

## 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	19/08/2019 18:50
Date Of Accident	16/08/2019 16:20
Exact Location Of Accident	ALONG KALLANG BAHRU ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBE6833Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MOHAMAD FARIHIN QAIYUM BIN UMAR
NRIC No	S9819007D
Email Address	FARIHINQ@GMAIL.COM
Mobile Phone No	(LOCAL) +65-90587625
Alternative Phone No	OTHERS-90587625

### Vehicle Particulars

Manufacturer	YAMAHA
Model	X-1R-135CC (M)
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	5085693111-02
Cover Note Number	

### Driver

Name of Driver	MOHAMAD FARIHIN QAIYUM BIN UMAR
NRIC No	S9819007D
Date Of Birth	17/06/1998
Occupation	OUTDOOR
Date Of Driving Pass	12/10/2016
Driving Experience	2 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90587625
Fax Number	
Contact Number	OTHERS-90587625
Email Address	FARIHINQ@GMAIL.COM

Address	BLK 30 TEBAN GARDENS ROAD #03-207
Postcode	600030
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 TO REAR
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?	NO
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: : ILIYA MADIYA GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	CLEMENTI NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> NO. 20 CLEMENTI AVENUE 5 , <b>POSTCODE:</b> 129858 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-8729999 - <b>FAX NO:</b> 67748639
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT D/20190817/7013

#### 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	FBB3845S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	MOHD FARIHIN BIN SUDIMAN
NRIC/Passport Number	G8780231R
Contact Number	83184256 (IRMAN)

Address  
Postcode  
Insurance Company Name  
Nature Of Damage  
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MOHAMAD FARIHIN QAIYUM BIN UMAR  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBE6833Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

DETAILS OF INJURED PERSON 2

Name ILIYA MADIYA  
Approximate Age  
Injuries Sustain SLIGHT INJURY  
Injured person in which vehicle? FBE6833Z  
Were seat belts worn?  
Was this injured conveyed to hospital by ambulance? NO  
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: 19/8

2:57pm

Driver's Signature

(If driver is not the policyholder)

Date & Time:

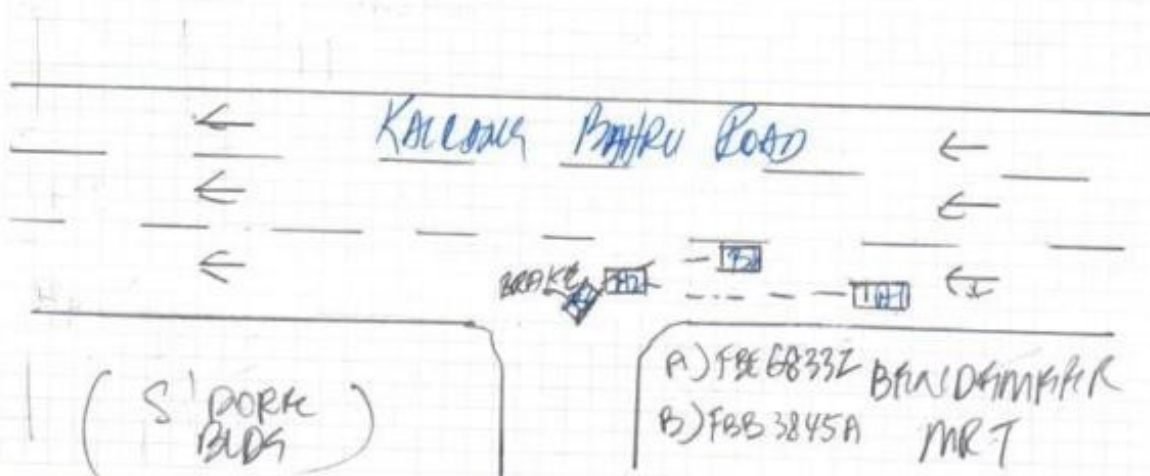
Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REPT BY POLICE  
D/20190817/1013

## 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.:

# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20190817/7013

1 of 2

## POLICE REPORT (NP299)

Police Station Of Origin  
Clementi Division HQ  
20 Clementi Avenue 5 SINGAPORE 129858  
Tel No:1800-7740000

Report No. D/20190817/7013

Date/Time Report Made 17/08/2019 16:36		Vide Report No.		Station Diary No.	
Name Of Informant MOHAMAD FARIHIN QAIYUM BIN UMAR		Address 30 TEBAN GARDENS ROAD #03-207 SINGAPORE 600030			
ID Type / ID No. NRIC NO / S9819007D		Contact No. Home/Office: Mobile: 90587625			
Nationality SINGAPORE CITIZEN		Email Address FARIHINQ@GMAIL.COM			
Occupation Despatch worker		Sex Male	Age 21	Date of Birth 17/06/1998	Race Javanese
Institution/School Name		Language English			
Date/Time Of Incident 16/08/2019 16:18 - 16/08/2019 16:18		Location Of Incident bendemmer mrt exit A			

### Brief details.

i was riding along bendemeer mrt station exit A theres a singapore post rider right infront of me. i was riding on the left lane of the road all of a sudden the rider infront of me make a left turn without signalling and he brake out of a sudden he is in the centre of the lane but in left lane that is when i applied emergency brake and collided into his rear tyre. I was with a pillion. i suffered a abrasion on my right hand and it hit a huge impact on my stomach whereas my pillion suffered hairline fracture to the right ribcage and some abrasion, unfortunately there were no witnesses.

Signature Of Officer Recording The Report: Not applicable	Signature Of Informant: The identity of the person making this report has been authenticated by SingPass. No signature is required.
Signature Of Interpreter: Not applicable	Date/Time: 17/08/2019 16:36
Officer In-Charge Of Case:	Classification Of Case:

Authentication Stamp



# POLICE REPORT



**SINGAPORE  
POLICE FORCE**



D/20190817/7013

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POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. D/20190817/7013

<b>Subjects Involved</b>			
<b>Victim</b>			
Person Name	ililya nadiya		
ID Type	NRIC NO	ID No	S9710611H
Gender	Female	Age	22
Race	Malay	Language	English
Address	116 JALAN BUKIT MERAH #05-1649 TIONG BAHRU ORCHID SINGAPORE 160116		Mobile No 88187488
Relation To Informant	friend		
<b>Person Name</b> MOHAMAD FARIHIN QAIYUM BIN UMAR			
ID Type	NRIC NO	ID No	S9819007D
Gender	Male	Age	21
Race	Javanese	Language	English
Occupation	Despatch worker	Address	30 TEBAN GARDENS ROAD #03-207 SINGAPORE 600030
Mobile No	90587625	Is Informant A Victim?	Yes
<b>Person Name</b> MOHAMAD FARIHIN QAIYUM BIN UMAR (Informant)			

Signature Of Officer Recording The Report:

Not applicable

Signature Of Interpreter:

Not applicable

Officer In-Charge Of Case:

Authentication Stamp

Signature Of Informant:

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

Date/Time:

17/08/2019 16:36

Classification Of Case:

Accident Photo







Accident Photo



Accident Photo





Accident Photo



Accident Photo





Accident Photo



Accident Photo



Accident Photo





Accident Photo



Accident Photo





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