

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	28/08/2019 15:17
Date Of Accident	25/08/2019 17:30
Exact Location Of Accident	JUNC CHOA CHU KANG AVE 1 & TECK WHYE LANE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN2055G
Insured/Policyholder	
Name Of Registered Owner	REZA EDSMAN BIN NOR RAHMAN
NRIC No	S8440813A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87175687
Alternative Phone No	OFFICE-87175687

Vehicle Particulars

Manufacturer	YAMAHA
Model	GDR155A (AEROX)
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5103049668-01
Cover Note Number	

Driver

Name of Driver	REZA EDSMAN BIN NOR RAHMAN
NRIC No	S8440813A
Date Of Birth	15/12/1984
Occupation	INDOOR
Date Of Driving Pass	24/12/2003
Driving Experience	15 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87175687
Fax Number	
Contact Number	OFFICE-87175687
Email Address	NOEMAIL

Address	BLK 130 CHOA CHU KANG AVENUE 1 #02-26
Postcode	680130
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 - MAJOR/MINOR RD
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	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

REFER TO POLICE REPORT - T/20190827/7000.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

Details of Witness 1

Name	TAN YONG KWANG
Phone Number	97460793
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GW2077L
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	REZA EDSMAN BIN NOR RAHMAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FBN2055G
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.

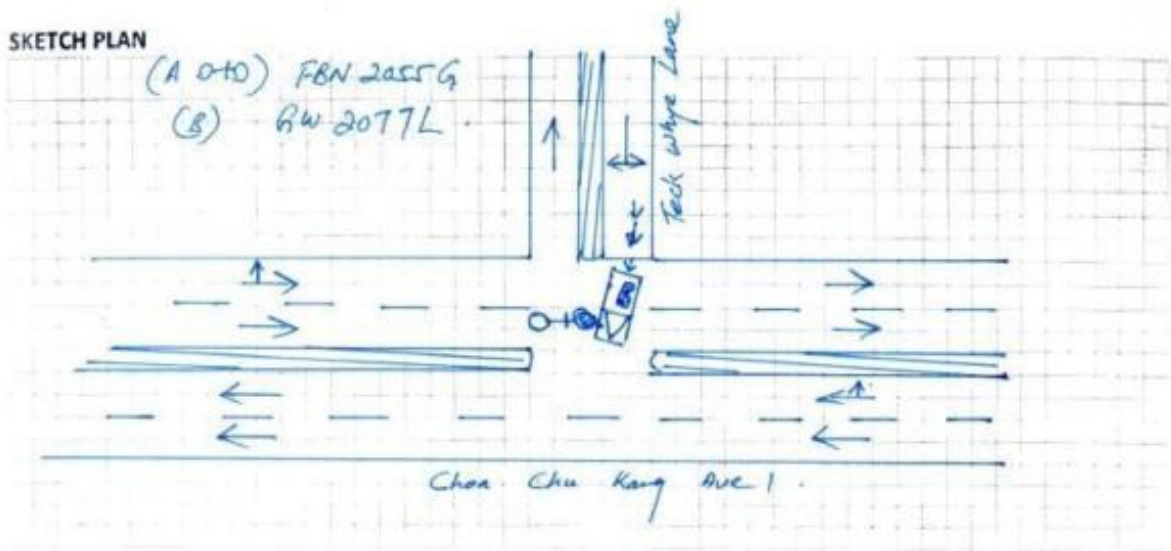

Policyholder's Signature
Date & Time:


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


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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report

No: T/20190827/7000

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**



T/20190827/7000

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

1 of 3

Report No. T/20190827/7000

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 27/08/2019 00:49		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: REZA EDSMAN BIN NOR RAHMAN			Address: APT BLK 130 CHOA CHU KANG AVENUE 1 #02-26 SINGAPORE 680130		
ID Type / ID No.: NRIC NO / S8440813A			Contact No.: Home/Office: Mobile: 87175687		
Nationality: SINGAPORE CITIZEN			Email: reza.edsman@gmail.com		
Sex: Male	Age: 34	Date of Birth: 15/12/1984	Type of Informant: Rider		
Race: Javanese			Language: English		Institution / School Name:
Occupation: Premises and facilities maintenance manager			Driving Licence Information: Class: 2B		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 25/08/2019 17:30	Type of Location: T-Junction
Location: CHOA CHU KANG AVENUE 1				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 50 Km/h		
Traffic Flow: Dual Carriage 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
FBN2055G	Motorcycle	YAMAHA	GDR155A (AEROX)	White		0
GW2077L	Van	TOYOTA		Grey	Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN2055G	NTUC Income Insurance Co-Operative Limited	5103049668-01	13/08/2019	12/08/2020

Police Report



**SINGAPORE
POLICE FORCE**



T/20190827/7000

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

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Report No. T/20190827/7000

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	REZA EDSMAN BIN NOR RAHMAN	ID No.	S8440813A
Related Vehicle	FBN2055G (Motorcycle)	Contact No.	87175687
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	25/08/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight
Driver			
Name	TAN CHIN HENG	ID No.	NIL
Related Vehicle	GW2077L (Van)	Contact No.	93807600
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

I was riding on my motorcycle non-pillion, Yamaha GDR155 (FBN2055G), along Choa Chu Kang Avenue 1 after exiting from the carpark (S680130) within speed limits towards Keat Hong when I reached a T-junction (near to S680124), and with no traffic lights in between, I proceeded towards destination. Upon reaching the T-junction, the driver (Mr Tan Chin Heng) of a commercial goods van (GW2077L) moved out from the minor road (Teck Whye Lane) without looking towards my direction but focussed on Keat Hong's traffic, with intent to turn right towards CCK Polyclinic (S688846). I had tried to apply emergency brake to prevent a collision but because of the sudden manner that he had accelerated outwards from the stop line located at the minor road (Teck Whye Lane) and the positioning of his vehicle, I had collided with the driver's side of the vehicle. I was attended by members of public who attended and assisted in helping me to the side as well as pushing my motorcycle to the side of the road (S680124) along Choa Chu Kang Avenue 1. A member of public had contacted for ambulance to convey myself to hospital due to acute pain in my chest, ribs, thigh, neck and back areas. Before I was conveyed to Ng Teng Fong Hospital, an officer presumably from Traffic Police had taken down my particulars whilst I was in the ambulance. I have particulars of witnesses and the video footage from the vehicular dashboard (SFY8333J) of a samaritan (Mr Tan Yong Kwang) who was driving behind the commercial goods van (GW2077L). I would be sending my motorcycle for repairs due to damages arising from the accident. That is all.

Police Report



**SINGAPORE
POLICE FORCE**



T/20190827/7000

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

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Report No. T/20190827/7000

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 / TPIB /
PHUA TIAK YEE
Contact No.: 65472077

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:
27/08/2019 00:49

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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