

MVA319126574 / VAC - K&H BUKIT
ENTRY DATE & TIME: 24/09/2019 16:06
SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 24/09/2019 18:14

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 willful 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 24/09/2019 16:06
Date Of Accident 21/09/2019 04:30
Exact Location Of Accident TAMPINES AVE 5/TAMPINES AVE 2
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number FY5018P
Insured/Policyholder
Name Of Registered Owner RAZMAN BIN ABDUL RAHIM
NRIC No S6802114F
Email Address RAZZQME@SINGNET.COM.SG
Mobile Phone No (LOCAL) +65-96257808
Alternative Phone No OTHERS-96257808
Vehicle Particulars
Manufacturer YAMAHA
Model YBR125

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
Fleet Policy NO
Policy Number 5040756657-09

Cover Note Number

Driver

Name of Driver RAZMAN BIN ABDUL RAHIM
NRIC No S6802114F
Date Of Birth 10/02/1968
Occupation INDOOR
Date Of Driving Pass 08/10/1985
Driving Experience 33 YEARS AND 11 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-96257808
Fax Number
Contact Number OTHERS-96257808
EMail Address RAZZQME@SINGNET.COM.SG

Address BLK 730 #03-55 TAMPINES STREET 71
 Postcode 520730
 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 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 TAMPINES N.P.C
 Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
 Police Station Contact TEL NO: - FAX NO:
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

AS PER POLICE REPORT No.T/20190922/2040;

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 SKX8772X
 Vehicle Make/Model/Colour TOYOTA / TOYOTA COROLLA ALTIS 1.6L CVT
 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	RAZMAN BIN ABDUL RAHIM
Approximate Age	51
Injuries Sustain	
Injured person in which vehicle?	FY5018P
Were seat belts worn?	NO
Was this injured conveyed to hospital by ambulance?	YES
Address	BLK 730 #03-55 TAMPINES STREET 71
Postcode	520730

Accident Sketch Plan

SKETCH PLANIMPORTANT NOTICE

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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. 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.
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: 16/5/2019

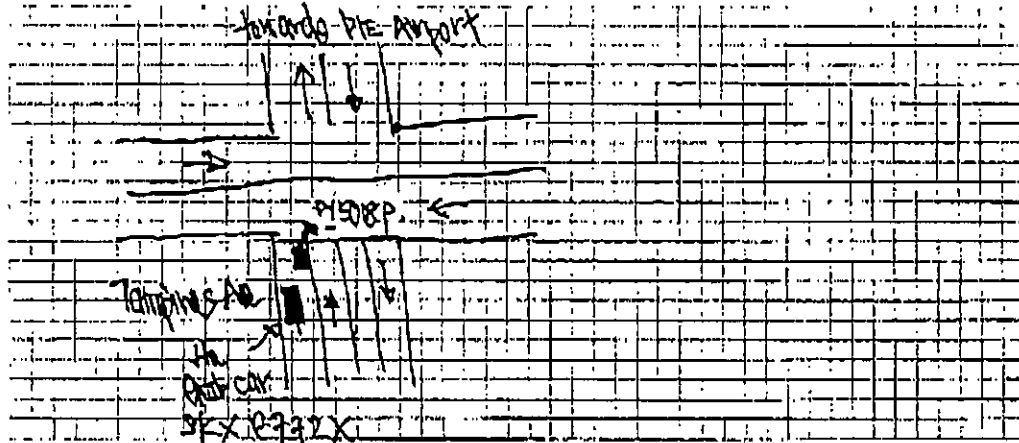
Driver's Signature
(If driver is not the policyholder)
Date & Time:

IDAC KAKI BUKIT (VAC)

Reporting Officer: Yackb
Name: Singapore 415933
NRIC: 67416697 Fax: 67492305
Email: yackb@singnet.com.sg

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report.

DECLARATION

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

Policyholder's Signature: *[Signature]*
 Date & Time: 18/5/19
 24/9/2019

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

IDAC KAKI BUKIT (VAC)
 23 Kaki Bukit Ave 4

Reporting Centre: Singapore 313933
 Name: *[Name]*
 Tel: 67416697 Fax: 67492305
 Email: *[Email]*
 NRIC/Fin No:



SINGAPORE POLICE FORCE



T/20190922/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

1 of 3

Report No. T/20190922/2040 ✓

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/09/2019 12:22		Vide Report No.:		Station Diary No.: 23	
Informant's Particulars					
Name of Informant: RAZMAN BIN ABDUL RAHIM			Address: APT BLK 730 TAMPINES STREET 71 #03-55 SINGAPORE 520730		
ID Type / ID No.: NRIC NO / S6802114F			Contact No.: Home/Office: Mobile: 96257808		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 10/02/1968	Type of Informant: Rider		
Race: Malay		Language:		Institution / School Name:	
Occupation: OPERATIONS MANAGER			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 21/09/2019 04:30	Type of Location:
Location: Junction of Road 1 and Road 2 TAMPINES AVENUE 5 TAMPINES AVENUE 2 JUNCTION OF TAMPINES AVENUE 5 AND TAMPINES AVENUE 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control: Traffic Light - Working		Traffic Volume: No Traffic
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FY5018P	Motorcycle	YAMAHA	YBR125	Red		0

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No.	Effective	Expiry Date
FY5018P	NTUC Income Insurance Co-Operative Limited	5040756657-09	07/10/2018	06/10/2019

SKX 8772X



**SINGAPORE
POLICE FORCE**



T/20190922/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20190922/2040

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	RAZMAN BIN ABDUL RAHIM	ID No.	S6802114F
Related Vehicle	FY5018P (Motorcycle)	Contact No.	96257808
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	21/09/2019	Date Discharge	21/09/2019
No. of Days granted Medical Leave	07	Degree of Injury	Slight

Brief Details.

On 21/09/2019 at about 4:30am, I was riding my motorcycle (V1: FY5018P) on Tampines Ave 5 on the extreme left lane. I stopped for the red light at the junction of Tampines Ave 2 (near to Safran). As my vehicle was stationary, a car (V2) hit me from my left side and I fell off my bike towards my right.

An SCDF officer was also waiting at the traffic light and assisted me to call for Ambulance and Traffic Police.

V2 was a Grabcar driver with 2 passengers inside. V2 informed she was not aware that I was in the lane which is why she moved forward and hit me.

I did not collect any particulars or vehicle details of V2 as traffic police was at scene.

I had pain on my left hip, my back and both ankles and left arm. I was conveyed to Changi General Hospital. I was discharged with 7 days MC.

My V1 is currently towed away by traffic police and I will be liaising with IO Ivan from Traffic Police.



**SINGAPORE
POLICE FORCE**



T/20190922/2040

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20190922/2040

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:
G /
Sgt 2 NURUL DIANA BINTE MOHAMAD
ROSLAN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sgt 2 HO JIEKANG, IVAN
Contact No.: 65476170

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/09/2019 12:22

Classification Of Case:



SINGAPORE
POLICE FORCE

SIGNATURE