

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	25/06/2019 08:59
Date Of Accident	18/06/2019 21:50
Exact Location Of Accident	BAYFRONT AVE TURNING RIGHT TO BAYFRONT LINK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL9815U
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD HISYAM BIN MOHAMED YUSOFF
NRIC No	S8910713Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96771455
Alternative Phone No	OTHERS-96771455

Vehicle Particulars

Manufacturer	KYMCO
Model	K-XCT200I
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	5091575526-02
Cover Note Number	

Driver

Name of Driver	MUHAMMAD HISYAM BIN MOHAMED YUSOFF
NRIC No	S8910713Z
Date Of Birth	25/03/1989
Occupation	INDOOR
Date Of Driving Pass	29/01/2009
Driving Experience	10 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96771455
Fax Number	
Contact Number	OTHERS-96771455
Email Address	NOEMAIL

Address	BLK 542 WOODLANDS DRIVE 16 #07-39
Postcode	730542
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)	0

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	MACPHERSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 54 PIPIT ROAD #01-82/84 , POSTCODE: 370054 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7449999 - FAX NO: 65476366
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT NO : T/20190619/2097

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	SHC8397S
Vehicle Make/Model/Colour	COMFORT TAXI HYUNDAI (BLUE)
Details Of Properties	
Vehicle Category	TAXI
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	MUHAMMAD HISYAM BIN MOHAMED YUSOFF
Approximate Age	30
Injuries Sustain	
Injured person in which vehicle?	FBL9815U
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 542 WOODLANDS DRIVE 16 #07-39
Postcode	730542


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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 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:

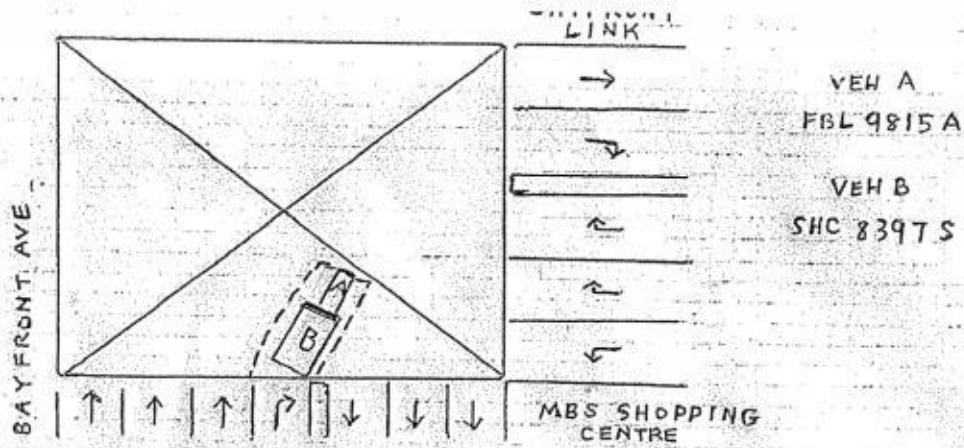
- (a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

CR BY police report

DECLARATION

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

[Signature]
Policyholder's Signature
Date & Time:

[Signature]
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/20190619/2097

1 of 3

Report No. T/20190619/2097

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/06/2019 15:36	Vide Report No.:	Station Diary No.: 38
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Informant's Particulars

Name of Informant: MUHAMMAD HISYAM BIN MOHAMED YUSOFF			Address: APT BLK 542 WOODLANDS DRIVE 16 #07-39 SINGAPORE 730542	
ID Type / ID No.: NRIC NO / S8910713Z			Contact No.: Home/Office: Mobile: 96771455	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 30	Date of Birth: 25/03/1989	Type of Informant: Rider	
Race: Boyanese			Language: English	Institution / School Name:
Occupation: WAREHOUSE ASSISTANT			Driving Licence Information: Class: 2B,3	Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 18/06/2019 21:50	Type of Location: T-Junction
Location: BAYFRONT AVENUE BAYFRONT AVENUE TURNING RIGHT TO BAYFRONT LINK (POCKET)				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL9815U	Motorcycle	KYMCO	K-XCT200I	Black	Slightly Damaged	0
SHC8397S	Taxi	HYUNDAI	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Blue		0

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190619/2097

2 of 3

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

Report No. T/20190619/2097

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBL9815U	NTUC Income Insurance Co-Operative Limited	5091575526-02	01/06/2019	31/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD HISYAM BIN MOHAMED YUSOFF	ID No.	S8910713Z
Related Vehicle	FBL9815U (Motorcycle)	Contact No.	96771455
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	18/06/2019	Date Discharge	19/06/2019
No. of Days granted Medical Leave	05	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was riding my motorcycle a Black Kymco bearing vehicle number FBL9815U along Bayfront Avenue. I then approached a traffic T-Junction and was intending to make a right turn to wards Bayfront Link. After which I stopped my vehicle and waited at the pocket area and waited for the oncoming traffic to clear before I make my right turn. As I was waiting for the road to clear, a car from the rear hit me. I managed to look at the vehicle and it was a Blue Hyundai bearing vehicle number SHC8397S under Comfort Delgro company. I also managed to call my friend and told him about the incident. few minutes later ambulance came and conveyed me to Singapore General Hospital. I was given five days mc and my certificate number is EMD2019230021. I was informed by my friend that Traffic Police towed away my motorcycle. The Traffic Police officer also issued my friend a case card with number A/20190618/0118.

POLICE REPORT

SINGAPORE
POLICE FORCE

T/20190619/2097

Police Station Of Origin:
MacPherson NPP
54 Pipit Road #01-82/84 SINGAPORE
370054
Tel No: 1800-7449999

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Report No. T/20190619/2097

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

POLICE REPORT

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:
G/
Sgt 3 MOHAMED KAMAL BIN AZIZ

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt NOR FAIZAL BIN YAHYA
Contact No.: 65476202

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
19/06/2019 15:36

Classification Of Case