

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	30/07/2019 11:58
Date Of Accident	23/07/2019 21:25
Exact Location Of Accident	TECK WHYE LANE / CHUA CHU KANG ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK6439Y
Insured/Policyholder	
Name Of Registered Owner	TAHARUDIN BIN BARU
NRIC No	S7213804Z
Email Address	DINTRAILER@HOTMAIL.SG
Mobile Phone No	(LOCAL) +65-87762205
Alternative Phone No	OTHERS-87762205

Vehicle Particulars

Manufacturer	SUZUKI
Model	GSX1300RAZL4 (HAYABUSA ABS)
Exact Purpose for which vehicle was being used at time of accident	
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	1800064162-01
Cover Note Number	

Driver

Name of Driver	TAHARUDIN BIN BARU
NRIC No	S7213804Z
Date Of Birth	19/04/1972
Occupation	INDOOR
Date Of Driving Pass	22/10/2002
Driving Experience	16 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87762205
Fax Number	
Contact Number	OTHERS-87762205
Email Address	DINTRAILER@HOTMAIL.SG

Address	BLK 55 LENGKOK BAHRU #15-421
Postcode	151055
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

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)	2
Passenger 1	NAME: : NURHIDAYATI GENDER: : FEMALE

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 - UBI AVE 3
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO ATTACHED.

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	SHA7665K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	MAK FOOK YAN
NRIC/Passport Number	S1042554I
Contact Number	91076289
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	TAHARUDIN BIN BARU
Approximate Age	
Injuries Sustain	HEAD INJURIES, TRIQUETRAL FRACTURE ON LEFT WRIST ,ABRASION ON LEFT ARM AND LEG
Injured person in which vehicle?	FBK6439Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	NURHIDAYATI
Approximate Age	
Injuries Sustain	ABRASION ON LEFT LEG AND LEFT KNEE SWOLLEN
Injured person in which vehicle?	FBK6439Y
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Sketch Plan Pg. 1

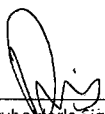
SKETCH PLAN

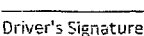
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

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:
 - (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.:

5

A hand-drawn diagram on a grid background. It features a central rectangle with a diagonal cross. Two arrows point into the rectangle from the left, and two arrows point away from the rectangle towards the top-left and top-right. The top-right arrow is labeled "50%".

A: FBK 6439Y B: JHA 7665K

~~Here~~^{2nd} Please refer to Police report.

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

cyholder's Sign

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



Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20190730/2036

1 of 3

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

Report No. T/20190730/2036

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/07/2019 11:14	Vide Report No.: J/20190723/0126	Station Diary No.:
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Informant's Particulars			
Name of Informant: TAHARUDIN BIN BARU		Address: APT BLK 813A CHOA CHU KANG AVENUE 7 #03-535 SINGAPORE 681813	
ID Type / ID No.: NRIC NO / S7213804Z		Contact No.: Home/Office: Mobile: 87762205	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 47	Date of Birth: 19/04/1972	Type of Informant: Driver
Race: Malay		Language: English	Institution / School Name:
Occupation: TRAILER DRIVER		Driving Licence Information: Class: 2B,2A,2,3,4 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 23/07/2019 21:25	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 TECK WHYE LANE CHOA CHU KANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBK6439Y	Motorcycle	SUZUKI	GSX1300RA ZL4 (HAYABUSA ABS)	Red	Slightly Damaged	1
SHA7665K	TAXI				Slightly Damaged	0

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



**SINGAPORE
POLICE FORCE**



T/20190730/2036

2 of 3

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

Report No. T/20190730/2036

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FBK6439Y	AIG ASIA PACIFIC INSURANCE PTE. LTD.	1800064162-01	31/05/2019	30/05/2020

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	TAHARUDIN BIN BARU		ID No. S7213804Z
Related Vehicle	FBK6439Y (Motorcycle)		Contact No. 87762205
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3,4 Date of Expiry: NIL
Date Treatment	NIL		Date Discharge NIL
No. of Days granted Medical Leave	16	Degree of Injury	Slight

Brief Details.

I was from Teck Whye Road and intended to proceed to have my dinner at Teck Whye Lane. I was with a pillion namely Nurhidayati. As I was riding on the left of 2 lanes along Choa Chu Kang Road towards Bukit Panjang Road, a blue taxi suddenly came out from Teck Whye Lane to make a left turn into Choa Chu Kang Road, from my left to right. I jammed by brakes however the taxi was too close to me.

I collided onto the front right tyre of the said taxi, however I managed to control my motorcycle and was in lane 1. Suddenly, the taxi made a right lane change onto lane 1. By that time, my motorcycle collided onto the front right side of the taxi and the impact caused me and my pillion to fall on the road.

My son who was riding on his motorcycle behind me, managed to stop the taxi driver. My pillion and I was conveyed to Ng Teng Fong Hospital. I sustained pains on my left hand due to the impact however my pillion suffered abrasions and pains on her left foot.



**SINGAPORE
POLICE FORCE**



T/20190730/2036

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

3 of 3

Report No. T/20190730/2036

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 /

Sgt 3 MUHAMMAD FARHAN BIN SAIRI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2019 11:14

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN

Contact No.: 65476185

Classification Of Case:

Authentication Stamp

NP168



CERTIFICATE OF INSURANCE

MOTORCYCLE AUTOVANTAGE MOTORCYCLE

Name of Policyholder : TAHARUDIN BIN BARU
 Period of Insurance : 31 May 2019 To 30 May 2020
 Engine No. : X704152562
 Chassis No. : JS1CK131BE0100113

Vehicle No. : FBK6439Y
 Policy No. : 1800064162-01
 Endorsement No. :
 Issued Date : 04 May 2019

ABOUT THE COVER

Make/Model : SUZUKI GSX1300RK9
 Engine Capacity/Tonnage : 1,340.00 CC
 Driver Restriction : Named Driver Basis
 Person or Classes of Persons Entitled to Drive* :

Sum Insured : Market Value
 Off Peak Car : No

First Year of Registration : 2015
 Insuring with COE/PARF : Yes

- a) The Policyholder
 b) Any person who is named as a "named driver" under this Policy.

Age Condition : Not Applicable

Limitation as to use* :

Use only for social, domestic and pleasure purposes and for the Policyholder's business.

The Policy does not cover

- 1) use for hire or reward;
- 2) use for driving tuition, driving test, racing, pace-making, reliability trial or speed-testing;
- 3) use for the carriage of goods (other than samples) in connection with any trade or business; and
- 4) use for any purpose in connection with Motor Trade.

* Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Cap. 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS

Section 1
 Fire - \$0 Own Damage \$1650 Theft - \$0

Section 2
 Property Damage - \$0

Windscreen : NA

Please note that this vehicle
 is under hire purchase with
 Bike Production Pte Ltd
 No transfer of endorsement is allowed
 unless with their consent

Named Driver and Excess (where applicable)

TAHARUDIN BIN BARU - \$1650 (Own Damage)

APPROVED REPORTING CENTRES/AUTHORISED REPAIRERS (FOR CLAIMS RELATED REPAIRS)

Any accident repairs to the Vehicle must be carried out by one of our Authorised Repairers. Within the first 3 years of the first registration of the Vehicle in Singapore, You have the option of having the accident repairs carried out at the Sole Agent's workshop.
 For other Approved Reporting Centres/AIG Authorised Repairers, please contact our 24-hour accident emergency hotline at +65 6338 6200. Alternatively, You may refer to AIG website www.aig.com.sg or AIG SG Mobile App. Simply search and download "AIG SG" from iTunes or Google Play.

IMPORTANT NOTES

Hire Purchase Company/Employer's Loan: BIKE PRODUCTION PTE LTD

We hereby certify that the policy to which this Certificate of Insurance relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Cap. 189), Part IV of the Road Transport Act, 1987 (Malaysia) and Motor Vehicles (Third Party Risks) Rules, 1959 (Malaysia).

BIKE PRODUCTION PTE LTD
 Co Reg No: 200007407G
 610 Serangoon Road
 Singapore 218216
 Tel: 63922553 Fax: 62975400

0500656016

COWELL - BIKE PRODUCTION
 8 BURN ROAD #09-09 TRIVEX
 SINGAPORE 369977 ANSP-NONLIFE

Underwritten by AIG Asia Pacific Insurance Pte. Ltd.

AIG Asia Pacific Insurance Pte. Ltd.
 AUTHORISED REPRESENTATIVE

Tai Joo Lim