

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	11/09/2019 11:26
Date Of Accident	26/08/2019 18:30
Exact Location Of Accident	ALONG JALAN BUKIT MERAH TOWARDS LOWER DELTA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBM4049S
Insured/Policyholder	
Name Of Registered Owner	MUHAMAD FIRDAUS BIN TARMIDI
NRIC No	S8512652J
Email Address	GARFIELDFFY@GMAIL.COM
Mobile Phone No	(LOCAL) +65-87843058
Alternative Phone No	OTHERS-87843058

Vehicle Particulars

Manufacturer	HONDA
Model	PCX150A-153CC
Exact Purpose for which vehicle was being used at time of accident	ON THE WAY TO WORK
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	5111393504
Cover Note Number	

Driver

Name of Driver	AHMAD SAUFI IRYANI BIN MASRAN
NRIC No	S9341233H
Date Of Birth	17/10/1993
Occupation	OUTDOOR
Date Of Driving Pass	28/05/2014
Driving Experience	5 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87843058
Fax Number	
Contact Number	OTHERS-87843058
Email Address	GARFIELDFFY@GMAIL.COM

Address	BLK 72 REDHILL ROAD #04-41
Postcode	150072
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	FRIEND
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT MERAH WEST NPC
Police Station Address	ROAD: 500 BUKIT MERAH VIEW #01-01 , POSTCODE: 159682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190828/2178

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	SLD8232G
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	AHMAD SAUFI IRYANI BIN MASRAN
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBM4049S
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

Accident Sketch Plan

SKETCH PLAN

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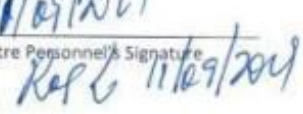
8. Consent under the Personal Data Protection Act (PDPA)

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:

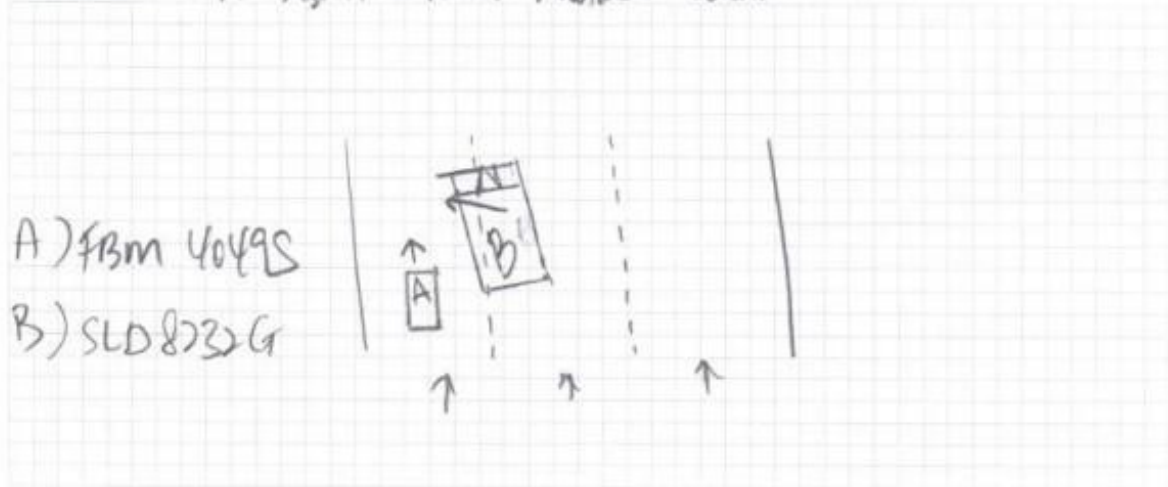
 04/11/19
Driver's Signature
(If driver is not the policyholder)
Date & Time:

 11/09/2019
Reporting Centre Personnel's Signature
Name: 
NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN

FIN 13417 MARCH TOWARDS LOWR PLATA



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLEASE REFER TO POLICE REPORT
1/20190828/2178

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.:

4049S (Source: Police Form 1)

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190828/2178

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20190828/2178

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/08/2019 23:55		Vide Report No.: D/20190828/0087	Station Diary No.: 65
Informant's Particulars			
Name of Informant: AHMAD SAUFI IRYANI BIN MASRAN		Address: APT BLK 72 REDHILL ROAD #04-41 SINGAPORE 150072	
ID Type / ID No.: NRIC NO / S9341233H		Contact No.: Home/Office: Mobile: 87843058	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 25	Date of Birth: 17/10/1993	Type of Informant: Rider
Race: Malay		Language:	Institution / School Name:
Occupation: Paramedic		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/08/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 JALAN BUKIT MERAH				
Towards Lower Delta. Beside Block 120 Bukit Merah View. Under the overhead bridge				
Weather: Drizzling		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBM4049S	Motorcycle					0
SLD8232G	Car					0

Details of Person Involved

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

POLICE REPORT



**SINGAPORE
POLICE FORCE**



T/20190828/2178

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999

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Report No. T/20190828/2178

CONTINUATION OF REPORT

Rider				
Name	AHMAD SAUFI IRYANI BIN MASRAN		ID No.	S9341233H
Related Vehicle	FBM4049S (Motorcycle)		Contact No.	87843058
Hospital/Clinic	SINGAPORE GENERAL HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	26/08/2019		Date Discharge	28/08/2019
No. of Days granted Medical Leave	14		Degree of Injury	Serious

Brief Details.

On 26/08/2019 at about 1830hrs, I was travelling along Jalan Bukit Merah towards Central Expressway, as such I was riding in the bus lane, while I was riding, suddenly there was a red coloured car whom had swerved into my lane which I then tried to avoid the car. I then swerved right to avoid the car however I recalled that after swerving left, I suddenly swerved right, which at that point I was unsure if the car had hit onto me.

After the accident, I was unsure what had happened as I was in a state of shock, I was then conveyed to the hospital by the ambulance, I am not sure what was the damage on my motorcycle and the car. I recalled that I was riding along the bus lane with dotted yellow line.

POLICE REPORT



SINGAPORE
POLICE FORCE

Police Station Of Origin:
Bukit Merah West N.P.C
500 Bukit Merah View #01-01 SINGAPORE
159682
Tel No: 1800-3779999



T/20190828/2178

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Report No. T/20190828/2178

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:
D /
Sgt 1 TAN YEW ANN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Staff Sgt MOHAMED HUSNUL TAUFIQ BIN MD
YUSOF
Contact No: 65476368

Authentication Stamp
NP168



Signature Of Informant:

Date/Time:
28/08/2019 23:55

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

