

## 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	15/10/2019 16:26
Date Of Accident	14/10/2019 18:50
Exact Location Of Accident	BLK 137 PASIR RIS ST 11 DRIVEWAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FF4887D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROMADAN BIN MOHD DAHLAN
NRIC No	S9703269F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-87769071
Alternative Phone No	OTHERS-87769071

### Vehicle Particulars

Manufacturer	YAMAHA
Model	RXZ
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
Fleet Policy	NO
Policy Number	5101258883-01
Cover Note Number	

### Driver

Name of Driver	NAZRULARMAN DANIAL MOHAMMED TAN
NRIC No	S9704796J
Date Of Birth	12/02/1997
Occupation	INDOOR
Date Of Driving Pass	19/10/2018
Driving Experience	0 YEAR AND 11 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-87769071
Fax Number	
Contact Number	OTHERS-87769071
EEmail Address	NAZRULARMANN@HOTMAIL.COM

Address	BLK 146 PASIR RIS ST 11 #04-69
Postcode	510146
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?	NO
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	PASIR RIS NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 1 PASIR RIS DRIVE 4 , <b>POSTCODE:</b> 519457 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-5852999 - <b>FAX NO:</b> 65855261
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO THE POLICE REPORT: T/20191015/2080

#### 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	SLS7801S
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	NAZRULARMAN DANIAL MOHAMMED TAN
Approximate Age	
Injuries Sustain	SLIGHT
Injured person in which vehicle?	FF4887D
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN


#### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
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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.

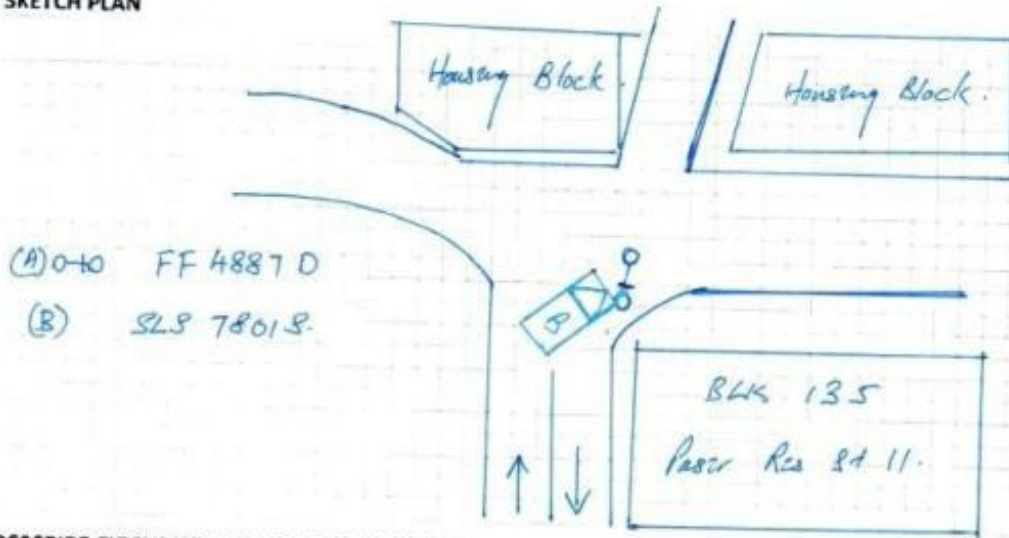
Policyholder's Signature  
Date & Time:

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

 15/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

## Accident Sketch Plan

### SKETCH PLAN




### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Pls refer To Police Report  
No : T/20191015/2080.

### 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:

 15/10/19  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Individual Statement



**SINGAPORE  
POLICE FORCE**



T/20191015/2080

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No. T/20191015/2080

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	NAZRULARMAN DANIAL MOHAMMED TAN	ID No.	S9704796J
Related Vehicle	FF4887D (Motorcycle)	Contact No.	91189768
Hospital/Clinic	CHANGI GENERAL HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B Date of Expiry: NIL
Date Treatment	14/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ZAMRI BIN MOHAMAD	ID No.	S7818899E
Related Vehicle	SLS7801S (Car)	Contact No.	87769071
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

On 14/10/2019 at around 1850hrs, I was riding my motorcycle (FF4887D) along the service road of the cluster of Blk 130 - Blk 137 Pasir Ris Street 11. While I was riding along the two way service road in the cluster, there was a car (SLS7801S) that was on the opposite direction driving straight. The car did not signal and suddenly turned right onto my direction and knocking onto my motorcycle.

I fell down from the collision. No traffic police or ambulance attended to the scene. There were damages to both vehicles after the collision. I suffered abrasions on my right thigh and felt pain on my left ankle and knee. I went to Changi General Hospital to have my injuries checked and I was given 3 days medical leave. I had no pillion during that point of time. The car had one passenger during the accident.

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



# Police Report



**SINGAPORE  
POLICE FORCE**



T201910152080

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

1 of 3  
Report No: T201910152080

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 15/10/2019 13:51	Video Report No.:	Station Diary No.: 55
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### Informant's Particulars

Name of Informant: NAZRULARMAN DANIAL MOHAMMED TAN			Address: APT BLK 146 PASIR RIS STREET 11 #04-69 SINGAPORE 510146		
ID Type / ID No.: NRIC NO / S9704796J			Contact No.: Home/Office: Mobile: 91199768		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 22	Date of Birth: 12/02/1997	Type of Informant: Rider		
Race: Chinese			Language: English		Institution / School Name:
Occupation: TECHNICIAN			Driving Licence Information: Class: 2B		
			Date of Expiry:		

### General Information of the Accident

Description of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/10/2019-18:50	Type of Location: Service Road
Location: Along Road 1 PASIR RIS STREET 11  Along Service Road of Cluster Blk 130 - Blk 137 Pasir Ris Street 11				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control:	Traffic Volume: No Traffic	
Type of Collision: Between Moving Vehicles - Head To Side			Anyone conveyed by ambulance: No	

### Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FF4867D	Motorcycle				Seriously Damaged	0
SLS7801S	Car				Slightly Damaged	1

### Details of Person Involved

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

# Police Report



**SINGAPORE  
POLICE FORCE**



T/20191015/2080

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
519457  
Tel No: 1800-5852999

2 of 3

Report No: T/20191015/2080

## CONTINUATION OF REPORT

<b>Rider</b>			
Name	NAZRULARMAN DANIAL MOHAMMED TAN	ID No	S9704795J
Related Vehicle	FF4887D (Motorcycle)	Contact No.	91189768
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Date Treatment	14/10/2019	Date Discharge	15/10/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Driver</b>			
Name	ZAMRI BIN MOHAMAD	ID No.	S7818809E
Related Vehicle	SLS7801S (Car)	Contact No.	87769071
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

### Brief Details.

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## Police Report



SINGAPORE  
POLICE FORCE



T/20191015/2080

Police Station Of Origin:  
Pasir Ris N.P.C  
1 Pasir Ris Drive 4 #01-01 SINGAPORE  
619467  
Tel No: 1800-5852998

3 of 3

Report No: T/20191015/2080

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/  
Staff Sgt MOHAMAD ADHA BIN MOHAMAD  
ADAM

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/10/2019 13:51

Officer In Charge Of Case:

TP / AEIT /  
SSI 2 YEO GEAK ENG CECILIA  
Contact No.: 65476404

Classification Of Case:

Authentication Stamp  
NP168



SIGNATURE