

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	04/06/2019 12:09
Date Of Accident	31/05/2019 17:45
Exact Location Of Accident	T-JUNC OF BOON LAY /BOON LAY DR
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ1046K
Insured/Policyholder	
Name Of Registered Owner	MUHD KAMAL B ABD HALIM
NRIC No	S9019597B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98229966
Alternative Phone No	OTHERS-98229966

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16
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
Fleet Policy	NO
Policy Number	5069724068-03
Cover Note Number	

Driver

Name of Driver	MUHD KAMAL B ABD HALIM
NRIC No	S9019597B
Date Of Birth	11/06/1990
Occupation	INDOOR
Date Of Driving Pass	19/05/2011
Driving Experience	8 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98229966
Fax Number	
Contact Number	OTHERS-98229966
E-Mail Address	NOEMAIL

Address	BLK 501A YISHUN ST 51 #02-482
Postcode	761501
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?	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	YISHUN SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 32 YISHUN ST 81 , POSTCODE: 768456 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8522999 - FAX NO: 68522239
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT:T/20190601/2085

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	HENRY
Phone Number	98519221
Email Address	

Details of Witness 2

Name	MR CHO
Phone Number	82331176
Email Address	

Details of Witness 3

Name	UNKNOWN
Phone Number	93671009

Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN8785A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	MUHD KAMAL B ABD HALIM
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBJ1046K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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 lodging 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:

 04/06/19

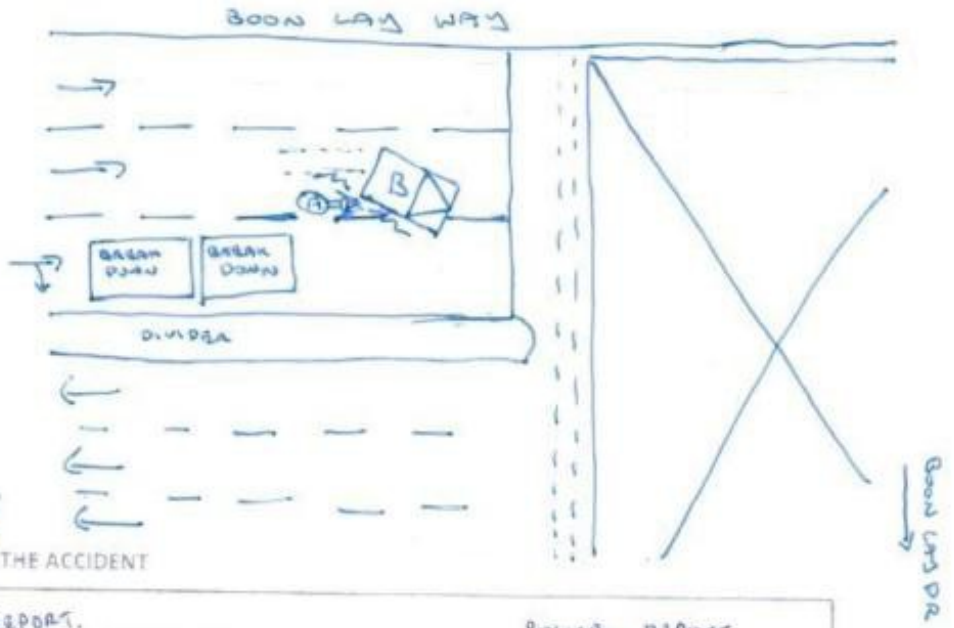
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Accident Sketch Plan

SKETCH PLAN

VEHICLE A
- FBJ 1046K

VEHICLE B
- SLN 8755A



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

AS PER POLICE REPORT. POLICE REPORT
T/20190601/2085

VEHICLE A - FBJ 1046K
VEHICLE B - SLN 8755A.

[Large handwritten scribble]

DECLARATION

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

Karel
Policyholder's Signature
Date & Time:

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

slm 04/06/19
Reporting Centre Personnel's Signature
Name:
NRIC/PIR No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190601/2085

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street 81 SINGAPORE 768456
Tel No: 1800-8522999

2 of 4
Report No. T/20190601/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KAMAL BIN ABDUL HALIM	ID No.	S9019597B
Related Vehicle	FBJ1046K (Motorcycle)	Contact No.	98229966
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	31/05/2019	Date Discharge	31/05/2019
No. of Days granted Medical Leave	08	Degree of Injury	Slight

Brief Details.

On 31/05/2019 at about 5.45pm, I was riding my motorcycle (FBJ1046K, red Yamaha FZ16) along Boon Lay Way at the right most lane (it is a 3 way lane). As I was approaching a T-junction of Boon Lay Way and Boon Lay Drive, I saw that there were 2 cars parked in a stationary position at the right most lane. I then changed to the middle lane and continued riding forward. After I had overtake the 2 stationary cars, I signaled to the right and wanted to change back to the right most lane. However, at that juncture, suddenly a grey car (SLN8785A, a grey Toyota Vios) appear out of nowhere and was going to the right most lane. I applied my brakes, but I could not stop in time. As such, my motorcycle collided into the rear right of the grey car. I skidded to the left for some distance.

After the skidding, I was still conscious and I can remember that a few people came to help me. Some of them told me that they had seen what had happened and told me that they were willing to be a witness. I then managed to get their contact numbers. I can also recalled that I had confronted the driver of the grey car. However, no assault took place. Moments later, ambulance came down to scene and conveyed me to Ng Teng Fong Hospital where I was treated as an outpatient. I was given 8 days of hospitalization leave. Whilst I was in the hospital, a Traffic Police investigating officer (tel: 6547 6200) called me and advised me to call him back when I am feeling better. I have tried to call him on 01/06/2019, but there was no response.

I wish to state that I cannot recall where the grey car had came from (from the left most lane or the middle lane). I am unable to recall if there were any passengers in the grey car. My motorcycle is not with me and I believed that it is being towed away. I am unsure of the damages to my motorcycle. As for the car, I saw that there some dents on the right rear bumper. One of the witness had also sent me a video of his in-car camera which managed to partially recorded the accident.

The witnesses are as follows:

- 1) Henry - HP: 9851 9221
- 2) Mr Cho - HP: 8233 1176
- 3) Unknown - HP: 9367 1009

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T20190601/2085

Police Station Of Origin:
Yishun South N.P.C.
32 Yishun Street #1 SINGAPORE 768466
Tel No: 1800-8522998

2 of 4
Report No. T20190601/2085

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KAMAL BIN ABDUL HALIM	ID No.	S9018587B
Related Vehicle	FBJ1046K (Motorcycle)	Contact No.	98229086
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
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- 3) Unknown - HP: 9367 1009

Police Report



**SINGAPORE
POLICE FORCE**



T/20190601/2085

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768458
Tel No: 1800-8522999

3 of 4

Report No: T/20190601/2085

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20190801/2085

Police Station Of Origin:
Yishun South N.P.C
32 Yishun Street #1 SINGAPORE 768456
Tel No: 1800-8522999

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Report No: T/20190801/2085

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: 
L /
Sr Staff Sgt MUHAMMAD FAIZAL BIN AFFANDI

Signature Of Informant:



Signature Of Interpreter:
Not applicable

Date/Time:
01/08/2019 14:52

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp
N/168

