

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	29/08/2019 14:21
Date Of Accident	25/08/2019 19:15
Exact Location Of Accident	MCE TWDS ECP 2.55KM
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FS9688K
Insured/Policyholder	
Name Of Registered Owner	SAHPRUDIN B ROSELI
NRIC No	S12549671
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91931084
Alternative Phone No	OFFICE-91931084

Vehicle Particulars

Manufacturer	PIAGGIO
Model	PX200E
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	5070206599-04
Cover Note Number	-

Driver

Name of Driver	SAHPRUDIN B ROSELI
NRIC No	S12549671
Date Of Birth	30/11/1957
Occupation	INDOOR
Date Of Driving Pass	26/01/1981
Driving Experience	38 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91931084
Fax Number	
Contact Number	OFFICE-91931084
EEmail Address	NOEMAIL

Address	BLK 320 UBI AVE 1 #03-533
Postcode	400320
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?	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
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/20190827/2144 & T/20190829/2089

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	SMA2020U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	SAHPRUDIN B ROSELI
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	FS9688K
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.:

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190827/2144

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

Report No. T/20190827/2

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	SAHPRUDIN BIN ROSELI	ID No.	S1254967I
Related Vehicle	FS9688K (Motorcycle)	Contact No.	91931084
Hospital/Clinic	NIL	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 time date and location,
I was travelling along MCE on the second lane from the left. Out of a sudden a car hit the rear left side of my vehicle. I fell off my vehicle and was unconscious. Someone called the ambulance and I was then conveyed to Singapore General Hospital. I was then issued with 3 weeks of MC.

POLICE REPORT



SINGAPORE
POLICE FORCE



T/20190827/2144

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

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Report No. T/20190827/2144

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: *[Signature]*
TP /
MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI

Signature Of Informant:
[Signature]

Signature Of Interpreter:
Not applicable

Date/Time:
27/08/2019 18:02

Officer In Charge Of Case:
TP / GIT /
Sgt 2 PHUA TIAK YEE
Contact No.: 65472077

Classification Of Case:

Authentication Stamp
NP168



 SINGAPORE
 POLICE FORCE

Signature: *[Signature]*

POLICE REPORT



T/20190829/2089

1 of 3

Report No. T/20190829/2089

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20190827/2144
 Report Number T/20190829/2089
 Vide Report Number G/20190825/0238
 Date/Time of Report Made 29/08/2019 13:47
 Place Report Lodged Traffic Police
 Type of Informant Rider
 Name of Informant SAHPRUDIN BIN ROSELI
 ID Type / ID No. NRIC NO / S1254967I
 Home/Office
 Mobile 91931084
 Email
 Type of Accident Injury / Conveyed By Ambulance
 Drink Drive No
 Anyone conveyed by ambulance Yes
 Date/Time of Accident 25/08/2019 19:15



Signature

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FS9688K	Motorcycle	PIAGGIO	PX 200E	Green	Slightly Damaged	0
SMA2020U	Car	LAND ROVER	RANGE ROVER SPORT 3.0S/C TSS			0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT



T/20190829/2089

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Report No. T/20190829/2089

Continuation of CSF For NP168

Rider			
Name	SAHPRUDIN BIN ROSELI	ID No.	S12549671
Related Vehicle	FS9688K (Motorcycle)	Contact No.	91931084
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	25/08/2019	Date Discharge	27/08/2019
No. of Days granted Medical Leave	21	Degree of Injury	Serious

Brief Facts.

AS STATED TIME, DATE AND LOCATION,
I WAS RIDING ON THE 2ND LANE FROM THE LEFT WHEN SUDDENLY I FELT AN IMPACT ON MY REAR LEFT. THE IMPACT CAUSE ME TO FLUNG OFF MY BIKE AND I LOST CONSCIOUS DUE TO IT. WHEN I REGAIN CONSCIOUSNESS I WAS ALREADY IN THE HOSPIATAL. I SUFFERED ABRASION ON BOTH MY ARMS AND LEGS, ABRASION ON MY LEFT SIDE OF MY FACE. MY LEFT RIBS WERE SWOLLEN AND WAS DIAGNOSE WITH BRAIN CONCUSSION. WE LATER FOUND OUT THAT THERE WAS A 3MM BRAIN HEMORRHAGE AND WOULD FREQUENTLY VISIT THE HOSPITAL FOR TREATMENT. I WAS THEN ISSUED WITH 3 WEEKS OF HOSPITAL LEAVE. THAT'S ALL.

POLICE REPORT



T/20190829/2089

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Report No. T/20190829/2089

Continuation of CSF For NP168

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.

Case Sensitivity	No
Officer-In-Charge of Case	TP / GIT / PHUA TIAK YEE
Classification of Case	1) INJURY / CONVEYED BY AMBULANCE

Accident Photo



Accident Photo



Accident Photo



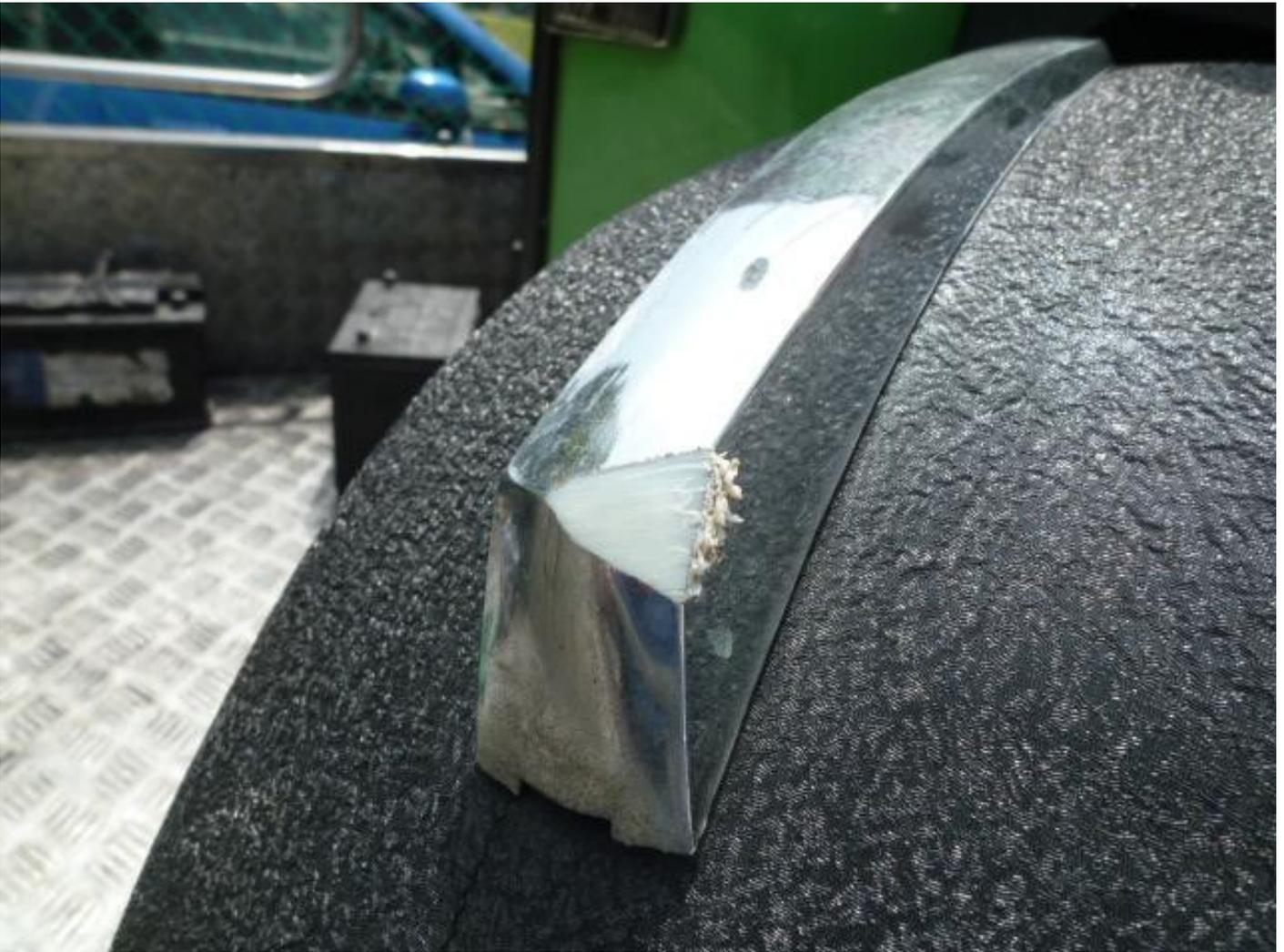
Accident Photo



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