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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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

aforesaid.	
	ACCIDENT STATEMENT
Date Of Report	05/07/2019 12:43
Date Of Accident	04/07/2019 07:40
Exact Location Of Accident	ALONG BUKIT BATOK ST 31 TOWARDS BUKIT GOMBAK MRT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBC1449T
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SUFI HAKIM BIN SUBHAT
NRIC No	S9501456I
Email Address	SUFI-HAKIM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-87501108
Alternative Phone No	OTHERS-87501108
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5105244465
Cover Note Number	
Driver	
Name of Driver	MI HAMMAD SLIFI HAKIM BIN SLIBHAT

Name of Driver MUHAMMAD SUFI HAKIM BIN SUBHAT

 NRIC No
 \$9501456I

 Date Of Birth
 11/01/1995

 Occupation
 INDOOR

 Date Of Driving Pass
 28/06/2017

Driving Experience 2 YEARS AND 0 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-87501108

Fax Number

Contact Number OTHERS-87501108

EMail Address SUFI-HAKIM@HOTMAIL.COM

Address BLK 528 BUKIT BATOK STREET 51

#02-52

Postcode 650528

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 - MAJOR/MINOR RD

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?

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

HONG KAH NORTH NEIGHBOURHOOD POLICE POST

ROAD: BLK 370 BUKIT BATOK STREET 31, POSTCODE: 650370,

Police Station Address

COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-5679999 - FAX NO: 65652508

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190704/2131

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 SLA8619R

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Name of Driver TAN CHIAU MENG

NRIC/Passport Number S7712190J

Contact Number

Vehicle Category

Address Postcode

Insurance Company Name

Page 2 of 22

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SUFI HAKIM BIN SUBHAT

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBC1449T

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

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.
- 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.
- 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:
 - 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: もくしつインのし

MUSHES

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Seporting Centre Porson

NRIC/EIN No

Accident Sketch Plan

ETCH PLAN			
B	BUKIN BATOK	_ \$73 →	
-	A R	(w	
A) FBC 1449T	9 1 1		
B)SLA8619R SCRIBE CIRCUMSTANCES OF THE	ACCIDENT CARPARY	RIK 200.270	
Jenise encompanies of the	ACCIDENT CONCIDENT	DIN 350-370	
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CLARATION /e declare the foregoing particulars are	true in every respect.	1	
1.1.		Mala	2018
icyholder's Signature (c.e. & Time: 05/07/2019 (river's Signature	Reporting Centre Pergonnel's	Signature

HISOHES

Date & Time:

POLICE REPORT





1 of 3

Report No. T/20190704/2131

Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370

Tel No: 1800-5679999

Date/Time Report Made: 04/07/2019 18:07			Vide Report No.:	Station Diary No.: 36		
Informa	nt's Particu	ulars	APPROXIMATE TRANSPORT			
		HAKIM BIN	Address: APT BLK 528 BUKIT BATOR 650528	STREET 51 #02-52 SINGAPORE		
ID Type / ID No.: NRIC NO / S9501456I			Contact No.: Home/Office:			
National	ity: ORE CITIZ	EN	Email:			
Sex: Age: Date of Birth: Male 24 11/01/1995			Type of Informant: Rider			
Race: Javanese			Language:	Institution / School Name:		
Occupation: Quality Control Supervisor		ervisor	Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:			

Type of Accident:	Injury Conveyed By Ambulance		Drink Drive: No	Date/Time of Accident: 04/07/2019 07:40	Type of Location	
	K STREET 31		of carpark		Road Speed Limit:	
Clear			ouriace.		riodd opddd Linni.	
Traffic Flow: Traffic			fic Control:		Traffic Volume:	
Hallic Flow.						

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBC1449T	Motorcycle	HONDA	CB400	Black	Seriously Damaged	
SLA8619R	Car				Slightly Damaged	0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBC1449T	NTUC Income Insurance Co-Operative Limited	5105244465	23/11/2018	22/11/2019	

POLICE REPORT





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999

2 of 3 Report No. T/20190704/2131

CONTINUATION OF REPORT

Details of Perso	on Involved	ENTER STREET	Section 1998	DOINT BY	
Any Pedestrian	Involved: No	THE REAL PROPERTY.	THE REAL PROPERTY.	SECTION.	
No. of Pedestria	ns Injured: NIL	Use of P	adactria	Cross	nimm: \$14
Rider		030 0171	euestria	Cross	sing: NA
Name	MUHAMMAD SUFI HAKIM BIN SUBHAT),	S9501456I
Related Vehicle	FBC1449T (Motorcycle)			ict No.	87501108
Hospital/Clinic	NIL			of g ce & / Date	Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	NIL	charge	NIL		
No. of Days gran	ted Medical Leave NIL	Degree o			
Driver		Dogree o	mjury	Silgini	
Name	TAN CHIAU MENG		ID No.	- Company	S7712190J
Related Vehicle	SLA8619R (Car)	Contact No.		NIL	
Hospital/Clinic	NIL			of e & Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Disc		NIL	
No. of Days grant	ed Medical Leave NIL	Degree of	Injury	NIL	

Brief Details.

On 04/07/2019 at about 0740hrs, I was riding my motorcycle (V1: FBC1449T) along Bukit Batok Street 31 towards Bukit Gombak MRT Station. While riding on the yellow box outside Hong Kah North NPP, I felt an impact from my left side which caused me to fall off from V1 towards my right. I discovered a car (V2: SLA8619R) to have collided into V1.

i felt immediate pain and stiffness on the back of my neck. However, I did not pass out and was still able to walk, moving myself to the side of the road. V1 was badly damaged with a shattered front headlight. V2's damages were mainly at the front. Ambulance soon arrived and brought me away to Ng Teng Fong General Hospital. The injuries I sustained were abrasions on my left palm, left knee and left feet.

POLICE REPORT





Police Station Of Origin: Hong Kah North NPP 370 Bukit Batok Street 31 #01-201 SINGAPORE 650370 Tel No: 1800-5679999 3 of 3 Report No. T/20190704/2131

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 Th J / Staff Sgt MUSHAWWIR BIN ADRI		Signature Of Informant:
Signature Of Interpreter: Not applicable		Date/Time: 04/07/2019 18:07
Officer In Charge Of Case: TP / GIT /		Classification Of Case:
Contact No.:	SN 116	
Authentication Stamp NP168	+-	
Singapore Police	Force	



























