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	22/07/2019 09:48
Date Of Accident	09/07/2019 17:55
Exact Location Of Accident	PIE (CHANGI) AFTER JURONG EAST CENTRAL EXIT
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	FBL5986K
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD ZUIB B ABDUL RAHIM
NRIC No	S9129880E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92379425
Alternative Phone No	OFFICE-92379425
Vehicle Particulars	
Manufacturer	HONDA
Model	CBF190WH
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	5087488805-02
Cover Note Number	
Driver	

Name of Driver MUHAMMAD ZUIB BIN ABDUL RAHIM

 NRIC No
 S9129880E

 Date Of Birth
 21/08/1991

 Occupation
 OUTDOOR

 Date Of Driving Pass
 08/04/2010

Driving Experience 9 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-92379425

Fax Number

Contact Number OFFICE-92379425

EMail Address NOEMAIL

Address BLK 11 EUNOS CRESCENT

#02-2745

Postcode 400011

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 Registration Number of Briver's CWIT

_

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

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? YES

Was any injured conveyed to hospital by YES

ambulance?

YES

NO

2

Was any other material or property damaged?

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

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 TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY

NO

ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY:

Police Station Address SINGAPORE

Police Station Contact TEL NO: 65470000 - FAX NO:

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20190715/7025.

Attachment(s)

Are accident photos available for attachment?

Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

YES

Details of Witness 1

Name LEWIS

Phone Number Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJK8788G

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Page 2 of 21

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD ZUIB BIN ABDUL RAHIM

Approximate Age

Injuries Sustain BODY
Injured person in which vehicle? FBL5986K

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- 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.
- 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: Driver's Signature (If driver is not the policyholder) Date & Time:

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

Accident Sketch Plan

		A. 16 L 5986K
	NA 32	3:5J K87886
	954	
	2	
	3 3	
	± AI	
	a X	
SCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
polar to mire	1204 - Thorqualt 2025.	
destu 12 pice	19517 - 11-0173417 140-7	
- 12		
ECLARATION		
We declare the foregoing	particulars are true in every respect.	
1		
App		1200
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
ate & Time:	(If driver is not the policyholder)	Name: NRIC/FIN No.:

Police Report





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

1 of 3 Report No. T/20190715/7025

REPORT OF A TRAFFIC ACCIDENT

	Date/Time Report Made: 15/07/2019 18:28		Vide Report No.:	Station Diary No.			
Informa	nt's Partic	ulars		THE RESIDENCE OF THE PARTY OF T			
Name of Informant: MUHAMMAD ZUIB BIN ABDUL RAHIM			Address: APT BLK 11 EUNOS CRESCENT #02-2745 SINGAPORE 400011				
ID Type / ID No.: NRIC NO / S9129880E		80E	Contact No.: Home/Office:	Mobile: 92379425			
National SINGAP	ity: ORE CITIZ	EN	Email: black_rider_mz@hotmail.com	1			
Sex: Age: Date of Birth: Male 27 21/08/1991			Type of Informant: Rider				
Race: Bengali			Language: English	Institution / School Name:			
Occupation: Test engineer			Driving Licence Information: Class: 2B,3,4	Date of Expiry:			

Type of Accident:	Injury Attended by Police Drink Drive: Accident: No 09/07/2019			Type of Location Straight Road
Location: PAN ISLAND	Expressway Exit 30			
		Road Surface:		Road Speed Limit:
Weather: Sunny Traffic Flow: One Way		Road Surface: Dry Traffic Control:		Road Speed Limit: 80 Km/h Traffic Volume: Moderate

Details of Vehicle Involved						
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBL5986K	Motorcycle	HONDA	CBF190WH	Red		0

Details of Vehicle Insurance					
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date	
FBL5986K	NTUC Income Insurance Co-Operative Limited	5087488805-02	12/01/2019	The second secon	

Police Report





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

2 of 3 Report No. T/20190715/7025

CONTINUATION OF REPORT

Details of Perso	n Involved	The state of the s	Sales of Contract	- 150,50	1000	NAME OF TAXABLE PARTY.
Any Pedestrian I	nvolved: No					
No. of Pedestrians Injured: NIL			Use of P	Use of Pedestrian Crossing: NA		
Rider	THE COUNTY OF THE PARTY	1000000	ARC GEO	YOURS		
Name	MUHAMMAD ZUIB			ID No).	S9129880E
Related Vehicle	FBL5986K (Motorcycle)			Conta	ect No.	92379425
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL			Class Drivin Licen Expiry	g	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	12/07/2019 Date Dis			charge	NIL	
No. of Days gran	A-management of the Control of the C			of Injury		us
Rider		-	to sentence	OF REAL PROPERTY.		St. Company of the last of the
Name	MUHAMMAD ZUIB BIN ABDUL RAHIM			ID No		S9129880E
Related Vehicle	FBL5986K (Motorcycle)			Conta	ct No.	92379425
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL			Class Drivin Licent Expiry	g ce &	Class: 2B,3,4 Date of Expiry: NIL
Date Treatment	09/07/2019		Date Dis	charge	12/07	7/2019
No. of Days grant	ted Medical Leave	NIL	Degree o		Serio	the state of the s

Brief Details

The accident happened on 9 July 2019, approximately 5:55pm.

I ended work at Tuas South St 7 and was heading back home. It was a sunny and bright day. The road was dry and it didn't rain on the day.

I was riding in PIE between lanes 1 and 2 at JURONG TOWN HALL segment heading towards PIE CHANGI AIRPORT. I was definitely riding at a range 65km/h, as I have verified my speed right because it slowed me down before entering into a moderate to heavy traffic.

I saw an opportunity to move to lane 2. I signalled left and gradually move to lane 2. Lane 1 was coming to a jam. I saw a big white car suddenly brake and unexpectedly changed lanes from lane 1 to lane 2, which was the direction I was riding towards. The distance Between the car and myself was 1 car length away. I was in a shocked state and my first reaction was the emergency brake. The distance between my motorbike and car was too close, due to that, i was unable to avoid collision. I hit the front door of the left side passenger. Immediately after, I was thrown out of my bike. I felt myself rolling on the road and found myself in lane 3. My witness, Lewis was there to help the situation.

Police Report





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

3 of 3 Report No. T/20190715/7025

CONTINUATION OF REPORT

Sketch Plan						
Informant is	not	able	to	provide	sketch	pla

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 15/07/2019 18:28
Officer In Charge Of Case: TP / TPIB / MA JUNXIANG Contact No.: 65476251	Classification Of Case:
Authentication Stamp	



























