

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	02/10/2019 17:46
Date Of Accident	20/09/2019 10:00
Exact Location Of Accident	ALONG NEWTON ROAD / MOULMEIN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBF3789H
Insured/Policyholder	
Name Of Registered Owner	MOHAMED HAROON RASHEED
NRIC No	S1397921I
Email Address	SAILENFORTE@GMAIL.COM
Mobile Phone No	(LOCAL) +65-88088932
Alternative Phone No	OTHERS-98376903

Vehicle Particulars

Manufacturer	YAMAHA
Model	FZ16-153CC (M)
Exact Purpose for which vehicle was being used at time of accident	COMMUTING
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
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	5110487721
Cover Note Number	

Driver

Name of Driver	ABDULLAH
NRIC No	S9575241A
Date Of Birth	13/11/1995
Occupation	OUTDOOR
Date Of Driving Pass	16/10/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-88088932
Fax Number	
Contact Number	OTHERS-98376903
Email Address	SAILENFORTE@GMAIL.COM

Address	BLK 56 LENGKOK BAHRU #10-463
Postcode	150056
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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 - 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

PLEASE REFER TO POLICE REPORT T/20190924/7024

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	EL10Z
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	ABDULLAH
Approximate Age	
Injuries Sustain	SLIGHT INJURY
Injured person in which vehicle?	FBF3789H
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.



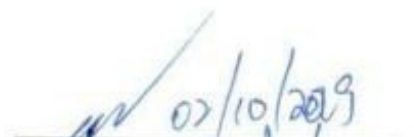
Policyholder's Signature
Date & Time:

Wednesday 2/10/19



Driver's Signature
(If driver is not the policyholder)

Date & Time: 2/10/19 Wednesday



Reporting Centre Personnel's Signature

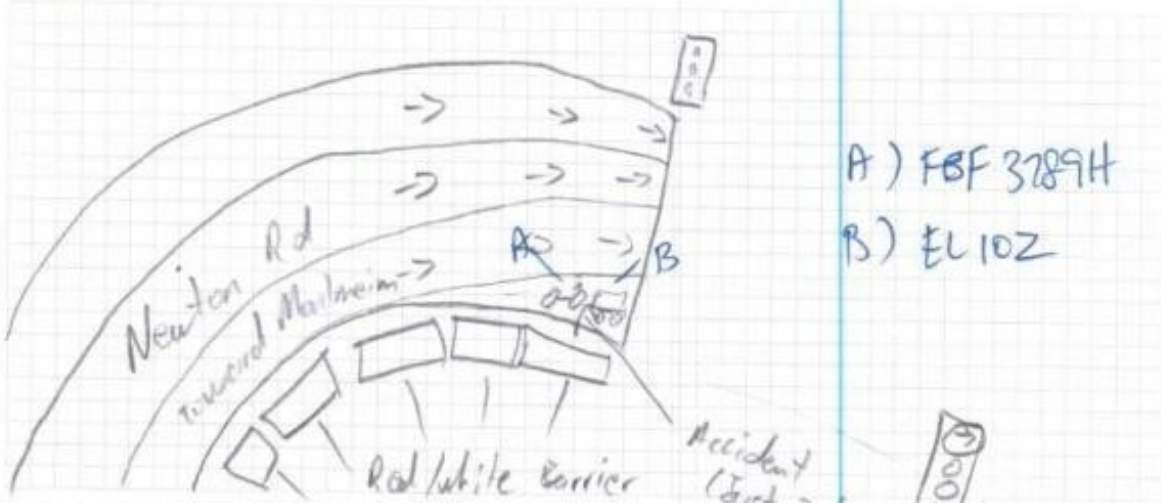
Name:
NRIC/FIN No.:

02/10/2019

Rolla H HB

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was

PLS refer to police report
7/20190224/7024

DECLARATION

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

Policyholder's Signature

Date & Time:

Wabeschy 2/6/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Wabeschy 2/6/19

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

02/10/2019
Rashid Wabeschy

POLICE REPORT



**SINGAPORE
POLICE FORCE**

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



T/20190924/7024

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Report No. T/20190924/7024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 24/09/2019 16:42		Vide Report No.: E/20190920/0040		Station Diary No.:	
Informant's Particulars					
Name of Informant: ABDULLAH			Address: APT BLK 56 LENGKOK BAHRU #10-463 SINGAPORE 150056		
ID Type / ID No.: NRIC NO / S9575241A			Contact No.: Home/Office: Mobile: 98376903		
Nationality: INDIAN			Email: sailenforte@gmail.com		
Sex: Male	Age: 23	Date of Birth: 13/11/1995	Type of Informant: Rider		
Race: Indian			Language: English		Institution / School Name:
Occupation: National Service Full Time			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: 20/09/2019 10:00	Type of Location: X-Junction
Location: NEWTON ROAD				
Weather: Clear	Road Surface: Dry	Road Speed Limit: 40 Km/h		
Traffic Flow: Two Way	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
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
FBF3789H	Motorcycle					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/20190924/7024

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

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Report No. T/20190924/7024

CONTINUATION OF REPORT

Rider			
Name	ABDULLAH		ID No. S9575241A
Related Vehicle	FBF3789H (Motorcycle)		Contact No. 98376903
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date Class: 2B Date of Expiry: NIL
Date Treatment	20/09/2019	Date Discharge	20/09/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight

Brief Details.

I was riding from Newton Rd towards Moulmein Rd. Before the bend to the traffic light, I had intended to turn right into Thompson Rd. I couldn't see any vehicle or traffic light before the bend due to the big red and white barriers along the road. However there was a white vehicle stopped to turn right at the traffic light. I braked to slow down and stop. I was going approximately 40 km/h (unsure of the exact speed). I managed to slow down to avoid major accident but skidded and rear-ended the white vehicle. My bike flipped and hit the back windscreen of the vehicle. The area where I hit the vehicle is shown in attached pictures. I got up and saw my left ankle bleeding. I was able to get up and noticed the vehicle passenger inside were not injured like I was. I heard the lady asking me if I was okay, but I was still dazed and took out my helmet. Another older lady came out of the vehicle and asked for my particulars. I didn't understand what she was asking until she reported a few more times. A student came out from the vehicle, calling for his mom and something related to PSLE. I sat down beside my bike and tried to stop the bleeding by putting pressure on the wound on my left ankle. Somebody put up cones blocking the lane I was in. Ambulance came and conveyed me to tan tock seng hospital.

Accident happen just before Newton Rd/Moulmein Rd traffic light junction on the right most lane at around 10am on 20 September.

POLICE REPORT



SINGAPORE
POLICE FORCE

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



T/20190924/7024

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Report No. T/20190924/7024

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 / TPHQ /
MARIAH BINTE ZAKARIA
Contact No.: 65476433

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:
24/09/2019 16:42

Classification Of Case:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo

