

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	07/06/2019 12:35
Date Of Accident	04/06/2019 14:45
Exact Location Of Accident	JUNC PUNGGOL WAY & PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FY3562Y
Insured/Policyholder	
Name Of Registered Owner	MOHAMED ARIFF BIN SUMALI
NRIC No	S0038969B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90290521
Alternative Phone No	OFFICE-90290521

Vehicle Particulars

Manufacturer	HONDA
Model	PHANTOM 200M
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	5041244923-09
Cover Note Number	

Driver

Name of Driver	MOHAMED ARIFF BIN SUMALI
NRIC No	S0038969B
Date Of Birth	18/05/1953
Occupation	OUTDOOR
Date Of Driving Pass	06/07/2004
Driving Experience	14 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90290521
Fax Number	
Contact Number	OFFICE-90290521
EEmail Address	NOEMAIL

Address	BLK 406 HOUGANG AVENUE 10 #10-1164
Postcode	530406
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 - CHANGE/CROSS LANE
Weather Conditions	DRIZZLING
Road Surface	WET

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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20190604/2239.

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	YP7143U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver) 2

Passenger 1
NAME: :
GENDER: :

DETAILS OF INJURED PERSON 1

Name MOHAMED ARIFF BIN SUMALI

Approximate Age

Injuries Sustain BODY

Injured person in which vehicle? FY3562Y

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? YES

Address

Postcode

Accident Sketch Plan

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.

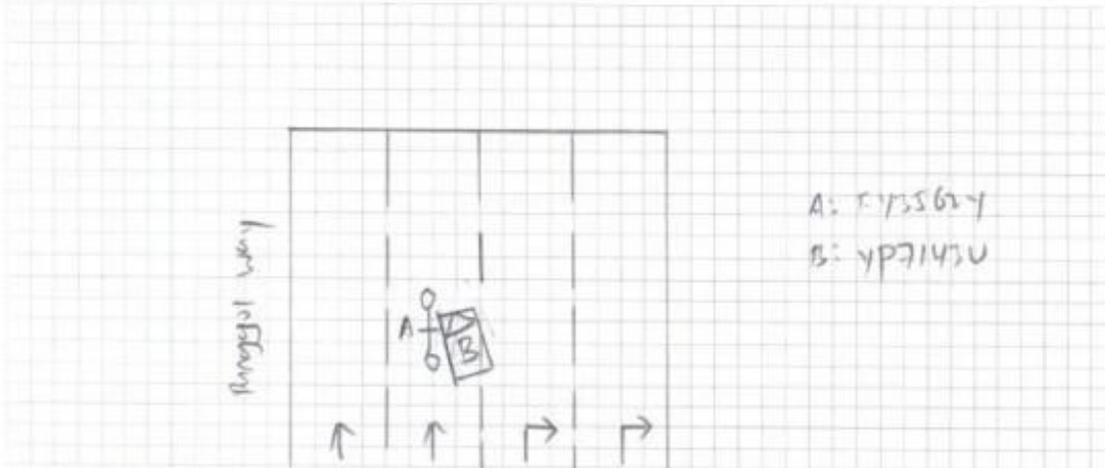
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report - 1p0190604/2009.

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.:

Police Report



**SINGAPORE
POLICE FORCE**



T/20190604/2239

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20190604/2239

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/06/2019 22:30	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: MOHAMED ARIFF BIN SUMALI		Address: APT BLK 406 HOUGANG AVENUE 10 #10-1124 SINGAPORE 530406	
ID Type / ID No.: NRIC NO / S0038969B		Contact No.: Home/Office: Mobile: 90290521	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 66	Date of Birth: 18/05/1953	Type of Informant: Rider
Race: Javanese		Language:	Institution / School Name:
Occupation: OTHERS		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: 04/06/2019 14:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PUNGGOL WAY PUNGGOL CENTRAL				
Weather: Drizzling		Road Surface: Wet		Road Speed Limit:
Traffic Flow:		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY3562Y	Motorcycle	HONDA	PHANTOM 200M	Blue	Seriously Damaged	0
YP7143U	Lorry					1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FY3562Y	NTUC Income Insurance Co-Operative Limited	5041244923-09	27/02/2019	26/02/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190604/2239

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

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Report No. T/20190604/2239

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMED ARIFF BIN SUMALI	ID No.	S0038969B
Related Vehicle	NIL	Contact No.	90290521
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	04/06/2019	Date Discharge	04/06/2019
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE ABOVE MENTIONED DATE & LOCATION,

THE TRAFFIC CONSIST OF 4 LANES. LANE 1-2 IS GOING STRAIGHT AND LANE 3-4 IS TURNING TO THE RIGHT. I WAS RIDING MY BIKE ALONG ON THE LANE 2, HEADING STRAIGHT TOWARDS PUNGGOL WALK. THE OTHER LORRY DRIVER WAS STATIONERY WAITING ON THE LANE 3, WAITING FOR THE TAFFIC LIGHT SIGNAL TO MAKE A TURN TO THE RIGHT.

THE TRAFFIC LIGHT WAS GREEN IN MY FAVOUR, AS I PASSED BY THE LORRY, SUDDENLY THE LORRY MADE A FAST TURN INTO MY LANE.

I NEVER EXPECT THE SUDDEN TURN AND I COULDN'T REACT TO IT.

I HIT THE LEFT SIDE PORTION OF THE LORRY AND FALL OFF FROM MY BIKE.

I SUSTAINED INJURY AND WAS BROUGHT OVER TO THE HOSPITAL. BOTH THE VEHICLES WERE DAMAGED AND MY BIKE WAS TOWED TO TRAFFIC POLICE.

TRAFFIC POLICE ATTENDED TO THE CASE, AND THEY TOOKED DOWN THE PARTICULARS OF THE DRIVER.

THATS ALL

HOUGANG NPC
80 HOUGANG AVE 2
SINGAPORE 538775
TEL: 1800-1841999

Police Report



SINGAPORE
POLICE FORCE



T/20190604/2239

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Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

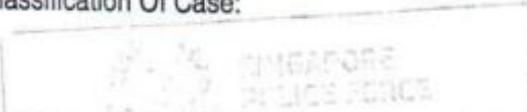
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Report No. T/20190604/2239

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: TP / YOGENDRAN S/O RAJASAKARAN	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 04/06/2019 22:30
Officer In Charge Of Case: TP / GIT / Sgt 3 RASHIDAH BINTE AZMAN Contact No.: 65476216	Classification Of Case: 
Authentication Stamp NP168	Signature of Informant: 

Accident Photo



Accident Photo



Accident Photo



Accident Photo



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