

## 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	01/07/2019 11:07
Date Of Accident	06/05/2019 17:20
Exact Location Of Accident	SLE TWDS LENTOR
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC7262J
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AL HAQI SERVICES
Co Reg No	53256322X
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90171276

### Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	WORKING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	BUS

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100575090
Cover Note Number	-

### Driver

Name of Driver	HARON BIN CHE MOHAMED
NRIC No	S1754365B
Date Of Birth	26/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	01/12/2000
Driving Experience	18 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90171276
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 131 BEDOK RESERVOIR RD #06-1325
Postcode	470131
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	NO COLLISION
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)	5

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 132 PAYA LEBAR ROAD , <b>POSTCODE:</b> 409014 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8486999 - <b>FAX NO:</b> 68486799
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT.

#### 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	FBK7575E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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	RIDER
Approximate Age	
Injuries Sustain	UNKNOWN
Injured person in which vehicle?	FBK7575E
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

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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.:

## Accident Sketch Plan

### SKETCH PLAN

A = PC 7262J  
B = FBK 7575E

Self insured

SLE two's Lender

### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to Police Report

### 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/20190507/2055

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

1 of 3

Report No. T/20190507/2055

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/05/2019 11:46		Vide Report No.:		Station Diary No.: 52	
<b>Informant's Particulars</b>					
Name of Informant: HARON BIN CHE MOHAMED			Address: APT BLK 131 BEDOK RESERVOIR ROAD #06-1325 SINGAPORE 470131		
ID Type / ID No.: NRIC NO / S1754365B			Contact No.: Home/Office: Mobile: 90171276		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 26/06/1966	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: 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: 06/05/2019 17:20	Type of Location: Straight Road
Location: Along Road 1 SELETAR EXPRESSWAY				
Mandai towards lentor				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Self skid			Anyone conveyed by ambulance: No	

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBK7575E		YAMAHA	YZF-R15	Blue		0
PC7262J		TOYOTA	HIACE COMMUTER GL 2.8 AT 2WD 4DR LWB	White		0



# POLICE REPORT



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T/20190507/2055

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20190507/2055

## CONTINUATION OF REPORT

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	HARON BIN CHE MOHAMED	ID No.	S1754365B
Related Vehicle	PC7262J	Contact No.	90171276
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	NIL

### Brief Details.

On 6 May 2019 at about 5:20pm, I was travelling in vehicle PC7262J along SLE Mandai towards Lentor on lane 1. I then wanted to lane change into lane 2 and turned on my left signal. I saw a motorbike on my left mirror coming from the back. all of a sudden, the motorbike FBK7575E then self skidded and there was no collision. I also made a check on my vehicle and there was no scratches or dents.

After the motorcyclist skidded, I stopped my vehicle and went to make a check on him. Some other passerby then called for Ambulance and the rider of FBK7575E was then conveyed to hospital. Traffic Police was also at scene and took down both our particulars.

POLICE REPORT



SINGAPORE  
POLICE FORCE



T/20190507/2055

Police Station Of Origin:  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

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Report No. T/20190507/2055

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:  
G /  
Sgt 2 CHAN LIP YANG, DEMIAN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Staff Sgt MUHAMMAD KHAIRIL BIN KAMAL  
Contact No.: 65476131

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
07/05/2019 11:46

Classification Of Case:



POLICE REPORT FOR LOST WALLET



**SINGAPORE  
POLICE FORCE**



G/20190617/2033

1 of 3

**POLICE REPORT (NP322)**

Report No. G/20190617/2033

Police Station Of Origin  
Geylang N.P.C  
132 Paya Lebar Road SINGAPORE 409014  
Tel No: 1800-8486999

Date/Time Report Made 17/06/2019 10:14		Vide Report No.		Station Diary No. 29	
Name Of Informant HARON BIN CHE MOHAMED		Address APT BLK 131 BEDOK RESERVOIR ROAD #06-1325 SINGAPORE 470131			
ID Type / ID No. NRIC NO / S1754365B		Contact No. Home/Office                      Mobile 90171276			
Nationality SINGAPORE CITIZEN		Email Address			
Occupation DRIVER		Sex Male	Age 52	Date of Birth 26/06/1966	Race Malay
Institution/School Name		Language			
Date/Time Of Incident 14/06/2019 03:00		Location Of Incident 145 TECK WHYE AVENUE UNNAMED SINGAPORE 680145			

**Brief details.**

On the above mentioned date, time and location, I lost the below mentioned items.

**Property Information**

Signature Of Officer Recording The Report: G / Sgt 3 JAVIN NG CHEN BOON		Signature Of Informant: 	
Signature Of Interpreter: Not applicable		Date/Time: 17/06/2019 10:14	
Officer In-Charge Of Case: G / Bedok Police Divisional Investigation Branch / SI QUEK HAN XIONG, DARREN Contact No.: 62447200		Classification Of Case:	

Authentication Stamp

FUPO hotline number: 68429645

POLICE REPORT FOR LOST WALLET



**SINGAPORE  
POLICE FORCE**



G/20190617/2033

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POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20190617/2033

S/N	Item	Type	Brand/ Account/ Property/ Security- Type	Make/ Model/ Bank/ Address/ Counter	Serial No./ IMEI/ Acct No.	Quantity	Value	Description
1	Identity Card	Lost	SINGAP ORE NRIC			1		One Singapore NRIC Bearing, HARON BIN CHE MOHAMED S1754365B
2	Licence	Lost	Qualified Driving Licence			1		One Driving License Bearing, HARO N BIN CHE MOHAMED S1754365B
3	Licence	Lost	Bus Driver's Licence			1		One Bus Driving Licence Bearing, HARON BIN CHE MOHAMED S1754365B

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
SI QUEK HAN XIONG, DARREN  
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:  
17/06/2019 10:14

Classification Of Case:

FUPO hotline number: 68429645

POLICE REPORT FOR LOST WALLET



**SINGAPORE  
POLICE FORCE**



G/20190617/2033

3 of 3

POLICE REPORT (NP322)

CONTINUATION OF REPORT

Report No. G/20190617/2033

4	General property	Lost				1		One Caltex Discount Card
5	General property	Lost				1		One NTUC Link Card
6	General property	Lost				1		One Aviva Insurance Card
7	Credit Card / Debit Card/ ATM Card	Lost	DBS BANK LTD			1		One DBS VISA Card
8	Cash	Lost				1	Singapore Dollars 200.00	Cash Amounting to \$200/- SGD
9	General property	Lost				1		One Ezlink Passion Card

Signature Of Officer Recording The Report:

G / Sgt 3 JAVIN NG CHEN BOON

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
G / Bedok Police Divisional Investigation Branch /  
SI QUEK HAN XIONG, DARREN  
Contact No.: 62447200

Authentication Stamp

Signature Of Informant:

Date/Time:  
17/06/2019 10:14

Classification Of Case:

FUPO hotline number: 68429645



Accident Photo



Accident Photo





Accident Photo



Accident Photo



**Accident Photo**



Accident Photo



Accident Photo





Accident Photo



Accident Photo

