2018	12/10/2019



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20190516/2186

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED RAZIEP BIN MOHAMED TAIB	ID No.	S1811654E
Related Vehicle	FBJ7766B (Motorcycle)	Contact No.	96830689
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,3 Date of Expiry: NIL
Date Treatment	16/05/2019	Date Discharge	16/05/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	LEE MUN HON	ID No.	S1647054F
Related Vehicle	GBA2568L (Lorry)	Contact No.	82283391
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 16/05/2019 at about 0900hrs, I was riding my motorcycle (registration no. FBJ7766B) on Tampines Avenue 5. I then entered the slip road on the junction of Tampines Avenue 5 and Tampines Avenue 10. I stopped my vehicle before the line on the slip road.

While waiting for the traffic to clear, there was a sudden impact from the rear of my motorcycle. I was thrown off from my motorcycle and landed about 2 meters away from my motorcycle.

I was able to get up. I noticed a silver-coloured van had collided into the rear of my motorcycle. I took photo of the accident and exchanged particulars with the driver of the van. I then informed him that I will head to a clinic to check on my injury. We then drove off. My vehicle sustained scratches and dents on the right side of the motorcycle and the storage box was dislodged. I sustained scratches and bruises at that point of time, with no bleeding and any fatal injury.

I then head over to Healthway Clinic at B/710 Tampines st 71 and was given medication and MC.

As the days passed, I started to feel pain on my back area, left shoulder and tailbone area. I then proceeded to Changi General Hospital and was given 3 days MC from 16/05/2019 till 18/05/2019. I wish to state that I do not have any video footage of the accident.



**SINGAPORE
POLICE FORCE**



T/20190516/2186

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Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20190516/2186

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190516/2186

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Report No. T/20190516/2186

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

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 MUHAMMAD SYARAFUDDIN BIN
SHARIFF

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG

Contact No.: 65476404



SINGAPORE
POLICE FORCE

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

16/05/2019 23:02

Classification Of Case:

SIGNATURE