

## 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	28/06/2019 16:59
Date Of Accident	28/06/2019 11:35
Exact Location Of Accident	JUNCTION OF MARGARET DRIVE AND JALAN PENJARA
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP6884T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ABDUL RAHIM BIN ESA
NRIC No	S1286473F
Email Address	GREENHORNET_4@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-91279464
Alternative Phone No	OTHERS-91279464

### Vehicle Particulars

Manufacturer	HONDA
Model	CB400-399CC SUPER FOUR
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5109704257
Cover Note Number	

### Driver

Name of Driver	ABDUL RAHIM BIN ESA
NRIC No	S1286473F
Date Of Birth	07/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91279464
Fax Number	
Contact Number	OTHERS-91279464
Email Address	GREENHORNET_4@YAHOO.COM.SG

Address	BLK 471 ANG MO KIO AVENUE 10 #04-758
Postcode	560471
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?	NO
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	ALEXANDRA NPP
Police Station Address	<b>ROAD:</b> BLK 46 TANGLIN HAIT RD #01-328 , <b>POSTCODE:</b> 140462 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190628/2078

#### 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	PC9887T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	GONG RUNXING
NRIC/Passport Number	G5072697K
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	ABDUL RAHIM BIN ESA
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBP6884T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

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5. Any false reporting may be referred to the Police for investigation.
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.

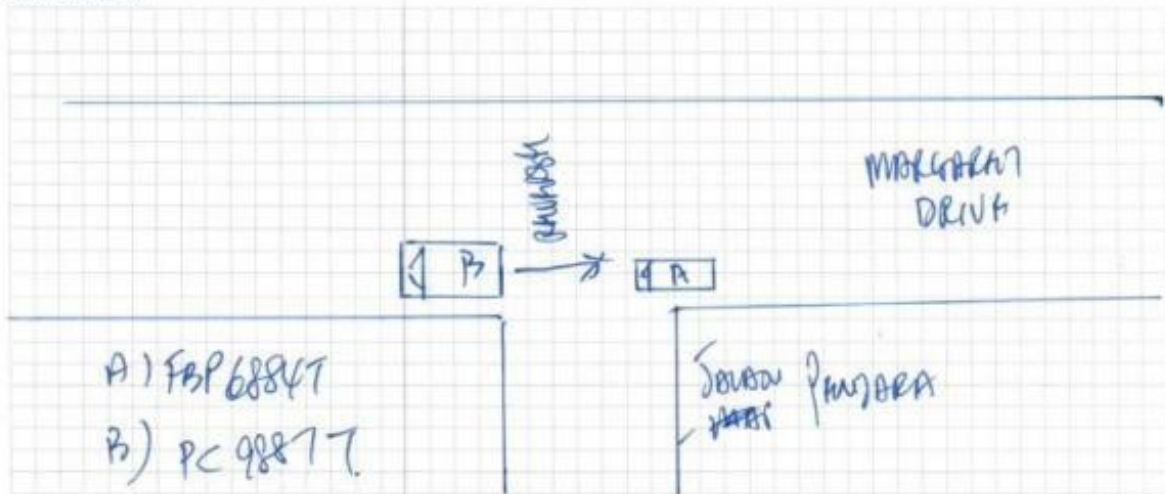
Policyholder's Signature  
Date & Time:

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

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

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

*Ref. to Police Report*  
*7/06/2019*

## DECLARATION

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

Policyholder's Signature  
 Date & Time:

GAURMC SketchPlanForm\_V1

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/20190628/2078

1 of 3

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20190628/2078

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/06/2019 12:49	Vide Report No.:	Station Diary No.: 10
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### Informant's Particulars

Name of Informant: ABDUL RAHIM BIN ESA			Address: APT BLK 471 ANG MO KIO AVENUE 10 #04-758 SINGAPORE 560471	
ID Type / ID No.: NRIC NO / S1286473F			Contact No.: Home/Office: Mobile: 91279464	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 60	Date of Birth: 07/09/1958	Type of Informant: Rider	
Race: Malay			Language: English	Institution / School Name:
Occupation: Food Inspector			Driving Licence Information: Class: 2 Date of Expiry:	

### General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/06/2019 11:35	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 MARGARET DRIVE JALAN PENJARA towards Tanglin Rd				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP6884T	Motorcycle	HONDA	CB400A	Red	Slightly Damaged	0
PC9887T	Bus/Coach/Mi nibus				Slightly Damaged	0

### Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP6884T	NTUC Income Insurance Co-Operative Limited	5109704257	18/05/2019	17/05/2020

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190628/2078

Police Station Of Origin:  
Alexandra NPP  
46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

2 of 3

Report No. T/20190628/2078

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Rider</b>			
Name	ABDUL RAHIM BIN ESA	ID No.	S1286473F
Related Vehicle	FBP6884T (Motorcycle)	Contact No.	91279464
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Driver</b>			
Name	GONG RUNXING	ID No.	G5072697K
Related Vehicle	NIL	Contact No.	NIL
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On the 28/06/2019 @ 1137hrs at a/m location, while I was riding and while approaching the said location, the bus suddenly stopped and started to reverse towards me and I tried to horn to get his attention but not able to get his attention and thus collided onto my motorcycle.

POLICE REPORT



**SINGAPORE  
POLICE FORCE**



T/20190628/2078

3 of 3

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46 Tanglin Halt Road #01-328 SINGAPORE  
140462  
Tel No: 1800-4739999

Report No. T/20190628/2078

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:  
D /  
Staff Sgt YIP KUM HOONG

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sr Staff Sgt MOHAMMED FEROZ BIN HUSSIEEN  
Contact No.: 65476206

Signature Of Informant:

Date/Time:  
28/06/2019 12:49

Classification Of Case:

Authentication Stamp  
NP168

SN 47



Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo





Accident Photo



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