

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 17:21
Date Of Accident	01/08/2019 00:20
Exact Location Of Accident	WOODLANDS CENTRE RD CARPARK ENTRANCE OF BLK 162
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FQ1761U
Insured/Policyholder	
Name Of Registered Owner	KHAIRUL HAFEEZ BIN NOOR HISHAM
NRIC No	S9435469B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90298462
Alternative Phone No	OTHERS-90298462

Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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	5084419068-02
Cover Note Number	

Driver

Name of Driver	KHAIRUL HAFEEZ BIN NOOR HISHAM
NRIC No	S9435469B
Date Of Birth	01/10/1994
Occupation	OUTDOOR
Date Of Driving Pass	17/06/2016
Driving Experience	3 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90298462
Fax Number	
Contact Number	OTHERS-90298462
Email Address	NOEMAIL

Address	BLK 856 WOODLANDS ST 83 #02-12
Postcode	730856
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20190807/2026

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	QX1216K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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	KHAIRUL HAFEEZ BIN NOOR HISHAM
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Approximate Age	
Injuries Sustain	SERIOUS
Injured person in which vehicle?	FQ1761U
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.

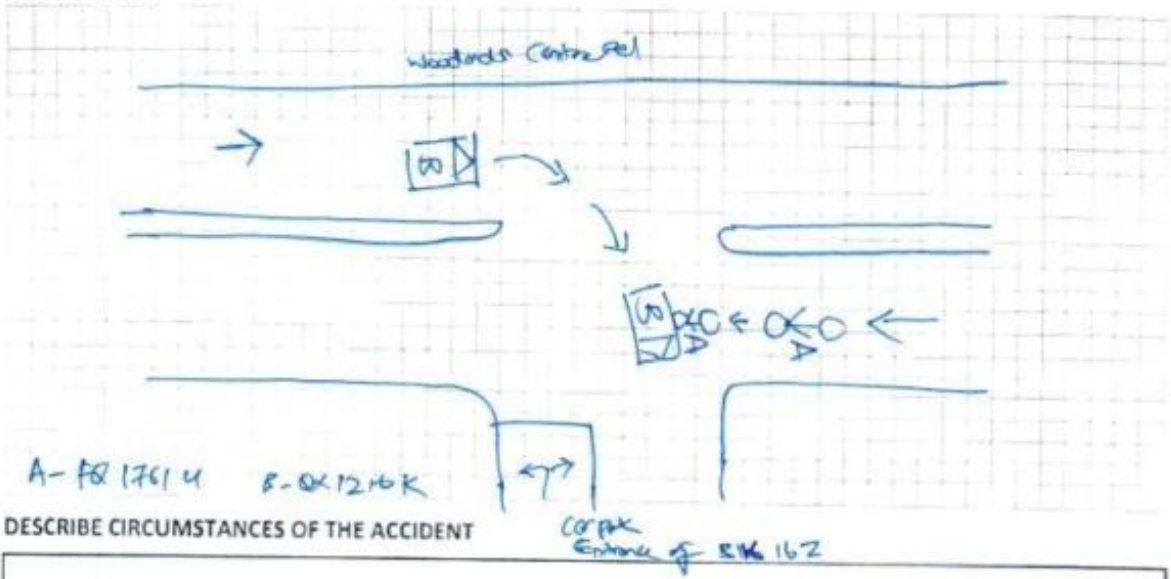

Policyholder's Signature
Date & Time:


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

 16/08/19
Report Centre Personnel's Signature
Name:
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN



As per Police report NBI T/20190807/2026

A - FG 1761 U
B - QX 1216 K

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:

 16/08/19
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Individual Statement



**SINGAPORE
POLICE FORCE**



T/20190807/2026

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

2 of 3

Report No. T/20190807/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHAIRUL HAFEEZ BIN NOOR HISHAM	ID No.	S9435469B
Related Vehicle	FQ1761U (Motorcycle)	Contact No.	90298462
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B 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 WOODLANDS CENTRE ROAD TOWARDS WOODLANDS AVE 1. I WAS TRAVELLING ABOUT 50KM/HR. I WAS ON THE LEFT LANE OUT OF 2 LANES. I WAS APPROACHING AN UNCONTROLLED JUNCTION WHERE I SAW A POLICE CAR ON THE OPPOSITE TRAFFIC MAKING A RIGHT TURN. UPON SEEING THE POLICE CAR MAKING THE RIGHT TURN, I JAMMED BRAKED MY MOTORCYCLE BUT I COULD NOT STOP IN TIME AND I COLLIDED INTO THE FRONT LEFT DOOR OF THE POLICE CAR. AFTER THAT THE POLICE OFFICER CALLED FOR TP AND AMBULANCE, THEN I WAS CONVEYED TO KTPH AND WAS ISSUED 14DAYS MC.

VIDE REPORT NO. L/20190801/0004

*Spoke to SIO SUFFIAN on AUG 20 15 at 1347PM
regarding the Medical leave.*

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Police Report



**SINGAPORE
POLICE FORCE**



T/20190807/2026

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408965
Tel No: 65470000

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Report No: T/20190807/2026

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/08/2019 10:34	Video Report No.:	Station Diary No.:
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Informant's Particulars

Name of Informant: KHAIRUL HAFEEZ BIN NOOR HISHAM			Address: 856 WOODLANDS STREET 83 #02-12 SINGAPORE 730856		
ID Type / ID No.: NRIC NO / S9435469B			Contact No.: Home/Office:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 01/08/2019 00:20	Type of Location:
Location: WOODLANDS CENTRE ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FQ1761U	Motorcycle	YAMAHA	RXZ	Blue		0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FQ1761U	NTUC Income Insurance Co-Operative Limited	5084419088-02	19/11/2018	19/11/2019

Police Report



SINGAPORE
POLICE FORCE



T/20190807/2026

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

2 of 3

Report No: T/20190807/2026

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	KHAIRUL HAFEEZ BIN NOOR HISHAM	ID No.	S9435469B
Related Vehicle	FQ1761U (Motorcycle)	Contact No.	90298462
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B 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 WOODLANDS CENTRE ROAD TOWARDS WOODLANDS AVE 1. I WAS TRAVELLING ABOUT 50KM/HR. I WAS ON THE LEFT LANE OUT OF 2 LANES. I WAS APPROACHING AN UNCONTROLLED JUNCTION WHERE I SAW A POLICE CAR ON THE OPPOSITE TRAFFIC MAKING A RIGHT TURN. UPON SEEING THE POLICE CAR MAKING THE RIGHT TURN, I JAMMED BRAKED MY MOTORCYCLE BUT I COULD NOT STOP IN TIME AND I COLLIDED INTO THE FRONT LEFT DOOR OF THE POLICE CAR. AFTER THAT THE POLICE OFFICER CALLED FOR TR AND AMBULANCE, THEN I WAS CONVEYED TO KTPH AND WAS ISSUED 14DAYS MC.

VIDE REPORT NO. L/20190801/0004

Spoke to 2 go SURITAN on AUG 8 2015 at 1347PM
regarding the Medical leave.

Police Report



SINGAPORE
POLICE FORCE



T/20190807/2026

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

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Report No. T/20190807/2026

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 /
NG RUI TONG

Signature Of Informant:

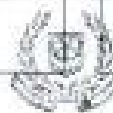
Signature Of Interpreter:
Not applicable

Date/Time:
07/08/2019 10:34

Officer In Charge Of Case:
TP / GIT /
Staff Sgt SUFIYAN BIN KHAIRI
Contact No.: 65476390

Classification Of Case:

Authentication Stamp
RP168



SINGAPORE
POLICE FORCE

Signature: _____