

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	06/08/2019 14:06
Date Of Accident	27/07/2019 08:50
Exact Location Of Accident	ALONG PIE TOWARDS BEFORE EXIT TO DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBG1620T
Insured/Policyholder	
Name Of Registered Owner	ROSLI BIN JAMIL
NRIC No	S9447213Z
Email Address	ROSLI_J@OUTLOOK.COM
Mobile Phone No	(LOCAL) +65-93278074
Alternative Phone No	OTHERS-93278074

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	TRAVELLING TO WORK
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	MOTORCYCLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5095226971-01
Cover Note Number	

Driver

Name of Driver	ROSLI BIN JAMIL
NRIC No	S9447213Z
Date Of Birth	21/12/1994
Occupation	INDOOR
Date Of Driving Pass	10/01/2017
Driving Experience	2 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93278074
Fax Number	
Contact Number	OTHERS-93278074
Email Address	ROSLI_J@OUTLOOK.COM

Address	BLK 570A WOODLANDS AVENUE 1 #12-878
Postcode	731570
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JJE7502 (COMMERCIAL VEHICLE)
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/20190727/7014

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	JJE7502
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
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	ROSLI BIN JAMIL
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBG1620T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

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:

05/08/2019
1210hrs

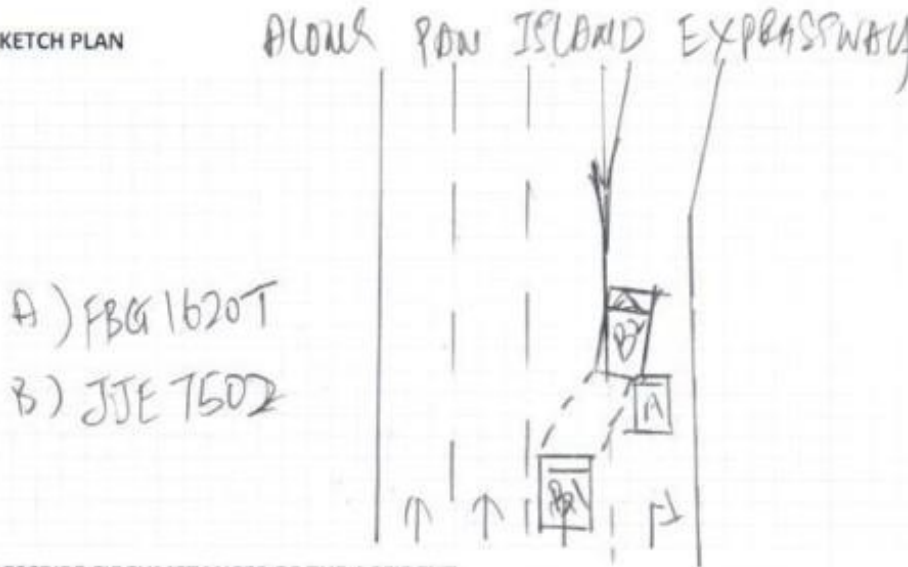
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

06/08/2019
1210hrs

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/07/2019 at about 0850hrs, I was travelling on PIE towards Tuas to go to work. I was on lane 2 of the expressway and made a lane change to lane 1 as I wish to overtake a few ~~slow~~ slower vehicles in front of me. As I was travelling on lane 1 and approaching Exit 26a, a Malaysia van with vehicle number JJE 7502 from lane 2 made a sudden lane change into my lane. I horned at the driver to alert him of my presence however he failed to revert back to his lane and proceeded with the lane change. The rear part of the Malaysia vehicle hit the front part, on the left side of my motorcycle causing me to fall on my left. As a result, I suffered abrasions.

Police Report 1/2580221/2019

DECLARATION

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

Policyholder's Signature

Date & Time: 05/08/2019

1210hrs

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/20190727/7014

1 of 3

Report No. T/20190727/7014

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

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/07/2019 23:46		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: ROSLI BIN JAMIL			Address: 570A WOODLANDS AVENUE 1 #12-878 SINGAPORE 731570		
ID Type / ID No.: NRIC NO / S9447213Z			Contact No.: Home/Office:		Mobile: 93278074
Nationality: SINGAPORE CITIZEN			Email: rosli_j@outlook.com		
Sex: Male	Age: 24	Date of Birth: 21/12/1994	Type of Informant: Rider		
Race: Malay			Language: English		Institution / School Name:
Occupation: Customer service clerk			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/07/2019 08:50	Type of Location: near exit 26a
Location: PAN ISLAND EXPRESSWAY				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 90 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBG1620T	Motorcycle	YAMAHA	FZ16	Black	Slightly Damaged	0
JJE7502	Van					0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBG1620T	NTUC Income Insurance Co-Operative Limited			

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20190727/7014

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Report No. T/20190727/7014

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ROSLI BIN JAMIL	ID No.	S9447213Z
Related Vehicle	FBG1620T (Motorcycle)	Contact No.	93278074
Hospital/Clinic	NATIONAL UNIVERSITY HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	27/07/2019	Date Discharge	27/07/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On 27/07/2019 at about 0850hrs, i was travelling on PIE towards Tuas. I was on lane 2 of the expressway. In front of me, there was a Malaysia vehicle bearing plate number JJE7502.

Before reaching Exit 26a, i have made a lane change to lane 1 as i wish to overtake the few vehicles in front including the mentioned Malaysia vehicle.

While as i was travelling in lane 1 and aproaching Exit 26a chevron marking, the Malaysia van abruptly change lane from lane 2 into my lane.

Upon noticing the sudden lane change, i horned at the driver to alert him of my presence however, the driver failed to revert back to his original position and still proceeded to change lane.

The rear part of the Malaysia vehicle hit the front part, on the left side of my motorcycle causing me to fall on my left and was dragged a few distance.

After gaining momentum of myself after the fall with the help from other motorists and the Malaysia vehicle driver, the driver apologised to me and informed that he intended to filter and exit. He was on GPS and was confused of the directions.

A while later, LTA marshal, Orange Force rider from NTUC, Ambulance and Traffic Police arrived at scene.

I was attended by paramedics and conveyed to NUH.

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190727/7014

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

3 of 3

Report No. T/20190727/7014

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
27/07/2019 23:46

Classification Of Case:

National University Hospital (Singapore) Pte Ltd

5 Lower Kent Ridge Road, Singapore 119074

TEL: (65) 6779 5555

Business Registration No. 198500843R



MEDICAL CERTIFICATE	ORIGINAL	NUH1920591
NAME: ROSLI BIN JAMIL		NRIC: S9447213

Type of Medical Leave granted : HOSPITALIZATION LEAVE

The above named is unfit for duty for a period of 5 day(s) from 27-Jul-2019 to 31-Jul-2019 inclusive

The certificate is not valid for absence from court attendance.

The above named attended for Examination/Treatment from 27-Jul-2019 09:52 to 27-Jul-2019 12:32

27-Jul-2019
Date
A member of the NUHS

LEE MING ZHOU (19284H)
Issued by

A&E
Location

Signature

		NATIONAL HEALTHCARE GROUP POLYCLINICS Woodlands Polyclinic 10 Woodlands Street 31 Singapore 738579	
MEDICAL CERTIFICATE		ORIGINAL	WDL19078855
Name : ROSLI BIN JAMIL		NRIC : S9447213Z	
Type of Medical Leave granted : OUTPATIENT SICK LEAVE			
The above name is unfit for duty for a period of 5 day(s) from 02/08/2019 to 06/08/2019 inclusive.			
The certificate is not valid for absence from court attendance.			
The above named attended Examination/Treatment from 02:57 PM to --			
Remarks :			
For enquiries, please call 63553000			
02/08/2019	Dr. RENGANATHAN THARSAN (60905F)	Woodlands	Signature
Date	Issued By	Location	

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

