

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 judgement 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
Email 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	SHD4192Y
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	

P. 2/2020

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:

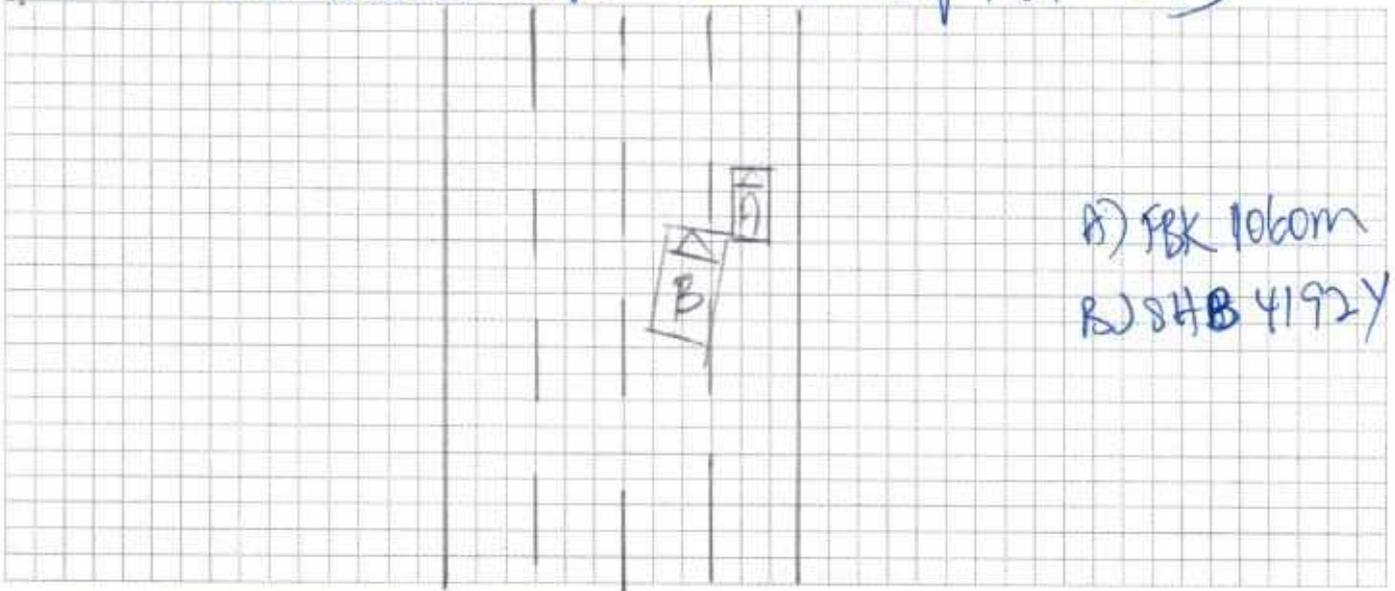
Driver's Signature
(If driver is not the policyholder)
Date & Time:

20/06/2019

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

SKETCH PLAN

CTE TOWARDS AYK 15.5KM (LAMP POST 503F)

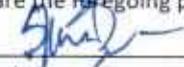


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

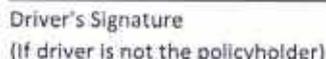
PUS REPORT TO POLICE BEFORE
 7/2019 0529/2032

DECLARATION

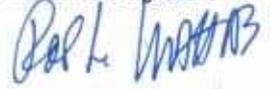
I/We declare the foregoing particulars are true in every respect.


 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.:



**SINGAPORE
POLICE FORCE**



T/20190529/2032

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

f 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.



**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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
29/05/2019 10:32

Classification Of Case:



SINGAPORE
POLICE FORCE

Signature: 

Claim Handling

Accident NT/1049783

Policy No.	1079648235-03	Vehicle No.	PK1060H	GST Registration No.	
Certificate No.					
Policyholder Name	ABDUL RAHMAN BIN ABDUL MAJID	Policyholder NRIC		317236181	
Product Code	MOTORCYCLE INSURANCE	Cover Type	Third Party	Loading	5
Contact No.(Mobile)	87942503	Contact No.(Office)		Contact No.(Home)	
Email Address		Special Remark		#Code	No
KFK	No - Yes	TCA	No - Yes	eCode Reason	
NCD Protection	No	NCD Entitlement(%)	20	Private Hire	No

Accident Details

Report Date	20/06/2019 11:59	Accident Report Within 24 hrs	Yes	Accident Type	Side Swipe
Date of Accident	15/04/2019	Time of Accident (h:mm)	11:30	Country of Accident	Singapore
Reporting Centre		Orange Force		ICM No.	
Accident Location	CTE TOWARDS AYE 35.5KM (LAMP POST 303P)				

Excess

Own damage Excess	0.00	Additional Excess		Windscreen Excess	
Unnamed Driver Excess		Outside Singapore OD Excess			
Third Party Excess	0.00	Outside Singapore TP Excess			

Benefits

GST Registered Information

GST Registered	No	GST Registration Date		GST Status Verified	Yes
GST Registration No.					
Modification History					

Policyholder Mailing Address

Address 1	BUX 116 #02-283	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE #60118
Address 4		Address Type	Singapore address	Post Code	460118
Unit No.		Related Policy Number	1079648235-03		

DI Driver Info

Driver Name	ABDUL RAHMAN BIN ABDUL MAJID	Driver Type	Man Driver	Driver DOB	24/08/1984
Unnamed driver Name		Driver NRIC	S17236181	Driving Experience	31
Register Date of Driver License	21/03/1988	Driver Age	34	Contact No.(Home)	
Contact No.(Mobile)	87942503	Contact No.(Office)		Address 1	BUX 116 #02-283
Address 1	BUX 116 #02-283	Address 2	BEDOK NORTH ROAD	Address 3	SINGAPORE #60118
Address 4		Address Type	Singapore address	Post Code	460118
Unit No.				Does he own a Singapore Registered car?	Yes - No
		Driver Vehicle No.	PK1060H	Driver Insurer Company	NTUC

Declaration

Breathalyzer or Blood Test Reading?	0 mg	Any injury?	Yes - No
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Modification History

Claim 991 [View](#)

Claim Type *

Insured Name	ABDUL RAHMAN BIN ABDUL MAJID	Insured NRIC	317236181
Contact No. (Mobile)	87942503	Contact No. (Office)	
Contact No. (Home)		TP	
Vehicle Number	PK1060H	Vehicle Number	SHDA1924
Name of Preferred Workshop			
Claim Description	PK1060H / SHDA1924 ON 18-Apr-2019		
Preferred Workshop		Insured Liability	Not at Fault
Report No. Finalisation	Yes	Preferred Workshop, Name unknown	GIA report
Date Registered	20/06/2019 11:02	Claim Close Date	
Report Taken By	RODRI WAHAB	Date Reported	20/06/2019 00:00

Print Ack letter

Save Submit

Attachment

Accident No.	NT/1049783	Claim No.	001
Last Doc. Received	Yes No	Upload Date	20/06/2019 11:04

Choose File	No file chosen	Clear	Please Select	Confidential	Urgency *	Description *
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Choose File	No file chosen	Clear	Please Select	NO	Normal	
Message Read						Send Message

Attachment List

Attachment	Uploaded By/Date	Category	Urgency	Description	Msg Sent (CO)
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Jun 2019 11:04	Photos	Normal	Photos 2019-6-20	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Jun 2019 11:04	Photos	Normal	Photos 2019-6-20	
	NAC_BUKIT_MERAH_8006761 NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH) on 20 Jun 2019 11:04	Photos	Normal	Photos 2019-6-20	



NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 11:04	Photos	Normal	Photos 2019-6-20
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 11:03	Photos	Normal	Photos 2019-6-20
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NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 11:02	NRIC/ Driving License	Normal	NRIC/ Driving License 2019-6-20
NAC_BUKIT_MERAH_800676(NATIONAL ASSESSMENT CENTRE SERVICE S (BUKIT MERAH)) on 20 Jun 2019 11:02	SAS	Normal	SAS 2019-6-20

Video List

Uploaded By/Date	Folder Date	File Name	Source	Action
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Display in New Window Scan and uploading

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S17223618J



Name

ABDUL RAHMAN BIN ABDUL
MAJID

Race

MALAY

Date of birth

24-09-1964

Sex

M

Country/Place of birth

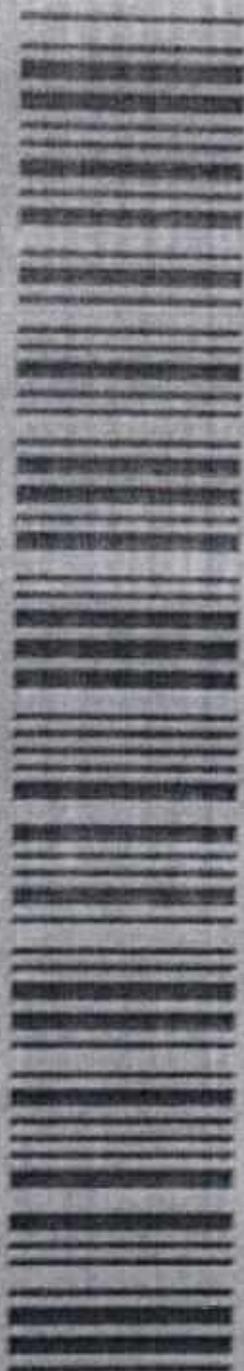
SINGAPORE



For LKK/NAC Use Only



5717736



NRIC No. S1723618J

Date of Issue

23-03-2017

For LKK/NAC Use Only

ST BLK 116 BEDOK NORTH ROAD
12-283
SINGAPORE 460116

REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S 1 7 2 3 6 1 8 J

Name

ABDUL RAHMAN BIN ABDUL
MAJID

Birth Date: 24 Sep 1964

Issue Date: 30 Oct 2010

For LRR/NAC Use Only



001906550G

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSIFICATION

CLASS 2B Motorcycles =< 200 cc

EFFECTIVE DATE

25 Mar 1988

For LKK/MAC Use Only

MP 428A



Licence No: S1723618J