

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	23/07/2019 15:26
Date Of Accident	17/07/2019 00:10
Exact Location Of Accident	ALONG KILLINEY ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS4141D
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Insured/Policyholder

Name Of Registered Owner	MOHAMMAD AMIR BIN MOHAMMAD CHAN
NRIC No	S7624316F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97930528
Alternative Phone No	OTHERS-97930528

Vehicle Particulars

Manufacturer	HONDA
Model	CB400SF-399CC
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100691295-01
Cover Note Number	

Driver

Name of Driver	MOHAMMAD AMIR BIN MOHAMMAD CHAN
NRIC No	S7624316F
Date Of Birth	06/08/1976
Occupation	OUTDOOR
Date Of Driving Pass	27/11/1995
Driving Experience	23 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97930528
Fax Number	
Contact Number	OTHERS-97930528
Email Address	NOEMAIL

Address	BLK 405 PASIR RIS DRIVE 6 #02-493
Postcode	510405
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 ON COLLISION
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	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190718/2129 AND T/20190718/2159

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	SHC6677Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
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	MOHAMMAD AMIR BIN MOHAMMAD CHAN
Approximate Age	
Injuries Sustain	SERIOUS INJURY
Injured person in which vehicle?	FS4141D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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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.

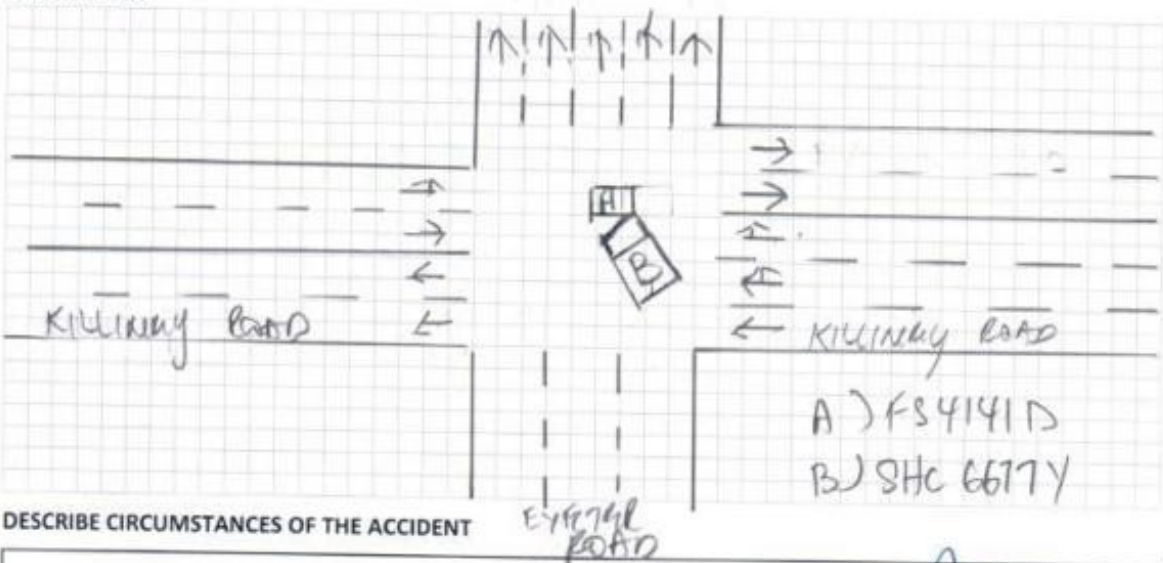

Policyholder's Signature
Date & Time:

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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten note across the section:
 PUS REFUSE TO POLICE REPORT
 7/20190718/2129 & 7/20190718/2159

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.:

GLS/SM/ SketchPlanForm_V3

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190718/2129

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

1 of 3

Report No. T/20190718/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/07/2019 16:23		Vide Report No.: E/20190717/0004		Station Diary No.:	
Informant's Particulars					
Name of Informant: MOHAMMAD AMIR BIN MOHAMMAD CHAN			Address: 405 PASIR RIS DRIVE 6 #02-493 SINGAPORE 510405		
ID Type / ID No.: NRIC NO / S7624316F			Contact No.: Home/Office: Mobile: 97930528		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 40	Date of Birth: 06/08/1978	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: RIDER			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: 17/07/2019 00:10	Type of Location:
Location: Along Road 1 KILLINEY ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
Type of Collision:				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS4141D	Motorcycle	HONDA	CB400SF ABS MANUAL	Blue	Slightly Damaged	0
SHC6677Y	Car				Slightly Damaged	0

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190718/2129

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

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Report No. T/20190718/2129

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FS4141D	NTUC Income Insurance Co-Operative Limited	5100691295-01	10/06/2019	09/06/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD AMIR BIN MOHAMMAD CHAN	ID No.	S7624316F
Related Vehicle	FS4141D (Motorcycle)	Contact No.	97930528
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 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 ABOVE MENTIONED DATE TIME AND LOCATION, I WAS TRAVELLING ON LANE 1 OF 3 LANES. APPROACHING THE JUNCTION OF EXETER ROAD, TRAFFIC LIGHT WAS SHOWING GREEN ONLY. AS SUCH, I PROCEEDED STRAIGHT ACROSS THE JUNCTION. SUDDENLY, THERE WAS A SILVER TAXI, THAT MADE A RIGHT TURN AT THE JUNCTION FROM THE OPPOSITE DIRECTION. I APPLIED BRAKES AND I WAS NOT ABLE TO STOP IN TIME AND COLLIDED ONTO THE TAXI. I WAS CONVEYED TO SGH BY AN AMBULANCE.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190718/2129

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

3 of 3

Report No. T/20190718/2129

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 / FIRDAUS BIN ABU BAKAR 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 18/07/2019 16:23
Officer In Charge Of Case: TP / GIT / Staff Sgt SUFIYAN BIN KHAIRI Contact No.: 65476390	Classification Of Case:
Authentication Stamp NP168	<div style="border: 1px solid black; padding: 5px; text-align: center;"> SINGAPORE POLICE FORCE Signature: </div>

POLICE REPORT



T/20190718/2159

1 of 3

Report No. T/20190718/2159

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190718/2129

Report Number T/20190718/2159

Vide Report Number T/20190718/2129

Date/Time of Report Made 18/07/2019 19:25

Place Report Lodged Traffic Police

Type of Informant Rider

Name of Informant MOHAMMAD AMIR BIN MOHAMMAD CHAN

ID Type / ID No. NRIC NO / S7624316F

Home/Office

Mobile 97930528

Email

Type of Accident Injury / Conveyed By Ambulance

Drink Drive No

Anyone conveyed by ambulance No

Date/Time of Accident 17/07/2019 00:10

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS4141D	Motorcycle	HONDA	CB400SF ABS MANUAL	Blue	Slightly Damaged	0
SHC6677Y	Car				Slightly Damaged	0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T/20190718/2159

2 of 3

Report No. T/20190718/2159

Continuation of CSF For NP168

Rider			
Name	MOHAMMAD AMIR BIN MOHAMMAD CHAN	ID No.	S7624316F
Related Vehicle	FS4141D (Motorcycle)	Contact No.	97930528
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 Facts.

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POLICE REPORT



T/20190718/2159

3 of 3

Report No. T/20190718/2159

Continuation of CSF For NP168

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Case Sensitivity No

Officer-In-Charge of Case TP / GIT /
SUFYAN BIN KHAIRI

Classification of Case 1) INJURY / CONVEYED BY AMBULANCE.



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

