

## 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	18/10/2019 17:36
Date Of Accident	17/10/2019 05:00
Exact Location Of Accident	TPE TWDS SLE BEFORE SELETAR EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBJ9995T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	NUR SYABHANNA BTE YUSOFF
NRIC No	S1689981Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90822420
Alternative Phone No	OFFICE-90822420

### Vehicle Particulars

Manufacturer	SYM
Model	MAXSYM 400I CVT
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	5069873440-04
Cover Note Number	

### Driver

Name of Driver	SHAZALI BIN ROSDI
NRIC No	S7321679F
Date Of Birth	16/06/1973
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1992
Driving Experience	26 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90822420
Fax Number	
Contact Number	OFFICE-90822420
Email Address	NOEMAIL

Address	BLK 362 TAMPINES STREET 34 #03-375
Postcode	520362
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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	<b>ROAD:</b> 10 UBI AVENUE 3 , <b>POSTCODE:</b> 408865 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 65470000 - <b>FAX NO:</b>
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT - T/20191017/2055.

#### 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	PC256Z
Vehicle Make/Model/Colour	TOYOTA HIACE
Details Of Properties	
Vehicle Category	BUS
Name of Driver	MOHAMED NOOR RASHID BIN MOHD KASSIM
NRIC/Passport Number	S7234814A
Contact Number	90115254
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	SHAZALI BIN ROSDI
Approximate Age	
Injuries Sustain	RIGHT FOOT, ELBOW & ARM
Injured person in which vehicle?	FBJ9995T
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

## Accident Sketch Plan

### SKETCH PLAN

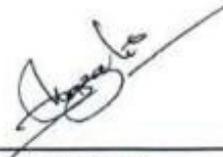
#### IMPORTANT NOTICE

- 1) Please report **correctly** on the details of the accident to speed up the claims process.
- 2) This form must **be completed by the policy holder 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) 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 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.
- 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 the [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 firm, the Monetary Authority of Singapore and any relevant government agency/authority (such as 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) Investigations 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, statement, 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' lawyer/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 insurer and/or GIA to their third party service providers or agents (including their lawyer/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, investigation, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposed stated, or
  - (ii) For complying with requirements under my regulations, laws or court orders.

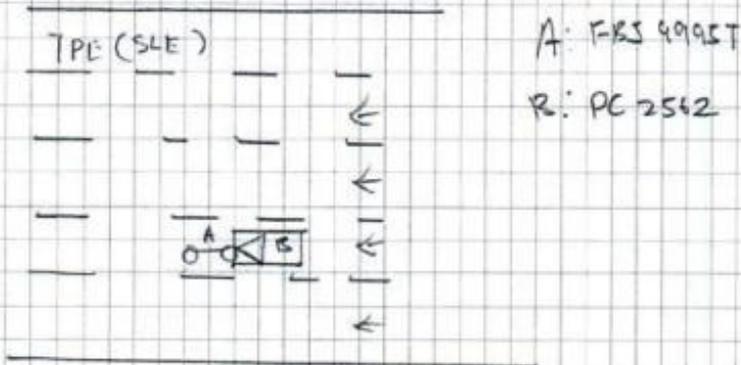
\_\_\_\_\_  
Policy holder's signature  
Date / time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date / time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
Date / time:

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along TPE (SLE) on one of the extreme left lane, suddenly I felt a collision on the rear of my vehicle and I was flung off from my vehicle due to the impact of the collision.

Two motorcyclist stopped to render assistance to carry me and my bike to the road shoulder.

Shortly after, the ambulance and TP arrived and I was conveyed to Khoo Teck Phoo hospital.

DECLARATION

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

\_\_\_\_\_  
Policy holder's signature  
Date & time:

  
\_\_\_\_\_  
Driver's signature  
(if driver is not policy holder)  
Date & time:

  
\_\_\_\_\_  
reporting centre personnel's Signature  
NRIC/FIN No.:

**Police Report**



**SINGAPORE  
POLICE FORCE**



T/20191017/2055

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

1 of 3

Report No. T/20191017/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 17/10/2019 12:14		Vide Report No.: F/20191017/0044	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: SHAZALI BIN ROSDI		Address: APT BLK 362 TAMPINES STREET 34 #03-375 SINGAPORE 520362	
ID Type / ID No.: NRIC NO / S7321679F		Contact No.:	Mobile: 90822420
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 46	Date of Birth: 16/06/1973	Type of Informant: Rider
Race:		Language:	Institution / School Name:
Occupation: OTHERS		Driving Licence Information: Class: 2B,2A,2,3,4A	Date of Expiry:

**General Information of the Accident**

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 17/10/2019 04:55	Type of Location:
Location: Along Road 1 TAMPINES EXPRESSWAY				
TPE(SLE) TOWARDS WOODLANDS AFTER JALAN KAYU FLYOVER				
Weather: Clear		Road Surface:	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision:			Anyone conveyed by ambulance: Yes	

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBJ9995T	Motorcycle					0
PC256Z	Van					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/20191017/2055

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

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Report No. T/20191017/2055

CONTINUATION OF REPORT

Name	Unknown	ID No.	NIL
Related Vehicle	PC256Z (Van)	Contact No.	NIL
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
<b>Rider</b>			
Name	SHAZALI BIN ROSDI	ID No.	S7321679F
Related Vehicle	NIL	Contact No.	90822420
Hospital/Clinic	KHOO TECK PUAT HOSPITAL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4A Date of Expiry: NIL
Date Treatment	17/10/2019	Date Discharge	17/10/2019
No. of Days granted Medical Leave	14	Degree of Injury	NIL

**Brief Details.**

ON THE ABOVE MENTIONED DATE AND TIME,

I WAS ON THE LEFT SIDE OF THE ROAD, AT AROUND JALAN KAYU AREA, I CHECKED MY LEFT MIRROR AND SAW THAT A WHITE VAN WAS APPROACHING ME RATHER QUICKLY, BEFORE I HAD A CHANCE TO MOVE MORE TO THE LEFT, THE VAN HAD COLLIDED WITH THE REAR PORTION OF MY BIKE. I FELL OFF MY BIKE AND THE BIKE WAS FLUNG FORWARD. I WAS INJURED AND WAS LYING ON THE ROAD, 2 OTHER MOTORCYCLIST CAME AND ASSISTED ME WITH GATHERING UP MY BELONGINGS THE OTHER DRIVER CAME AND CHECK TO SEE IF I WAS FINE. I DID NOT MANAGE TO EXCHANGE PARTICULARS WITH THE OTHER DRIVER AS I WAS IN PAIN. AFTER THE ARRIVAL OF THE TRAFFIC POLICE AND THE AMBULANCE, I WAS CONVEYED TO KHOO TECK PUAT HOSPITAL.

THAT IS ALL

Police Report



**SINGAPORE  
POLICE FORCE**



T/20191017/2055

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

3 of 3

Report No. T/20191017/2055

**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:  
TP /  
LEE CHEN EN

Signature Of Interpreter:  
Not applicable

Officer In Charge Of Case:  
TP / GIT /  
Sgt 3 MUHAMMAD RIZWAN BIN KAMALUDIN  
Contact No.: 65476185

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
17/10/2019 12:14

Classification Of Case:  
 **SINGAPORE  
POLICE FORCE**

Signature:

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



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