

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 | 16/08/2019 12:11 |
| Date Of Accident | 29/07/2019 15:00 |
| Exact Location Of Accident | ALONG JALAN BAHAR |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|---------|
| Vehicle Registration Number | FBK789B |
|-----------------------------|---------|

Insured/Policyholder

| | |
|--------------------------|---------------------------|
| Name Of Registered Owner | NOR DINIE BIN MOHAMAD NOR |
| NRIC No | S9301298D |
| Email Address | DINNIEMATEEN19@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-81729126 |
| Alternative Phone No | OFFICE-81729126 |

Vehicle Particulars

| | |
|--|---------------------|
| Manufacturer | YAMAHA |
| Model | JUPITER LC135-135CC |
| 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 |
| Fleet Policy | NO |
| Policy Number | 5103270805 |
| Cover Note Number | |

Driver

| | |
|----------------------|---------------------------|
| Name of Driver | NOR DINIE BIN MOHAMAD NOR |
| NRIC No | S9301298D |
| Date Of Birth | 19/01/1993 |
| Occupation | INDOOR |
| Date Of Driving Pass | 22/06/2011 |
| Driving Experience | 8 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-81729126 |
| Fax Number | (LOCAL) +65-81729126 |
| Contact Number | OFFICE-81729126 |
| Email Address | DINNIEMATEEN19@GMAIL.COM |

| | |
|---|--|
| Address | APT BLK 510 JELAPANG ROAD #04-70 SINGAPORE |
| Postcode | 670510 |
| 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) | 1 |

Details of Police Action

| | |
|---|--|
| Was the accident reported to the police? | YES |
| If Yes, Please state which Police Station | |
| Police Station Name | BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE |
| Police Station Address | ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE |
| Police Station Contact | TEL NO: 1800-8929999 - FAX NO: 67673650 |
| Was notice of intended Prosecution given? | NO |
| If Yes, against whom? | |

Circumstances of Accident

REFER TO POLICE REPORT STATEMENT.

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 | XD4155E |
| 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 | NOR DINIE BIN MOHAMAD NOR |
| Approximate Age | |
| Injuries Sustain | WRIST TO FOREARM FRACTURE |
| Injured person in which vehicle? | |
| Were seat belts worn? | |
| Was this injured conveyed to hospital by ambulance? | YES |
| Address | APT BLK 510 JELAPANG ROAD SINGAPORE |
| Postcode | 670510 |

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

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6. 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.
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:

16/8/2019

Driver's Signature

(If driver is not the policyholder)

Date & Time:

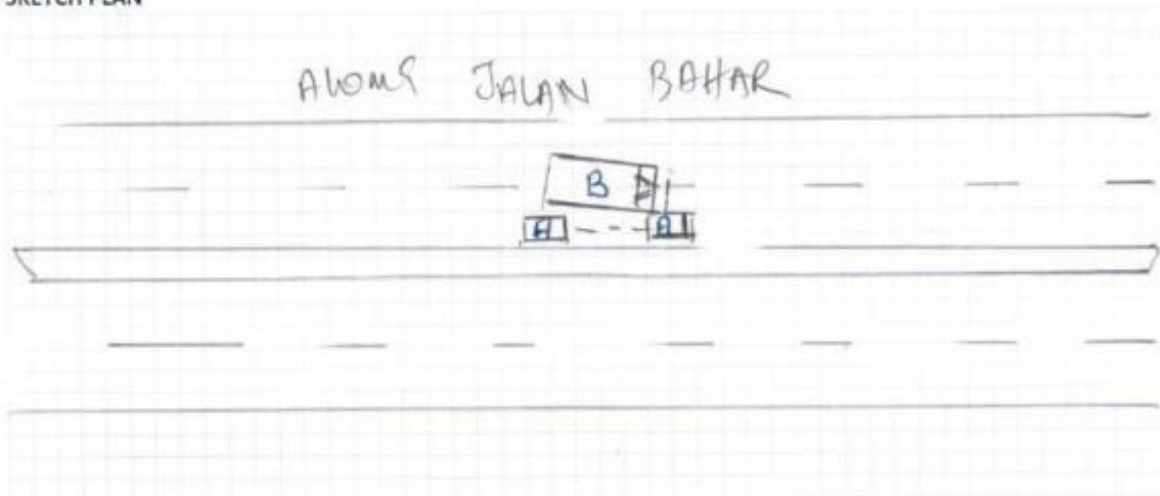
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text across the section: PLS REFER TO POLICE REPORT. 7/20190730/2007

DECLARATION

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

Policyholder's Signature
Date & Time: 16/9/2019

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

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

FORM 101 (Rev. 1/2018)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190730/2007

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190730/2007

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|------------------|--------------------------|
| Date/Time Report Made: 30/07/2019 01:10 | Vide Report No.: | Station Diary No.: 14 |
|--|------------------|--------------------------|

Informant's Particulars

| | | | | |
|---|------------|------------------------------|---|----------------------------|
| Name of Informant: NOR DINIE BIN MOHAMAD NOR | | | Address: APT BLK 510 JELAPANG ROAD #04-70 SINGAPORE 670510 | |
| ID Type / ID No.: NRIC NO / S9301298D | | | Contact No.: Home/Office: Mobile: 81129126 | |
| Nationality: SINGAPORE CITIZEN | | | Email: | |
| Sex: Male | Age: 26 | Date of Birth: 19/01/1993 | Type of Informant: Rider | |
| Race: Malay | | | Language: | Institution / School Name: |
| Occupation: PART TIME DISPATCH RIDER | | | Driving Licence Information: Class: 2B Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|---------------------------------|------------------------------------|--|------------------------------------|
| General Information of the Accident | | | | |
| Type of Accident: | Injury Conveyed By Ambulance | Drink Drive: No | Date/Time of Accident: 29/07/2019 15:00 | Type of Location: Straight Road |
| Location: Along Road 1 Traveling Toward Road 2 JALAN BAHAR JALAN BOON LAY Along Jalan Bahar towards Jalan Boon Lay, before Jurong Divisional HQ. | | | | |
| Weather: Clear | | Road Surface: Dry | Road Speed Limit: | |
| Traffic Flow: Dual Carriage Way | | Traffic Control: Not Controlled | Traffic Volume: Moderate | |
| 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 |
|---------------------|------------|--------|-----------------|-------|-----------|-----------------|
| FBK789B | Motorcycle | YAMAHA | JUPITER MX (HC) | Blue | | 0 |
| XD4155A XD4155 E | Trailer | | | | | 0 |

Details of Vehicle Insurance

| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
|-------------|--|--------------|------------|-------------|
| FBK789B | NTUC Income Insurance Co-Operative Limited | 5103270805 | 28/08/2018 | 27/08/2019 |

Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel : 6892 9999

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190730/2007

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20190730/2007

CONTINUATION OF REPORT

| Details of Person Involved | | | |
|-----------------------------------|-------------------------------|--|----------------------------------|
| Any Pedestrian Involved: No | | | |
| No. of Pedestrians Injured: NIL | | Use of Pedestrian Crossing: NA | |
| Rider | | | |
| Name | NOR DINIE BIN MOHAMAD NOR | ID No. | S9301298D |
| Related Vehicle | FBK789B (Motorcycle) | Contact No. | 81129126 |
| Hospital/Clinic | NG TENG FONG GENERAL HOSPITAL | Class of Driving Licence & Expiry Date | Class: 2B Date of Expiry: NIL |
| Date Treatment | 29/07/2019 | Date Discharge | 29/07/2019 |
| No. of Days granted Medical Leave | 14 | Degree of Injury | Slight |

Brief Details.

On 29th July 2019 at about 1500hrs, I just exited to Jalan Bahar from KJE, riding my motorbike (FBK789B) and I was waiting in line to filter to Jalan Bahar. In front of me, there was one trailer (XD4155A). Subsequently the trailer filtered out to the left lane and I filtered out to the right lane. Suddenly this trailer changed lane to the right and collided into me. I then fell off from my motorbike and landed on the kerb side.

There was one Traffic Police nearby and came to my assistance. Awhile later, the Ambulance came and I was conveyed to Ng Teng Fong hospital. I was diagnosed to suffer wrist to forearm fracture and I was given a 14 days of MC. I am required to go back to the hospital for a follow up on 2nd August 2019.

I was given a case card by the Traffic Police to lodge a Traffic Accident Report. Ref J/20190729/0091.

[Signature]
13/8/19
Bukit Panjang NPC
1 Segar Road #01-05
Singapore 677738
Tel: 6892 9999

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190730/2007

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

3 of 3

Report No: T/20190730/2007

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:

J /

Sgt 3 LUCAS KOH PEI SONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

30/07/2019 01:10

Officer In Charge Of Case:

TP / GIT /

Staff Sgt MOHAMED SUFIAN BIN MOHAMED
JUNID

Contact No.: 65476247

Classification Of Case:

Authentication Stamp

NP108

Singapore Police Force

Driving License

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9301298D



Name
NOR DINIE BIN MOHAMAD
NOR
نور ديني بن محمد نور
Race
MALAY
Date of Birth
19-01-1993
Sex
M
Country of Birth
SINGAPORE

REPUBLIC OF SINGAPORE DRIVING LICENCE



Licence Number S9301298D
Name
NOR DINIE BIN MOHAMAD
NOR
Birth Date 19 Jan 1993
Issue Date 22 Jun 2011

0019753MR

4166267



NRIC No. S9301298D



Date of issue
25-01-2008

Address
APT LK 510 JELAPANG ROAD
#04-70
SINGAPORE 670810

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE
22 Jun 2011

Class 2B Motorcycles <= 200 cc

NP 426A

Licence No. S9301298D

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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