

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	16/09/2019 15:13
Date Of Accident	12/09/2019 16:55
Exact Location Of Accident	ALONG PIONEER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBL2178X
Insured/Policyholder	
Name Of Registered Owner	MOHAMMAD ZAMRI BIN ROSLI
NRIC No	S8830807G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98508419
Alternative Phone No	OTHERS-98508419

Vehicle Particulars

Manufacturer	BYD
Model	BRIXTON / BX125R
Exact Purpose for which vehicle was being used at time of accident	
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	5107253604
Cover Note Number	

Driver

Name of Driver	MOHAMMAD ZAMRI BIN ROSLI
NRIC No	S8830807G
Date Of Birth	31/08/1988
Occupation	INDOOR
Date Of Driving Pass	20/06/2011
Driving Experience	8 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98508419
Fax Number	
Contact Number	OTHERS-98508419
EMail Address	NOEMAIL

Address	BLK 217 #06-331 YISHUN STREET 21 YISHUN GARDENS
Postcode	760217
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	YISHUN NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 31 YISHUN CENTRAL , POSTCODE: 768827 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8529999 - FAX NO: 68522299
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

AS PER POLICE REPORT No.T/20190913/2020; PLEASE TAKE NOTE: VEHICLE MODEL NOT INSIDE THE DROP LIST SYSTEM

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	SLH9005T
Vehicle Make/Model/Colour	TOYOTA / ALLION 1.5 A
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	MOHAMMAD ZAMRI BIN ROSLI
Approximate Age	31
Injuries Sustain	
Injured person in which vehicle?	FBL2178X
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 217 #06-331 YISHUN STREET 21 YISHUN GARDENS
Postcode	760217

Accident Sketch Plan

SKETCH PLAN


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5. Any dispute arising may be referred to the Police for investigation.
6. The 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 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.

B. 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 insurers 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.

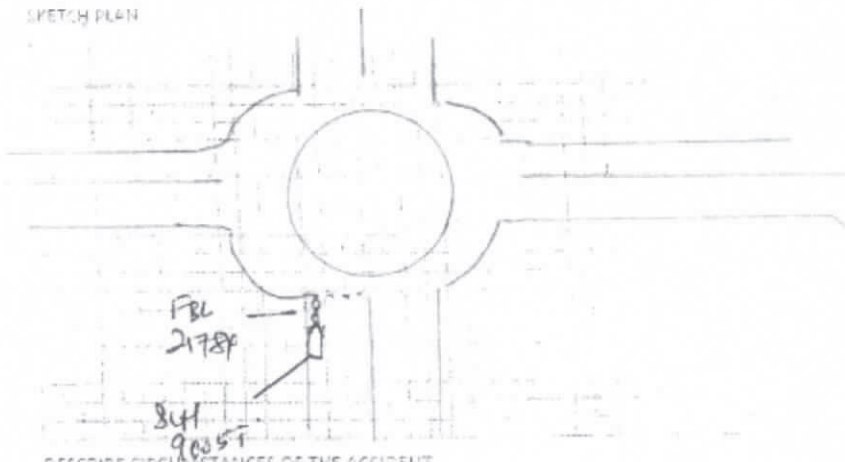

Policyholder's Signature
Date & Time


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

TDAC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 4
Singapore 115933
Reporting Centre Phone: 67416697
Name: _____
Tel: 67416697
Fax: 67492305
Email: vac@tia.singnet.com.sg

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

refer to police report no 1/20190913/2020

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Personholder's Signature
Date & Time:

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

1D AC KAKI BUKIT (VAC)
23 KAKI BUKIT AVE 1
Reporting Centre
Name: TEL: 67416607
MCC/Fax No: Fax: 67491305
Email: accidb@mpnet.com.sg



**SINGAPORE
POLICE FORCE**



T/20190913/2020

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

1 of 3

Report No. T/20190913/2020

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/09/2019 11:49		Vide Report No.:		Station Diary No.: 27	
Informant's Particulars					
Name of Informant: MOHAMMAD ZAMRI BIN ROSLI			Address: APT BLK 217 YISHUN STREET 21 #06-331 SINGAPORE 760217		
ID Type / ID No.: NRIC NO / S8830807G			Contact No.: Home/Office: Mobile: 98508419		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 31	Date of Birth: 31/08/1988	Type of Informant: Rider		
Race: Malay			Language:		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 12/09/2019 16:55	Type of Location: Roundabout
Location: Along Road 1 PIONEER ROAD PIONEER ROAD EXIT, BEFORE ROUNDABOUT				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBL2178X	Motorcycle	BRIXTON	BX125R	Silver	Seriously Damaged	0
SLH9005T	Car				Seriously Damaged	0

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBL2178X	NTUC Income Insurance Co-Operative Limited	5107253604	25/01/2019	24/01/2020



**SINGAPORE
POLICE FORCE**



T/20190913/2020

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190913/2020

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	MOHAMMAD ZAMRI BIN ROSLI	ID No.	S8830807G
Related Vehicle	FBL2178X (Motorcycle)	Contact No.	98508419
Hospital/Clinic	NG TENG FONG GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	12/09/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 12/09/2019 at about 1655hrs, I was travelling on my motorcycle(FBL2178X), along Pioneer Rd exit. Just before the roundabout, I stopped before the dotted line to wait for the road to be clear. All of a sudden, a car(SLH9005T) suddenly bumped into my rear and I fell off my motorcycle.

I sustained Contusion on my left leg, left ankle sprain, left low back sprain and neck sprain. I was conveyed to Ng Teng Fong Hospital by ambulance and was given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190913/2020

Police Station Of Origin:
Yishun North N.P.C
31 Yishun Central SINGAPORE 768827
Tel No: 1800-8529999

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Report No. T/20190913/2020

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:

L /

Sgt 2 MUHAMMAD KHIDHIR BIN MOHAMED
RAZUWAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 3 MUHAMMAD AFIQ BIN RAHMAT

Contact No.: 65476171

SN 085

Authentication Stamp

NP168



Signature:

Singapore Police Force

Signature Of Informant:

Date/Time:

13/09/2019 11:49

Classification Of Case:

Certificate of Insurance

MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189)
 MOTOR VEHICLES (THIRD PARTY RISKS AND COMPENSATION) RULES, 1960
 ROAD TRANSPORT ACT, 1987 (MALAYSIA)
 MOTOR VEHICLES (THIRD PARTY RISKS) RULES, 1959 (MALAYSIA)

Certificate Number : 5107253604

Cover : Third Party, Fire & Theft

1. Index mark and Registration Number of Vehicle

: FBL2178X

Chassis Number

: VA48X0103J1000303

2. Name of Policyholder

: MOHAMMAD ZAMRI BIN ROSLI

3. Effective Date of Insurance

: 25 Jan 2019

4. Expiry Date of Insurance

: 24 Jan 2020

5. Persons or Classes of Persons entitled to drive#

(a) Named Driver(s) Only.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle.

6. Limitations as to Use#

(a) Use for social domestic and pleasure purposes and in connection with the Policyholder's business or profession.

This Policy does not cover

(a) Use for hire or reward.

(b) Use for racing, pace-making, reliability trial or speed-testing.

(c) Use for the carriage of goods (other than samples) in connection with any trade or business.

(d) Use for any purpose in connection with the Motor Trade.

Limitations rendered inoperative by Section 8 of the Motor Vehicle (Third Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

EXCESS (SECTION 1)

: N/A

EXCESS (SECTION 2)

: N/A

EXCESS (THEFT OUTSIDE SINGAPORE)

: PLEASE REFER OVERLEAF

INSURE WITH COE

: YES

NAMED DRIVER (1)

: MOHAMMAD ZAMRI BIN ROSLI

NAMED DRIVER (2)

: N/A

HIRE PURCHASE COMPANY

: UNITED CYCLES LLP

SUM INSURED

: MARKET VALUE OF INSURED VEHICLE AT TIME OF LOSS

I/We hereby Certify that the Policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Agency : COMMERCIAL AGENCY PTE LTD (00000614425)

Date of Issue : 25 Jan 2019 15:16 hrs

For NTUC INCOME INSURANCE CO-OPERATIVE LIMITED



Authorised Officer



Chief Executive

Countersigned By:



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S8830807G



Name

MOHAMMAD ZAMRI BIN ROSLI

Race

MALAY

Date of birth

31-08-1988

Country/Place of birth

SINGAPORE

Sex

M

S8830807G



REPUBLIC OF SINGAPORE DRIVING LICENCE

Licence Number: S8830807G

Name:

MOHAMMAD ZAMRI BIN ROSLI

Birth Date: 31 Aug 1988

Issue Date: 08 Jun 2011



001971380F

6019099



NRIC No. S8830807G



Date of issue

08-09-2018

Address

APT BLK 217 YISHUN STREET 21
#06-331
SINGAPORE 760217

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

Class 2B Motorcycles \leq 200 cc

08 Jun 2011

NP 428A



Licence No: S8830807G