

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	04/07/2019 14:41
Date Of Accident	03/07/2019 07:45
Exact Location Of Accident	COLLEGE ROAD(SGH COMPOUND)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBH2709K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD KHAIRIL BIN MOHD KHALID
NRIC No	S8601767I
Email Address	KHAIMEDIC10@GMAIL.COM
Mobile Phone No	(LOCAL) +65-81388297
Alternative Phone No	OTHERS-81388297

Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA RUNNER
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5065402132-05
Cover Note Number	

Driver

Name of Driver	MUHAMMAD KHAIRIL BIN MOHD KHALID
NRIC No	S8601767I
Date Of Birth	03/01/1986
Occupation	INDOOR
Date Of Driving Pass	25/03/2013
Driving Experience	6 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81388297
Fax Number	
Contact Number	OTHERS-81388297
Email Address	KHAIMEDIC10@GMAIL.COM

Address	BLK 5 MARSILING DRIVE #05-51
Postcode	730005
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	WOODLANDS WEST NPC
Police Station Address	ROAD: 9 MARSILING LANE , POSTCODE: 739146 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190704/2032

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	SLB3958P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 KHAIRIL BIN MOHD KHALID
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FBH2709K
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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.

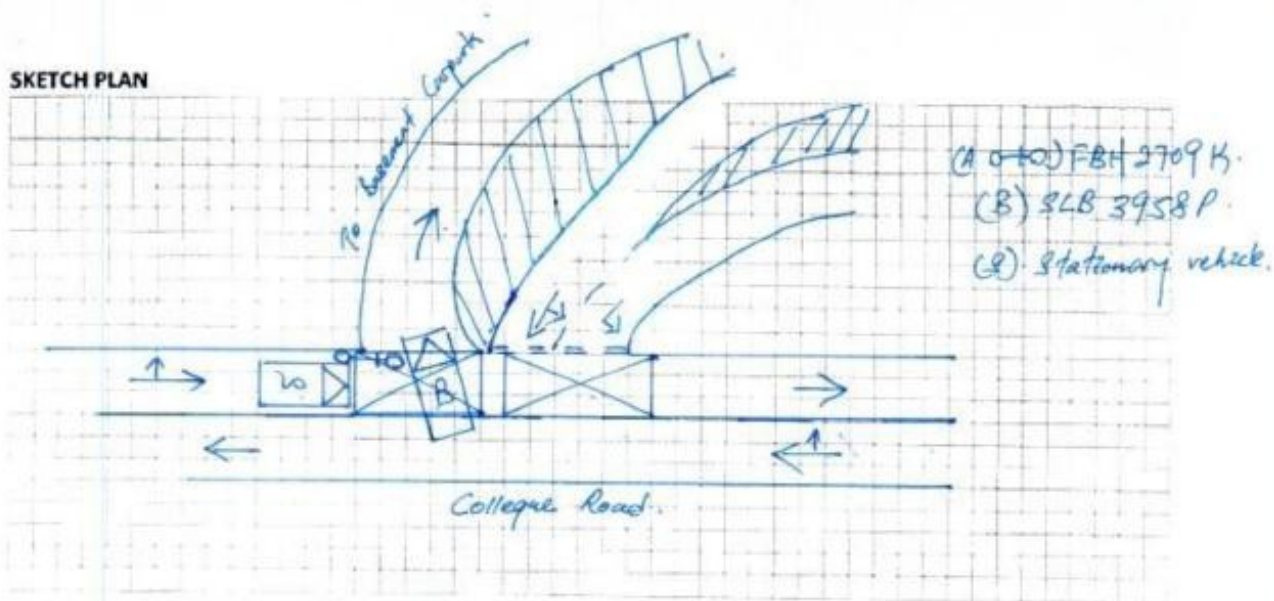

Policyholder's Signature
Date & Time:


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

 04/07/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report
No: T/20190704/2032.

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.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190704/2032

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190704/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBH2709K	NTUC Income Insurance Co-Operative Limited	5065402132-05	23/04/2019	22/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KHAIRIL BIN MOHD KHALID	ID No.	S8601767I
Related Vehicle	FBH2709K (Motorcycle)	Contact No.	81388297
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2019	Date Discharge	03/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHIN BOON CHYE	ID No.	S7235340D
Related Vehicle	NIL	Contact No.	98416857
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 the 03/07/2019 at about 0745hrs, I was travelling along College Road and was trying to exit the SGH compound into the main road when I was beside a car trying to go forward when suddenly I saw that the car had braked and I had not seen the car bearing SLB3958P which was going in the other direction at the same road had wanted to turn into the carpark that was on my left in which I could not brake in time and had banged into the car's left side front passenger door. I had then fall to my left due to the impact and then I got up and had moved to the side while the other driver had parked his vehicle to the side so as not to block traffic. I had then exchanged particulars with the other driver and nearby people then called for the ambulance and I was conveyed to SGH A and E and had received 5 days mc due to the injuries. I do not have any camera recording during the incident. Traffic police had came to visit me and informed me to lodge a police report regarding it.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190704/2032

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 8899

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Report No. T/20190704/2032

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/07/2019 10:25		Vide Report No.:		Station Diary No.: 155	
Informant's Particulars					
Name of Informant: MUHAMMAD KHAIRIL BIN MOHD KHALID			Address: APT BLK 5 MARSILING DRIVE #05-51 SINGAPORE 730005		
ID Type / ID No.: NRIC NO / S86017671			Contact No. Home/Office: 81388297 Mobile:		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 33	Date of Birth: 03/01/1986	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: Staff Nurse			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: 03/07/2019 07:45	Type of Location: Straight Road
Location: Along Road 1 COLLEGE ROAD Within SGH compound				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
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
FBH2709K	Motorcycle	PIAGGIO	GILERA RUNNER ST 200	Black	Seriously Damaged	0
SLB3958P	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective:	Expiry Date
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Police Report



**SINGAPORE
POLICE FORCE**



T/20190704/2032

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738622
Tel No: 1800-363 9999

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Report No. T/20190704/2032

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBH2709K	NTUC Income Insurance Co-Operative Limited	5065402132-05	23/04/2019	22/04/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MUHAMMAD KHAIRIL BIN MOHD KHALID	ID No.	S86017671
Related Vehicle	FBH2709K (Motorcycle)	Contact No.	81388297
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/07/2019	Date Discharge	03/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	CHIN BOON CHYE	ID No.	S7235340D
Related Vehicle	NIL	Contact No.	98416857
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 the 03/07/2019 at about 0745hrs, I was travelling along College Road and was trying to exit the SGH compound into the main road when I was beside a car trying to go forward when suddenly I saw that the car had braked and I had not seen the car bearing SLB3958P which was going in the other direction at the same road had wanted to turn into the carpark that was on my left in which I could not brake in time and had banged into the car's left side front passenger door. I had then fall to my left due to the impact and then I got up and had moved to the side while the other driver had parked his vehicle to the side so as not to block traffic. I had then exchanged particulars with the other driver and nearby people then called for the ambulance and I was conveyed to SGH A and E and had received 5 days mc due to the injuries. I do not have any camera recording during the incident. Traffic police had come to visit me and informed me to lodge a police report regarding it.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190704/2032

Police Station Of Origin:

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Woodlands West N.P.C

Report No. T/20190704/2032

1 Woodlands Street 12 SINGAPORE 730822

Tel No: 1800-353 9999

CONTINUATION OF REPORT

Police Report



SINGAPORE
POLICE FORCE



T/20180704/2032

Police Station Of Origin:
Woodlands West N.P.C.
1 Woodlands Street 12 SINGAPORE 738822
Tel No. 1800-383 9999

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Report No. T/20180704/2032

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 65474685 stating the report number as reference.

Signature Of Officer Recording The Report:
L/
Sgt 2 CHOONG JIA LE, DION

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
04/07/2019 10:25

Officer In Charge Of Case:
TP / GIT /

Classification Of Case:

Contact No.:

Authentication Stamp

NP163



Signature of
Officer In Charge