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 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.	
	ACCIDENT STATEMENT
Date Of Report	06/07/2019 12:00
Date Of Accident	05/07/2019 12:20
Exact Location Of Accident	PIE (TUAS) BEFORE EUNOS LINK EXIT
Country/State of Loss	SINGAPORE
D	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL7538H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD SYARIZ BIN AFFANDI
NRIC No	S9513984A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97518339
Alternative Phone No	OFFICE-97518339
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400X MANUAL
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	5108094485
Cover Note Number	
Driver	

MUHAMMAD SYARIZ BIN AFFANDI Name of Driver

NRIC No S9513984A Date Of Birth 27/04/1995 Occupation **INDOOR Date Of Driving Pass** 14/11/2016

Driving Experience 2 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-97518339

Fax Number

Contact Number OFFICE-97518339

EMail Address NOEMAIL Address BLK 118 PASIR RIS STREET 11

#02-503

Postcode 510118

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

YES 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 TAMPINES NEIGHBOURHOOD POLICE CENTRE

Police Station Address ROAD: 6 TAMPINES AVE 4, POSTCODE: 529682, COUNTRY:

SINGAPORE

Police Station Contact **TEL NO**: 1800-5871999 - **FAX NO**: 65871699

Was notice of intended Prosecution given?

If Yes,against whom?

NO

NO

Circumstances of Accident

REFER TO POLICE REPORT - T/20190705/2100.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SLG5002H

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 22

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD SYARIZ BIN AFFANDI

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBL7538H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

SKETCH PLAN

IMPORTANT NOTICE

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- 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:
 - 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)

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Accident Sketch Plan

KETCH PLAN					
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NRIC/FIN No.:

Date & Time:

Police Report





Police Station Of Origin: Tampines N.P.C

Tel No: 1800-5871999

REPORT OF A TRAFFIC ACCIDENT

1 0/3

Report No. T/20190705/2100 6 Tampines Avenue 4 SINGAPORE 529682

Date/Time Report Made: Vide Report No.: Station Diary No.: 05/07/2019 16:56 G/20190705/0119 Informant's Particulars Name of Informant Address: MUHAMMAD SYARIZ BIN AFFANDI APT BLK 118 PASIR RIS STREET 11 #02-503 SINGAPORE 510118 Contact No. ID Type / ID No. NRIC NO / S9513984A Home/Office: Mobile: 97518339 Nationality: Email: SINGAPORE CITIZEN Sex: Age: Date of Birth: Type of Informant: Male 24 27/04/1995 Rider Race: Language: Institution / School Name: Malay Occupation: Driving Licence Information: UNEMPLOYED Class: Date of Expiry:

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 05/07/2019 12:2	Type of Location Straight Road
	EXPRESSWAY UAS, BEFORE EUNOS Imber: 345	-		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Side Swip	e - Same Direction		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved					CONTACTOR	
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL7538H	Motorcycle	HONDA	CB400X MANUAL	Red	Slightly Damaged	0
SLG5002H	Car	HONDA	VEZEL 1.5X CVT	Silver	Slightly Damaged	0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date

Police Report





Police Station Of Origin: Tampines N.P.C

Report No. T/20190705/2100

2 of 3

6 Tampines N.P.C 6 Tampines Averiue 4 SINGAPORE 529682 Tel No: 1800-5871999

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL7538H	NTUC Income Insurance Co-Operative Limited	5108094485	13/03/2019	19/02/2020

Brief Details.

On the 5th of July 2019 at about 1220hrs, I was riding on my motorbike bearing plate number FBL7538H, along Pan Island Expressway towards Tuas before Eunos exit, near lamp post 345. I was travelling on the 2nd when the car bearing plate number SLG5002H, travelling on the 1st lane applied break and suddenly swerved out into my lane causing his vehicle to collide onto my motorbike. I was flown off about 10 metres away from my motorbike. At that point of time, the driver was still in his moving vehicle as such I stood beside his vehicle to stop him from leaving. I sustained abrasion on my right arms and feel pain on my shoulder as such the driver called for ambulance and I was subsequently conveyed to Changi General Hospital.

I was given 4 days MC (EMD2019130867) from 05/07/2019 to 08/07/2019 due to right shoulder sprain and multiple abrasion secondary to trauma.

The traffic police were also at scene vide G/20190705/0119.

I am not sure about the damages to both vehicles.

The other driver is namely Christopher Lee Kuan Li, S9113658I.

Police Report





Police Station Of Origin: Tampines N.P.C 6 Tampines Avenue 4 SINGAPORE 529682 Tel No: 1800-5871999 3 of 3 Report No. T/20190705/2100

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 3 SITI NUR SYAFIQAH BINTE AZMAN	Signature Of Informant:		
Signature Of Interpreter: Not applicable	Date/Time: 05/07/2019 16:56		
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt RAZIZ BIN TAHAR Contact No. 185478200 Authentication POLICE FORCE	Classification Of Case:		
NP168 SIGNATURE			





























