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 <u>truthful and accurate</u> as possible. Any wilful misrepresentation or witholding 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.

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	ACCIDENT STATEMENT
Date Of Report	03/10/2019 12:11
Date Of Accident	30/09/2019 09:00
Exact Location Of Accident	ALONG SIMS AVENUE TOWARDS MOUNTBATTEN ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	FBK2444H
Insured/Policyholder	
Name Of Registered Owner	MUHAMMAD JURAIMI BIN JUPRY
NRIC No	S9228252Z
Email Address	JUSTNICE92@GMAIL.COM
Mobile Phone No	(LOCAL) +65-98319940
Alternative Phone No	OTHERS-98319940
Vehicle Particulars	
Manufacturer	HONDA
Model	CB400X-399CC
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 FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5097736925-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD JURAIMI BIN JUPRY
NRIC No	S9228252Z

 NRIC No
 \$9228252Z

 Date Of Birth
 15/08/1992

 Occupation
 INDOOR

 Date Of Driving Pass
 08/12/2017

Driving Experience 1 YEAR AND 9 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-98319940

Fax Number

Contact Number OTHERS-98319940

EMail Address JUSTNICE92@GMAIL.COM

Address BLK 228 BUKIT BATOK CENTRAL

#01-25

Postcode 650228

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 - CHANGE/CROSS LANE

Weather Conditions CLEAR
Road Surface DRY

Other Information

ambulance?

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

NO

YES

Was any other material or property damaged?

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?

10

Circumstances of Accident

PLEASE REFER TO SKETCH AND POLICE REPORT T/20191002/2022 AND T/20191002/2034

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 SGM1358K

Vehicle Make/Model/Colour TOYOTA COROLLA ALTIS

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver TOH YUAN FENG, TIMOTHY

NRIC/Passport Number S9007573Z Contact Number 92250590

Address Postcode

Insurance Company Name

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name MUHAMMAD JURAIMI BIN JUPRY

Approximate Age

Injuries Sustain SLIGHT INJURY

Injured person in which vehicle? FBK2444H

Were seat belts worn?

Was this injured conveyed to hospital by

ambulance?

YES

Address Postcode

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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: Q2/10/19

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Beporting Centre Personnel's

NRIC/FIN No.:

Accident Sketch Plan

SKETCH PLAN		
HEADING ->	C. T. T. S. S.	- MCOLL NIGHWAY
TOWARDS	, walke	UNDERPASS
	1 1/6	
A) 9BK>4444	, , ,	SIMS AUK HEADING
8) SGM 1358 K	B 8A1	TOWNESS MOUNTRYTH
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT	
At 0858 on 30th	September, I was viol	ing from sims way heading
towards mountbat		ng riding in the 1st
lane at the m	idolle - A red Toyota	Artis plate number
		ne change from 2nd lane
to 1st in order	to enter Nicoll 41	gurray right filter lane
which was In	nore lane away. 1	had to swewe to my
right to avoid to	he car and as a re	sulf wit the Kerb after
the metal raili	ng. Flipped in the o	iv and landed on my
VACE - Landed		away from my kike. Suffered
abrasions and bas		
POLICK RAPE	DET 1/20191002/2002	12 9 7/2015/002/2034
DECLARATION I/We declare the foregoing particula	ars are true in every respect.	/ .
fr		03/10/2019
Policyholder's Signature Date & Time: 02/10/19	Driver's Signature (If driver is not the policyholder) Date & Time:	Reporting Centre Personnel's Signature Name: NRIC/FIN No.:





1 of 3 Report No. T/20191002/2022

Police Station Of Origin: Traffic Police 10 Ubi Avenue 3 SINGAPORE 408865

REPORT OF A TRAFFIC ACCIDENT

Tel No: 65470000

	me Report I 019 09:56	Made:	Vide Report No.:	Station Diary No.	
Informa	nt's Partic	ulars	I CANADA TENANCE DE LA CONTRACTOR DE LA		
	f Informant: IMAD JURA	AIMI BIN JUPRY	Address: 228 BUKIT BATOK CENTRA	L #01-25 SINGAPORE 650228	
	/ ID No.: O / S92282	52Z	Contact No.: Home/Office: Mobile: 98319940		
National SINGAP	ity: ORE CITIZ	EN	Email:		
Sex: Male	Age: 27	Date of Birth: 15/08/1992	: Type of Informant: Rider		
Race: Malay			Language: English	Institution / School Name:	
Occupat OTHER:			Driving Licence Information: Class: 2B,2A	Date of Expiry:	

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/09/2019 09:00	Type of Location:
Location: Along Road 1 SIMS WAY Weather: Clear		Road Surface:		pad Speed Limit:
Contract of the Contract of th		Dry Traffic Control:	10000	affic Volume:
Traffic Flow:			I M	oderate

Details of V	ehicle Involve	d		Salah Katala		
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK2444H	Motorcycle	HONDA	400X M	Black		0
SGM1358K	Car					0

Details of V	ehicle Insurance			
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBK2444H	NTUC Income Insurance Co-Operative Limited	5097736925-01	27/05/2019	26/05/2020





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

2 of 3 Report No. T/20191002/2022

CONTINUATION OF REPORT

Any Pedestrian	Involved: No					LIEL MUSHUED
No. of Pedestria	ns Injured: NIL		Hee of D		_	
Rider	AND DESCRIPTION OF THE PARTY OF		Use of Po	edestna	n Cross	sing: NA
Name	MUHAMMAD JURAIMI BIN JUPRY			ID No	0,	S9228252Z
Related Vehicle	FBK2444H (Motorcycle)			Conta	act No.	98319940
Hospital/Clinic	NIL			Class Drivin Licen	g	Class: 2B,2A Date of Expiry: NIL
Date Treatment			Data Diag			
No. of Days gran	ted Medical Leave	NIL	Date Disc Degree of	f Injury	NIL	

Brief Details.

On the above mentioned date time and location,

I was travelling along Sims way towards Mountbatten, on the right lane. A vehicle on my left on the middle lane suddenly came across my lane wanted to enter Nicoll highway underpass. I managed to avoid the driver but ahead of me, on my right there was a pile of dirt. I lost control there and mounted a curb and fell hospital. That's all.





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

3 of 3 Report No. T/20191002/2022

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: // INDICATE OF OFFICE OF TO A MOHAMED ZULKIFLI BIN MUHAMMAD HAIRI	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 02/10/2019 09:56
Officer In Charge Of Case: TP / AEIT / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
uthentication Stamp	The Samuel State



l of 3

Report No. T/20191002/2034

Case Summary Form (CSF For NP168)

Manual NP168 Form Serial No T/20191002/2002

Report Number

2.

T/20191002/2034

Vide Report Number

Date/Time of Report Made

02/10/2019 10:58

Place Report Lodged

Traffic Police

Type of Informant

Rider

Name of Informant

MUHAMMAD JURAIMI BIN JUPRY

ID Type / ID No.

NRIC NO / S9228252Z

Home/Office

Mobile

98319940

Email

Type of Accident

Injury / Others

Drink Drive

No

Anyone conveyed by

No

ambulance

Date/Time of Accident

30/09/2019 09:00

Details of V	ehicle Involve	d				
Vehicle No.	Туре	Make	Model	Color	Condition	No of Passenger
FBK2444H	Motorcycle	HONDA	400X M	Black		0
SGM1358K	Car					0

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



T/20191002/2034

Report No. T/20191002/2034

Continuation of CSF For NP168

Rider		Comments.	Marie V	The second	Hildo	
Name	MUHAMMAD JURAIMI BIN JUPRY),	S9228252Z
Related Vehicle	FBK2444H (Motorcycle)			Conta	act No.	98319940
Hospital/Clinic	TAN TOCK SENG HOSPITAL			Class of Driving Licence & Expiry Date		Class: 2B,2A Date of Expiry: NIL
Date Treatment	30/09/2019 Date Disc			- Indiana in the last of the l	The real Property lies	/2019
No. of Days gran	ted Medical Leave	03	Degree o		Slight	

Brief Facts.

On the above mentioned date time and location,

I was travelling along Sims way towards Mountbatten, on the right lane. A vehicle on my left on the middle lane suddenly came across my lane wanted to enter Nicoll highway underpass. I managed to avoid the driver but ahead of me, on my right there was a pile of dirt. I lost control there and mounted a curb and fell off the vehicle. The driver came back and rendered assistance. My friend came and took me to the hospital. That's all,



T/20191002/2034

3 of 3

Report No. T/20191002/2034

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 / AEIT /

WONG SIEU LUI

Classification of Case

1) INJURY / OTHERS



































