

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	20/06/2019 10:38
Date Of Accident	15/04/2019 11:30
Exact Location Of Accident	CTE TOWARDS AYE 15.5KM (LAMP POST 503F)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK1060M
Insured/Policyholder	
Name Of Registered Owner	ABDUL RAHMAN BIN ABDUL MAJID
NRIC No	S1723618J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87942503
Alternative Phone No	OTHERS-87942503

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	5078646335-03
Cover Note Number	

Driver

Name of Driver	ABDUL RAHMAN BIN ABDUL MAJID
NRIC No	S1723618J
Date Of Birth	24/09/1964
Occupation	OUTDOOR
Date Of Driving Pass	25/03/1988
Driving Experience	31 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87942503
Fax Number	
Contact Number	OTHERS-87942503
EEmail Address	NOEMAIL

Address	BLK 116 BEDOK NORTH ROAD #02-283
Postcode	460116
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	SIDE SWIPE
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	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

PLEASE REFER TO POLICE REPORT T/20190529/2032

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	SHB4192Y
Vehicle Make/Model/Colour	HYUNDAI I40
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	UNKNOWN
NRIC/Passport Number	S0534446H
Contact Number	90619125
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ABDUL RAHMAN BIN ABDUL MAJID
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FBK1060M
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

R. H. H. H.

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.

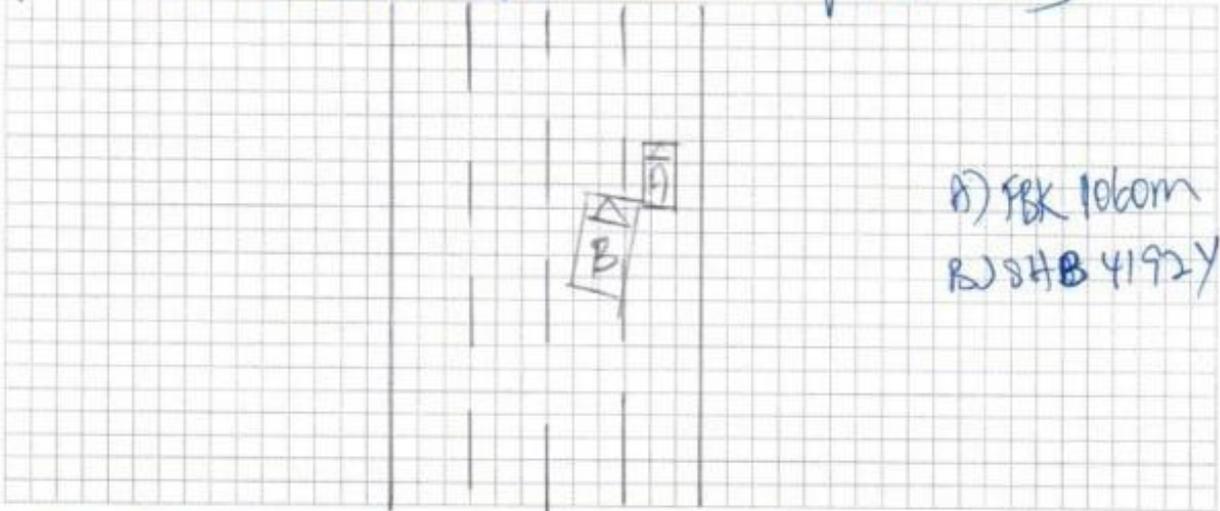
X [Signature]
 Policyholder's Signature
 Date & Time:

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

[Signature] 20/06/2019
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN CTE TOWARDS AYK 15.5KM (LAMP POST 503F)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

~~PS Report to Police Report
7/2019 0529/2032~~

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.:

SIARRMC SketchPlanForm_V3

POLICE REPORT

RECEIVED 15/01/2015 00:11



**SINGAPORE
POLICE FORCE**



T/20190529/2032

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

1 of 3

Report No. T/20190529/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/05/2019 10:32	Vide Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: ABDUL RAHMAN BIN ABDUL MAJID		Address: APT BLK 118 BEDOK NORTH STREET 2 #02-283 FENGSHAN PRECINCT SINGAPORE 460118	
ID Type / ID No.: NRIC NO / S1723618J		Contact No.: Home/Office: Mobile: 87942503	
Nationality: SIERRA LEONE		Email:	
Sex: Male	Age: 54	Date of Birth: 24/09/1964	Type of Informant: Driver
Race: Malay		Language:	Institution / School Name:
Occupation: DISPATCH DRIVER		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: 15/04/2019 11:30	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 PAN-ISLAND EXPRESSWAY (JALAN KOLAM AYER) CTE TOWARDS AYE 15.5KM L/P:503F				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK1060M	Motorcycle	HONDA	WW150 (PCX150)	Silver	Slightly Damaged	0
SHB4192Y	Car	HYUNDAI	140 1.7L CRDI ABS AIRBAG 4DR	Blue	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

POLICE REPORT

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PS/2015-05-12100130 2



**SINGAPORE
POLICE FORCE**



T/20190529/2032

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

#3
Report No. T/20190529/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK1060M	NTUC Income Insurance Co-Operative Limited	5078646335-03	23/03/2019	22/03/2020

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	ABDUL RAHMAN BIN ABDUL MAJID		ID No.	S1723618J
Related Vehicle	FBK1060M (Motorcycle)		Contact No.	87942503
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL		Date Discharge	NIL
No. of Days granted Medical Leave	40		Degree of Injury	Slight
Driver				
Name	Unknown Driver		ID No.	S0534446H
Related Vehicle	SHB4192Y (Car)		Contact No.	90619125
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	Slight

Brief Details.

ON THE STATED TIME, DATE AND LOCATION

ON 15/04/2019 ,11.30AM, I WAS TRAVELLING ALONG CTE TOWARDS AYE ON LANE 1 OF 4 . SUDDENLY, A TAXI OF PLATE NUMBER SHB4192Y COLLIDED INTO ME ON MY LEFT SIDE. I FELL AND SUSTAINED INJURY ON MY HIP AND LEGS. I WAS CONVEYED TO TTSH FOR TREATMENT.

POLICE REPORT

RECEIVED 15/01/2015 00:11



SINGAPORE POLICE FORCE



T/20190529/2032

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

3 of 3

Report No. T/20190529/2032

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 / EUGENE AW WEI XUAN
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / GIT / SI ONG CHEE HIEN Contact No.: 65476437

Signature Of Informant:
Date/Time: 29/05/2019 10:32
Classification Of Case:  SINGAPORE POLICE FORCE
Signature: <i>Eugene</i>

Authentication Stamp
NP168

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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Accident Photo



Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
 6 Raffles Quay #3B-00 Singapore 048580
 Tel (65) 6224 0010 Fax (65) 6224 0030
 Operating Hours: Monday to Friday, 09:00 - 17:00
 UEN: S963300200 / OJT 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:

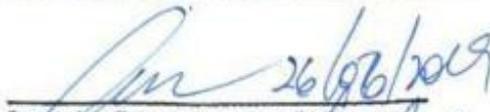
Original Report No: MNA49080229 Vehicle Registration No: FBK 1060M
 Name (as shown in NRIC): Abdul Rahman Bin Abdul Majid NRIC/FIN/Passport No: S172368J
 (*Vehicle Driver / Vehicle Owner / *) Please delete as appropriate
 Address: _____ Singapore ()
 Contact (Tel): _____ Mobile No.: 87942503
 Email Address: _____
 Date of Accident: 15/04/2019 Time of Accident: 11:30
 Place of Accident: CPE ROAD. OFF 15.5KM LAMP87 503K
 Insurance Company: NIC

(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:

THIRD PARTY VEHICLE NUMBER 8AB 41927

Policyholder / Driver's Signature _____
 Date: _____


 Reporting Centre Personnel's Signature
 Name: _____
 NRIC/FIN No.: 8064
 Date: 26/06/2019