

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	11/07/2019 10:42
Date Of Accident	26/06/2019 08:25
Exact Location Of Accident	SLIP ROAD INTO CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBP4187K
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Insured/Policyholder

Name Of Registered Owner	MOHAMMAD ARIF BIN MOHAMED ISHA
NRIC No	S8924642C
Email Address	IMRFRIF@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91793287
Alternative Phone No	OFFICE-91793287

Vehicle Particulars

Manufacturer	YAMAHA
Model	MT-10
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	5108661557
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ARIF BIN MOHAMED ISHA
NRIC No	S8924642C
Date Of Birth	21/07/1989
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2008
Driving Experience	11 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91793287
Fax Number	
Contact Number	OFFICE-91793287
Email Address	IMRFRIF@GMAIL.COM

Address	NIL
Postcode	
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?	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 [OTHER]	TRAFFIC POLICE
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT NO: T/20190710/2037 (LODGED AT TRAFFIC POLICE) ON THE ABOVE MENTIONED DATE, TIME AND LOCATION, I WAS RIDING ALONG TPE. SLIP RD INTO CTE, LANE 1 OF 2 LANES. A CAR (SGF4126E) WAS TRAVELLING ON THE LEFT LANE MAKING A LANE CHANGE INTO THE RIGHT LANE TOWARDS CTE. I WAS RIDING ON THE RIGHT LANE WHEN THE CHANGE INTO THE RIGHT LANE TOWARDS CTE. I WAS RIDING ON THE RIGHT LANE WHEN THE MOTORCAR ENCROACHED INTO MY TRAVEL PATH. THE DISTANCE BETWEEN THE CAR AND MY MOTORCYCLE IS ABOUT 1 CAR LENGTH. I TRIED TO AVOID AND SWERVED TO THE LEFT, HOWEVER I WAS NOT ABLE TO AVOID THE CAR AND COLLIDED ONTO THE REAR PORTION OF THE CAR. I WAS THEN CONVEYED TO KTP HOSPITAL I WAS DISCHARGED AND RECEIVED 13 DAYS MC.

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	SGF4126E
Vehicle Make/Model/Colour	MAZDA / CX-5 5-DOOR WAGON 2.0L SP.6EAT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN DRIVER
NRIC/Passport Number	
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

DETAILS OF INJURED PERSON 1

Name

MOHAMMAD ARIF BIN MOHAMED ISHA

Approximate Age

Injuries Sustain

Injured person in which vehicle?

FBP4187K

Were seat belts worn?

NO

Was this injured conveyed to hospital by ambulance?

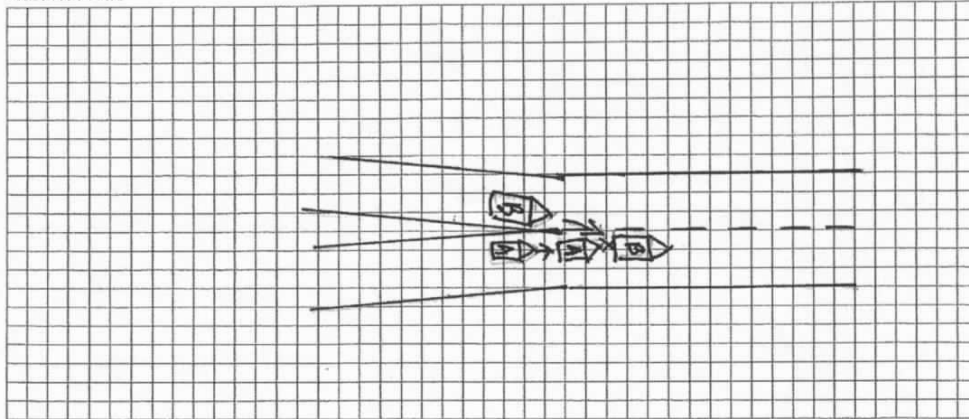
YES

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Traffic Accident Report NO. T/20140710/2037

DECLARATION

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

Policyholder's Signature
Date & Time: 10 JUL 19
1pm

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/20190710/2037

1 of 3

Report No. T/20190710/2037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2019 10:30		Vide Report No.: F/20190626/0055		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD ARIF BIN MOHAMED ISHA			Address: 575 ANG MO KIO AVENUE 10 #02-1849 SINGAPORE 560575		
ID Type / ID No.: NRIC NO / S8924642C			Contact No.: Home/Office: Mobile: 91793287		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 29	Date of Birth: 21/07/1989	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: AIRCRAFT TECHNICIAN			Driving Licence Information: Class: 2B,2A,2,3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 26/06/2019 08:25	Type of Location:
Location: TAMPINES EXPRESSWAY SLIP RD INTO CTE				
Weather:		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBP4187K	Motorcycle	YAMAHA	MT-10	Black		0
SGF4126E	Car					0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBP4187K	NTUC Income Insurance Co-Operative Limited	5108661557	06/04/2019	05/04/2020

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190710/2037

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Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190710/2037

CONTINUATION OF REPORT

Brief Details.

ON THE ABOVE MENTIONED DATE, TIME AND LOCATION,

I WAS RIDING ALONG TPE, SLIP RD INTO CTE, LANE 1 OF 2 LANES. A CAR(SGF4126E) WAS TRAVELLING ON THE LEFT LANE MAKING A LANE CHANGE INTO THE RIGHT LANE TOWARDS CTE. I WAS RIDING ON THE RIGHT LANE WHEN THE MOTORCAR ENCROACHED INTO MY TRAVEL PATH. THE DISTANCE BETWEEN THE CAR AND MY MOTORCYCLE IS ABOUT 1 CAR LENGTH. I TRIED TO AVOID AND SWERVED TO THE LEFT, HOWEVER I WAS NOT ABLE TO AVOID THE CAR AND COLLIDED ONTO THE REAR PORTION OF THE CAR. I WAS THEN CONVEYED TO KTHOSPITAL I WAS DISCHARGED AND RECIEVED 13 DAYS MC.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190710/2037

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20190710/2037

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:
TP /
NG RUI TONG

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
10/07/2019 10:30

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:

Authentication Stamp
NP168



**SINGAPORE
POLICE FORCE**