

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	28/05/2019 09:07
Date Of Accident	18/05/2019 07:30
Exact Location Of Accident	MALAYSIA NORTH SOUTH HWY TWDS NORTH NEAR 200.1KM
Country/State of Loss	MALAYSIA/MELAKA

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL1857B
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HANIFF BIN MOHAMED SAID
NRIC No	S7935054J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98516169
Alternative Phone No	OFFICE-98516169

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-09 ABS TRACER
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?	YES
If No, Please state action to be taken	
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5081920019-02
Cover Note Number	-

Driver

Name of Driver	MOHAMED HANIFF BIN MOHAMED SAID
NRIC No	S7935054J
Date Of Birth	30/10/1979
Occupation	INDOOR
Date Of Driving Pass	15/06/2016
Driving Experience	2 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98516169
Fax Number	
Contact Number	OFFICE-98516169
EEmail Address	NOEMAIL

Address	BLK 188 PASIR RIS ST 12 #03-46
Postcode	510188
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	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 [OTHER]	TRAFIK ALOR GAJAH
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO STATEMENT

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	MOHAMED HANIFF BIN MOHAMED SAID
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBL1857B
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:



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

A = FBL 1957B

Self Skidded

Malaysia North South Hwy km's north near
200.1 Km B4 Exit 22A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Statement

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:


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

Accident Sketch Plan

Saturday 18/5/2019 ~7.30 am 1 rider, no pillion

Malaysia North-South Highway. Heading north, near 200.1 km mark
Just before Exit 227 Simpang Ampat to Alor Gajah, Melaka
Middle lane of 3-lane road

Believed to have rode over an oil patch, lost control of m/bike, self-skidded
Rider and m/bike both landed on middle lane; did not collide into any other vehicle or structure

Rider helped by other drivers to the side of the road
PLUS highway patrol arrived a few minutes later; cleared bike from road
Pics believed to have been taken by PLUS highway patrol team but not provided to Malaysian Police or to me

Ambulance activated; arrived around 30 minutes later
Rider conveyed to Alor Gajah Hospital
Rider injuries: Left lung pneumothorax, left ribs suspected fracture, abrasions on palms, knees, left arm, left shoulder and left body
Chest tube inserted after discovering pneumothorax
Transferred to Melaka General Hospital around 1+ PM same day
Conveyed by ambulance back to Singapore on Sunday 19/06. Arrived at Mount E Novena Hospital around 10 PM on 19/06

Damages to bike:

- Broken handlebar and all control buttons
- Broken handguard, mirrors, front indicators
- Broken headlight, front fairings
- Broken rear box
- Damaged engine guards
- Scratches on side fairing panels
- UNKNOWN: engine issues?
- UNKNOWN: handling issues?
- UNKNOWN: any other non-visible damage

Claiming damages to bike + Towing costs

Not claiming any medical costs; covered by other insurance policies
Ambulance transfer covered by SOMPO (D18PAST02011334)
Medical costs covered by GE (Supreme Health 0083410140) & (AXA Premier Care H10288)

POLICE REPORT



POLIS DIRAJA MALAYSIA
REPOT POLIS

Balai : TRAFIK ALOR GAJAH
Daerah : ALOR GAJAH
Kontinjen : MELAKA
No Repot : TRAFIK ALOR GAJAH/003281/19
Tarikh : 27/05/2019
Waktu : 1400 PM
Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R131650
No Repot Bersangkut : TRAFIK ALOR GAJAH/003081/19

SALINAN YANG SAM
UNTUK TUNTUTAN CIVIL SAHAJA

KETUA POLIS DAERAH

Butir-butir Penerima Repot

Nama : MOHD NURAZLAN B MD RADZI

Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No Paspot : ---

Alamat : ---

No Personal : R168863

Pangkat : L/KPL

No K/P (Baru) : ---

No Polis/Tentera : ---

Bahasa Asal : ---

Butir-butir Pengadu

Nama : MOHAMED HANIFF BIN MOHAMED SAID

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : S7935754J

No Sijil Beranak : ---

Jantina : Lelaki

Tarikh Lahir : 30/10/1979

Umur : 39 tahun 6 bulan

Keturunan : Melayu

Warganegara : Singapore

Pekerjaan : GURU

Alamat Tempat Tinggal : APT BLK 188 PASIR RIS STREET 12#03-46, SINGAPORE, 510188

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 98516169

Emel : ---

Pengadu Menyatakan:-

PADA 18/05/2019 JAM LEBIH KURANG 0730 HRS, SAYA MENUNGGANG MOTOSIKAL NOMBOR FBL1857B DARI SINGAPORE MENUJU KE KUALA LUMPUR. PADA KETIKA ITU, SAYA BERADA DI LORONG TENGAH, APABILA SAYA SAMPAI DI KM 200.1 LEBUH RAYA ARAH UTARA, TIBA-TIBA M/SKAL SAYA HILANG KAWALAN LALU SAYA JATUH DI LORONG TENGAH. SAYA TIDAK LANGGAR APA-APA OBJEK SELEPAS KEMALANGAN TERSEBUT. DALAM KEJADIAN ITU, DI BAWA KE HOSPITAL ALOR GAJAH MELAKA KEMUDIAN DI HANTAR KE HOSPITAL MELAKA DAN MENGALAMI KECEDERAAN PARU-PARU KIRI DARAH, TULANG RUSUK KIRI PATAH, LUKA DI TANGAN KANAN DAN KIRI. KEROSAKAN MOTOSIKAL HADLE BAR PATAH, LAMPU DEPAN PECAH, CERMIN SISI KIRI KANAN PATAH, BOX BELAKANG PECAH DAN LAIN-LAIN KEROSAKAN BELUM PASTI.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak

: R168863 | 27/05/2019 02:20:25 PM



MEDICAL CERTIFICATE

NAME: MOHAMED HANIFF, BIN MOHAMED SAID

Identification No: S7935054J

THIS IS TO CERTIFY THAT THE ABOVE IS UNFIT FOR DUTY FOR A PERIOD OF 18 DAYS
FROM 19-May-2019 TO 05-Jun-2019

TYPE OF MEDICAL LEAVE GRANTED: **HOSPITALIZATION LEAVE**

ADMITTED ON : 19-May-2019

DISCHARGED ON : 22-May-2019

DATE	SIGNATURE, NAME (IN BLOCK LETTERS) AND DESIGNATION
22-May-2019	Lim, Yeong Phang 06084d 

This certificate is not valid for absence from court or other judicial proceedings unless specifically stated*

Patient's Copy
Reg. No.: 53206920W



Mount Elizabeth™
NOVENA

Clinical Discharge Summary

Patient Demographics

Name	: MOHAMED HANIFF, BIN MOHAMED SAID	Location:	MOUNT ELIZABETH NOVENA HOSPITAL
Identification No.	: S7935054J	Date of Birth	: 30-Oct-1979
MRN No.	: 5816618	Age	: 39y
Visit No.	: 4019043802	Nationality	: Singapore
Gender	: Male	Height/Weight	: 174cm/110kg
Address	: BLK188, #03-46, PASIR RIS STREET 12, Singapore-510188, SINGAPORE	Ward:	MNH-WARD 08 RM 0829

Allergies : No Known Allergies

Medical Alerts : NA

Admission/Operation Information

Admission Date : 19-May-2019
Reason for Admission : post RTA
Principal Diagnosis : • S2242, Multiple rib fractures, involving two ribs
Secondary Diagnosis : • S661, Injury of flexor muscle and tendon of other finger at wrist and hand level
Co-morbidities : NA
Operation Procedures : NA
Clinical Summary : RTA in Malaysia
Apparently skidded on Oil Patch n highway and flew off motorbike at 100km/h. no HI, able to ambulate
sustained L 4 and 5th rib fractures with haemopneumothorax, L shoulder and chest wall abrasions, bilat hand contusions. CT inserted inserted at Hospital Meleka. was subsequently transferred to Singapore for care

Lung was reexpanded after 1 day of CT suction. CT removed 21 May. Ambulated well
TCU Dr Lim YP 5 Jun 2pm CXR OA

Hand Surgery

Right hand ring finger likely partial FDS injury and lumbrical injury
ROM improving
For review next week on discharge

Discharge Details

Discharge Date : 22-May-2019
Outcome : Patient Discharged
Conditions at Review of Discharge : Well
Follow up Date : 05-Jun-2019
Follow up Location : #10-32 MNH
Medical Certification Details :
• MC No.: PNH-2019-009512
From: 19-May-2019 to 05-Jun-2019
Medications on Discharge (Hospital TTO) :

Patient's Copy
Reg. No.: 53206920W



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Clinical Discharge Summary

- Arcoxia Tablet at Discharge Order via OralGive 120 MILLIgram(s) OM for 14 DaysPRN for Moderate Pain (4-7)
- Augmentin (Amoxicillin 875mg, Clavulanic Acid 125mg) Tablet at Discharge Order via OralGive 1 Tablet(s) BD for 7 Days
- Codeine Phosphate Tablet at Discharge Order via OralGive 30 MILLIgram(s) TDS for 7 DaysPRN for Moderate Pain (4-7)
- Duphalac Syrup at Discharge Order via OralGive 10 MILLIlitre(s) TDS for 7 DaysPRN for constipation
- Fluimucil Effervescent Tablet at Discharge Order via OralGive 600 MILLIgram(s) OM for 5 Days
- Omeprazole Capsule at Discharge Order via OralGive 40 MILLIgram(s) OM for 14 Days
- Paracetamol Tablet at Discharge Order via OralGive 1000 MILLIgram(s) QDS for 7 DaysPRN for Mild Pain (1-3) or Temp > 38

Medications on Discharge (Collect from Clinic) : NA

Principal Doctor/SMC Number

Principal Doctor : Lim, Yeong Phang
SMC Number : 06084D

Signature:  _____

Date: 22-May-2019

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



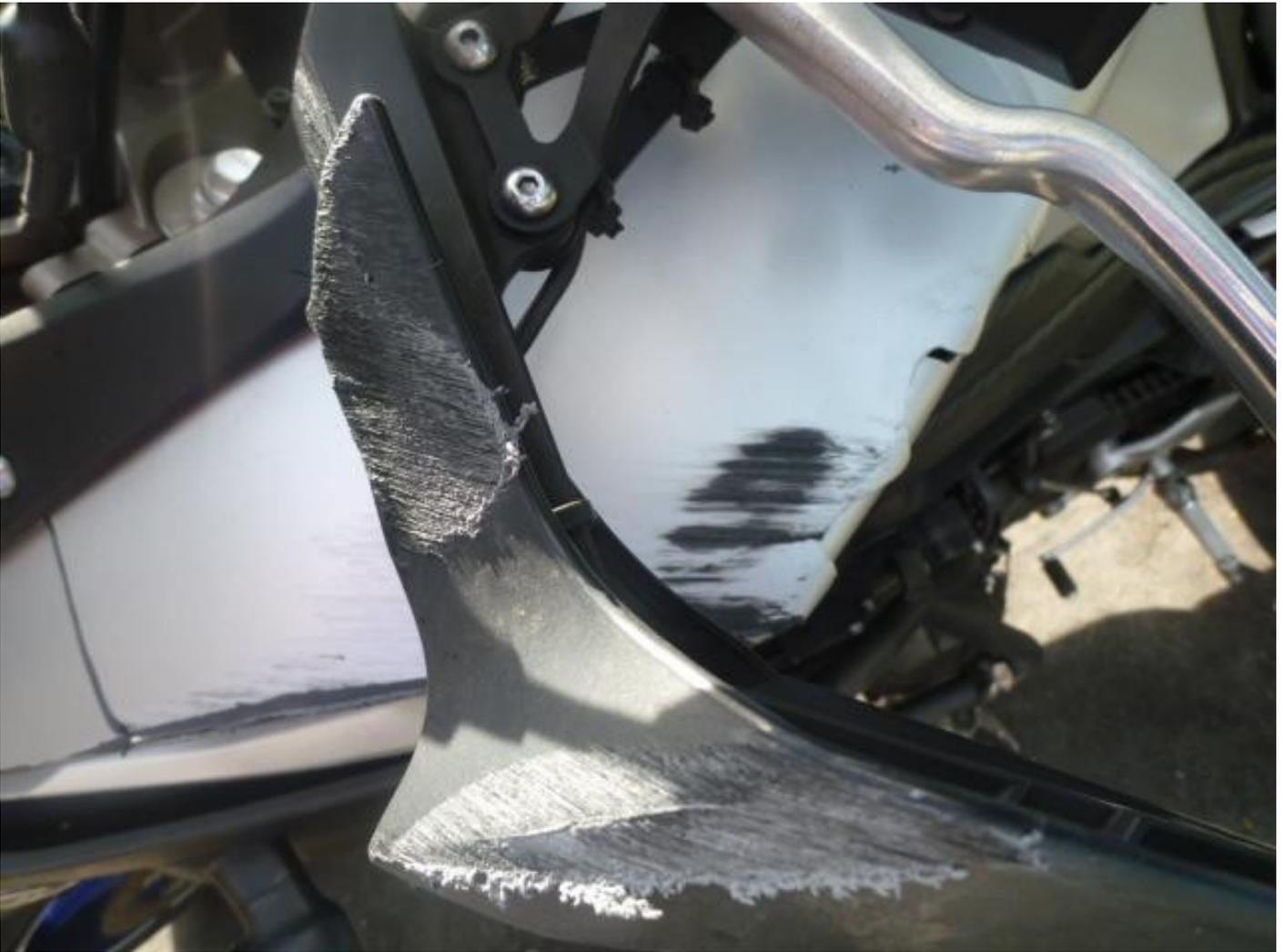
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